

# Revised Burundi Regional Refugee Response Plan

*April – September 2015*



**August 2015**

**Cover photograph:**

*Over 70,000 Burundians have fled to Rwanda in recent weeks. Salvatore and Esperanza say they left home at 4 a.m. and trekked seven hours through the bush with their children. UNHCR / K. Holt*

## Strategic Overview

<b>Period</b>	01 April – 30 September 2015
<b>Current Population</b>	177,503 <i>(as at 20 July 2015)</i>
<b>Population Planning Figures</b>	320,000
<b>Target Beneficiaries</b>	320,000 Burundian refugees
<b>Financial Requirements</b>	USD 306,553,948
<b>Number of Partners</b>	22

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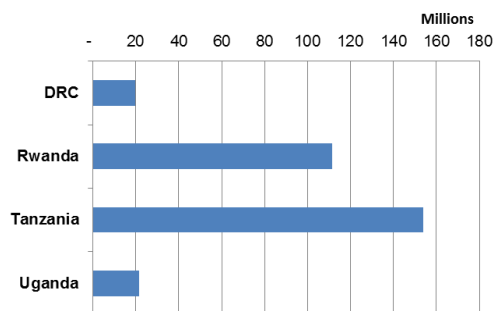
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# REGIONAL REFUGEE RESPONSE DASHBOARD

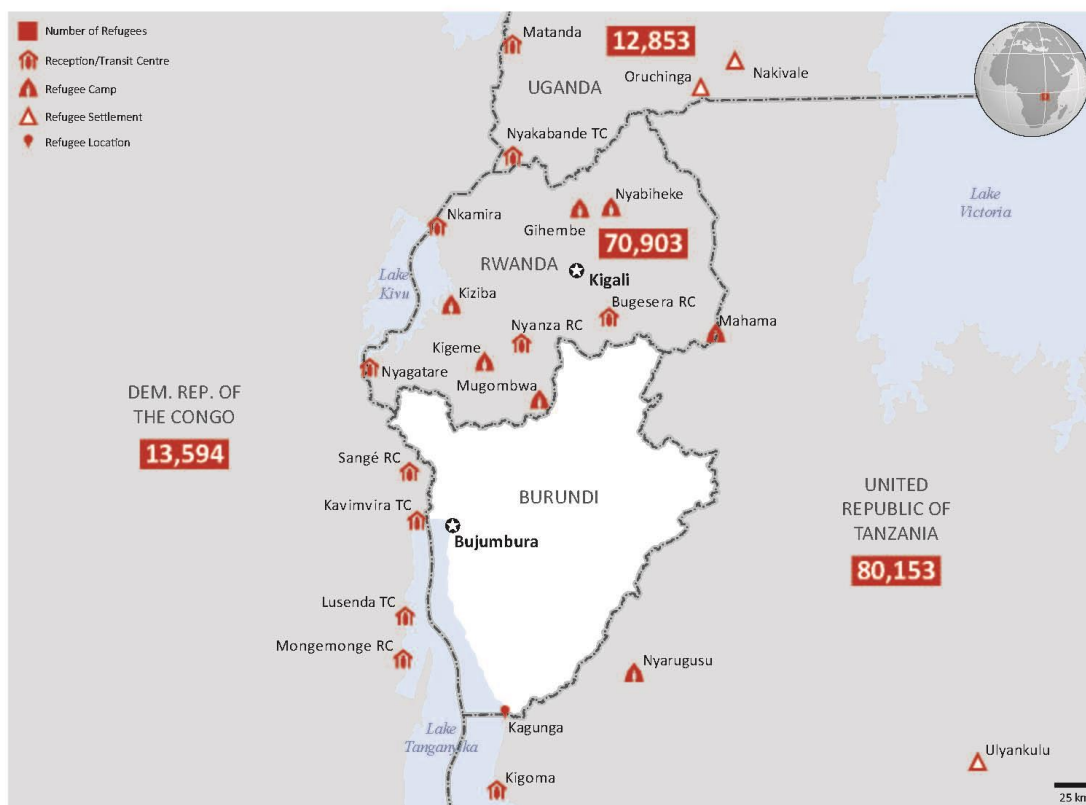
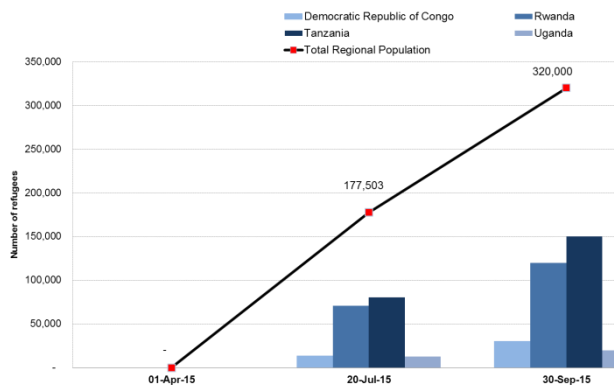
## Total Requirements

USD 306,553,948 million



## Planning Figures

320,000 Burundian refugees



# REGIONAL STRATEGIC OVERVIEW

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## ***Introduction***

Once the humanitarian partners engaged in the response to the Burundian refugees' influx agreed to launch a Regional Refugee Response Plan (Regional RRP) on 22 May, the situation on the ground in Burundi and in the region was already of great concern. Yet, a political solution to the crisis appeared possible, and several efforts were deployed in this sense, most notably the mediations of the UN Special Envoy for the Great Lakes, the African Union and the of the East African Community. However, these attempts have so far proven unsuccessful, the situation has further deteriorated and the flow of refugees that pre-emptively fled Burundi, ahead of the elections, has not stopped, but actually rather increased.

In the introduction of the initial Regional RRP, it was stated that 'as the situation in Burundi remains tense, unstable and largely unpredictable, it is expected that more Burundians will flee the country in even larger numbers'. As of 20 July, the number of refugees had exceeded 177,500 in just three months.

Since March 2015, socio-political tensions have been rising in Burundi ahead of the general elections. The upcoming Presidential elections, postponed several times took place on 21 July, are considered a critical milestone for the long-term peace and stability of the country. Protests between supporters of the opposing political parties became increasingly violent, initially in the capital Bujumbura and then quickly spread to the rest of the country. In particular, intimidation by militia groups has been cited as one of the main reasons by Burundians to flee to neighbouring countries. Since the beginning of April, a steady outflow of Burundians has been taking place first into the Republic of Rwanda (Rwanda) and, from May onwards, increasingly to the United Republic of Tanzania (Tanzania), the Democratic Republic of Congo (DRC), Uganda and to a lesser extent as far away as Zambia.

Several key events in Bujumbura, such as the 26 April 2015 announcement of the current President's intention to run for a third term, considered by the opposition as a violation of the Arusha Agreements of 2000, and the attempted coup by military leaders on 13 May while the President was on a visit to Tanzania, have resulted in more violence in and around Bujumbura. Inevitably, the outflow of Burundians to neighbouring countries has dramatically increased. On 22 April, UNHCR declared an L1 emergency and on 11 May, in response to the worsening of the situation, a L2 emergency was declared and a Regional Refugee Coordinator was appointed.

The legislative elections, initially postponed, were eventually held on 29 June– the opposition boycotted them and the ruling party, Council for the Defence of Democracy-Forces for the Defence of Democracy (CNDD-FDD), won 77 out of 100 available seats. Several stakeholders among the international community withdrew their support to the electoral process as well as various cooperation arrangements that were previously in place.

The threat posed by militia groups is still large and violence is not expected to scale down throughout and after the end of the electoral process. In a country that has a long history of ethnic and political violence, and with an overwhelming population that live under the poverty line, this current set of events could have wide-ranging negative knock-on effects on the entire Great Lakes region, making old conflict tensions resurface.

While the situation remains fluid and comprehensive scenario planning is difficult, the needs of refugees, who flee through difficult areas to reach safety, are increasing. The Governments of the neighbouring countries that are receiving Burundian refugees need quick and strong support from humanitarian partners to address the situation. This revised Regional Refugee Response Plan aims at addressing the current and evolving needs for a six-month period, from April until end-September, and will be reviewed as the situation inside Burundi evolves.

## Beneficiary Population

	1 Apr 2015	20 Jul 2015	30 Sep 2015
Democratic Republic of Congo	-	13,594	30,000
Rwanda	-	70,903	120,000
Tanzania	-	80,153	150,000
Uganda	-	12,853	20,000
<b>Total Population</b>	-	<b>177,503</b>	<b>320,000</b>

## Regional Protection and Humanitarian Needs

Maintaining a safe and secure protection environment for fleeing Burundians, as well as maintaining the civilian nature and humanitarian character of asylum is of highest concern. The ongoing socio-political climate in and around Burundi will have significant implications on the overall strategy and the regional refugee response. This will include the screening of all new arrivals, separating any potential armed elements from civilians; border and protection monitoring, including for possible grave child rights violations occurring within refugee sites; and relocate refugees farther away from the borders. Finding suitable land to accommodate the refugees is increasingly become challenging as numbers increase.

### Protection

All four asylum countries are signatory to the 1951 Refugee Convention and its 1967 Protocol, thus enabling refugees to freely access their territory, granting them refugee status on a *prima facie* basis and providing them the necessary documentation. Though there were initial difficulties in gaining access to Tanzania, border restrictions have since been lifted, resulting in a sudden surge of arrivals. Secondary movements of refugees into Uganda and, to a lesser extent, into Zambia, have also been registered. Border monitoring appears essential in this sense, to avoid possible *refoulements* by immigration authorities. Protection issues for women and children during the difficult transit, particularly with regard to sexual and gender-based violence need to be addressed, given the vulnerability of children to disease and women and girls' responsibility for care. Level 1 (household registration) at the transit/reception centres and Level 2 (individual, biometric registration) in the camps is ongoing in all countries. Immigration and other relevant Government officials will require additional human and technical resources to register and document the 323,000 refugees expected in the region.

Ongoing analysis of the composition of new arrivals continues to show a large proportion of women, children and the elderly. The number of separated and unaccompanied minors is considered very high. Vulnerability criteria, to identify those most in need will need to be used given the high number of new arrivals, for Best Interest Assessments, and follow up case management, along with other vulnerable children. Though it is not yet considered a dominant trend, there are increasing reports from refugees of being targeted because of their ethnic background rather than political affiliation. This trend needs to be carefully monitored not only within the refugee locations, but also between refugees and their host communities. Given reports of child rights violations in Burundi linked to the unrest, and potential for regional spill over, there is need to monitor potential recruitment of children as part of maintenance of the civilian character of camps in countries of asylum.

Interventions to strengthen family tracing and reunification, enhancing child protection services and setting up prevention and response mechanisms to sexual and gender-based violence are necessary. Psychosocial and trauma counselling may also be required in addition to ensuring appropriate health services are in place for survivors of violence. The elderly and persons with specific needs will require additional services to ensure their protection needs are met.

Given the regional dimension of the crisis it is recommended that a coordination mechanism and associated framework be established to ensure minimum consistent standards and targeting of resources based on multi country analysis.

### **Education**

Unrest has disrupted the education of thousands of children and youth. It will be essential to ensure the immediate resumption of education activities in the camps. Non-formal emergency education can start immediately while arrangements are made for the establishment of formal education based on the Burundian curriculum or through the integration into host country national education systems. The latter will require proper transition from one education system to the other including language courses. The end of grade 6-exam (*concours national*) should be organised in the various host countries, if satisfactory arrangements can be found and protection concerns be addressed. Furthermore, alternative spaces for transit sites need to be established to ensure schools are not used for long periods and access to education is not disrupted.

### **Shelter and Non-Food Items (NFIs)**

New arrivals reach asylum countries with almost no belongings and often in poor health. Priority is to quickly provide suitable shelter from border areas. In Rwanda, Mahama camp was established, however it will have to be upgraded and expanded to accommodate the larger numbers of refugees expected. A new site will potentially also have to be identified and set up. In Tanzania, all refugees who came to the lakeshore village of Kagunga were successfully relocated to the existing camp of Nyarugusu further inland. The priority now is to find a new land and build a new camp to decongest the overcrowded Nyarugusu. In Uganda, refugees are hosted in settlements alongside local communities. In the DRC, a suitable relocation site in Lusenda was identified taking into consideration the local socio-political tension and scarcity of resources of the host communities. While Burundian refugees were initially hosted by relatives and/or host communities, some 6,000 individuals, roughly half of the refugee population have now been relocated to Lusenda.

Providing refugees with basic household, sanitary and hygiene goods such as plastic sheets, buckets and soap will need to be done in the first few days of arrival to ensure a sense of dignity and also to prevent further deterioration of health and hygiene standards in confined spaces.

### **Water, Sanitation and Hygiene (WASH)**

Strengthening interventions in the WASH sector will be critical to ensure an adequate water supply is available at refugee transit sites, reception centres and camps. In the initial stages it may be necessary to have regular water trucking, while other more semi-permanent water sources such as bore holes and river water treatment are installed. Such interventions may be easier in some areas than others due to low natural water tables. Similarly, latrines and washing areas need to be constructed, repaired and/or expanded to meet the needs of the refugee population. Waste water removal and solid waste disposal mechanisms are required to maintain basic levels of sanitation and hygiene and to avoid worsening of health conditions and prevent the outbreak of water borne diseases.

In addition, refugees will require some level of education in safe hygiene practices, and community groups to train and monitor these practices should be set up. Mobilisation and sensitisation of women in hygiene practices will be critical for community compliance and safety.

### **Health and Nutrition**

Most refugees arrive in need of immediate health care assistance. Due to the relative poverty of Burundi, the nutrition levels of the population are already low and this is exacerbated during flight. Sub-optimal infant and young child feeding practices contributed to an acute risk for under-nutrition along with the other following factors. The risk of infectious diseases and water-borne diseases spreading is high, not least because of the wet conditions arising out of the rainy season. There are also very high rates of malaria, respiratory illnesses, and diarrhoea which compound health risks especially for children. Epidemic surveillance and containment, procurement of vaccines and ensuring immunizations will be important to prevent the outbreak of disease.

The proportion of moderate and severe acute malnutrition cases (MAM and SAM) among screened/surveyed children is under or around 10% with a relatively low proportion of children with SAM and a relatively higher proportion of MAM cases with the exception of a recent middle-upper arm



circumference (MUAC) screening in Tanzania showing 18% of screened children in need of SAM (11/918) and MAM (163/918) treatment. A special attention to the management of SAM and MAM cases and a close follow-up of SAM and MAM trends upon arrival and within camps/settlements are required. Similarly addressing needs of pregnant and lactating mothers to ensure safe and successful motherhood will be strengthened. Access to quality immunization reproductive health services including clean and safe normal and assisted delivery as well as emergency obstetric and new born care are lifesaving interventions that should be in place in order to prevent excess maternal and neonatal mortality and morbidity. Improving health conditions including HIV are critical life saving measures that need to be put in place. Strengthening the capacity of local health care facilities will be necessary to help them deal with the additional patients.

### **Food**

Maintaining acceptable nutrition levels depends largely on the availability of nutrient-rich food. Timely and regular food distribution, both at points of entry and later in the camps, is critical. Supplementary feeding for moderately malnourished refugees such as for infants, pregnant and lactating mothers, and refugees with TB and/or on Anti-Retroviral Therapy will be ensured and therapeutic nutrition management will also be undertaken in refugee hosting locations.

### **Energy and Environment**

The effect that additional populations have on the depletion of natural resources surrounding the camps can be devastating if not managed properly. Rwanda, for example, has strict forest conservation and environmental regulations to manage its natural resources. To ensure that the ecosystems are not placed under any additional burden with the increase in populations, interventions to provide refugees with sustainable energy sources for cooking and lighting and replenishing spent resources will be important.

### **Livelihood**

Similarly, in order to ensure good host and refugee community relations and manage the use of scarce resources effectively, refugees should be provided with opportunities to engage in small-scale livelihood activities. This will not only enhance their sense of dignity, but also provide some added income which could be reinvested into the host communities' local economy by providing access to markets. It would also ensure that refugees would be able to utilise added cash to cover their families' most urgent needs.

### **Logistics and Transport**

The topography poses problems in the delivery of assistance as it increases costs and travelling time due to the region's well known hilly terrain and large lakes. In addition, in Tanzania, where refugees arrive mostly at remote locations, ensuring speedy relocation to the camp has proven challenging. In some countries, the road system is not well serviced or non-existent in the areas where refugees are fleeing, adding another level of complexity. Ensuring refugees' needs are met will require careful consideration and utilisation of appropriate transport methods (boats, buses and luggage trucks, off-road vehicles), necessary fleet management and maintenance and protection of vulnerable groups along the way. In addition, appropriate communication tools need to be put in place for close coordination and logistics.

## **Achievements**

The most significant achievement to date is the unhindered access that refugees have had to neighbouring countries' territories. Governments are aware of and honour their responsibilities under international law to provide asylum to refugees, and they all abide to the principle of '*non-refoulement*'. The DRC, Rwanda, Tanzania and Uganda are all signatories to the 1951 Convention on Refugees and its 1967 Protocol. All four are also signatories to the 1969 OAU Convention governing specific aspects of refugee matters in Africa.

Rwanda, as the first country to receive Burundian refugees, quickly reacted in receiving refugees, locating land for transit centres and setting up a new camp in Mahama. The humanitarian community has equally stepped in to provide additional support and guidance to the process. Refugees were quickly registered on arrival and, where possible, are being transported to more suitable locations

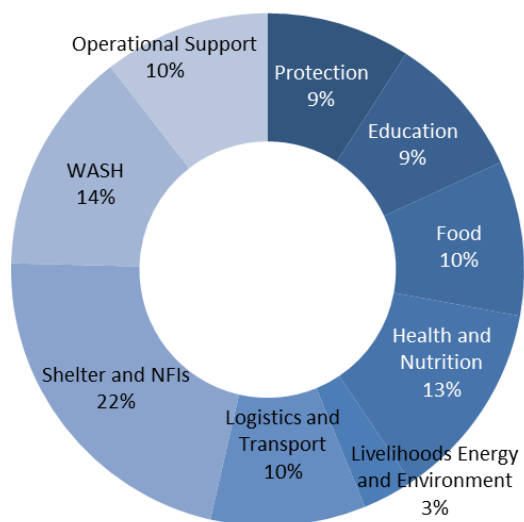
where the delivery of assistance and more detailed individual registration and data gathering takes place.

In Tanzania, refugees were initially travelling to Kigoma via Lake Tanganyika, staying on the lakeshore village of Kagunga before they could be transferred to the port at Kibirizi, from where they could be taken safely to Nyarugusu camp. The logistics of transport by boat, not to mention the difficult terrain around the arrival point in Kagunga, were equally of concern as health conditions were quickly deteriorating and an outbreak of cholera was confirmed. Eventually, humanitarian partners managed to evacuate all the refugees from Kagunga and control the cholera outbreak.

In the DRC, refugees are primarily staying with host communities but a site within the community of Lusenda was set up in order to better assist the most vulnerable.

Emergency support in all sectors is being provided, however these all need to be enhanced as the crisis unfolds and more refugees are expected to arrive.

## ***Budgetary Requirements (US dollars)***



**Total: USD 306,553,948**

## ***Coordination***

Countries in the Great Lakes region, having had a turbulent history, are not new to hosting refugees from neighbouring countries, in most cases for several decades. In this regard the national and local public structures, vital to ensuring an effective response to refugee emergencies, are largely already in place. Shortly after UNHCR declared L1 emergency in April 2015, the inter-agency refugee response, in close coordination with the Government and under the leadership of UNHCR, as mandate holder for refugee protection and in line with the Refugee Coordination Model (RCM), was set in motion.

Initially, the process was started in Rwanda, which received the first arrivals and already coordinates jointly under the 'One-UN' model. As the crisis unfolded and violence escalated, more refugees left Burundi to other neighbouring countries. In May, with the declaration of an internal UNHCR L2 refugee emergency and appointment of the Regional Refugee Coordinator, a regional approach to the refugee response was adopted. Inter-agency consultations with relevant Government counterparts have commenced in all neighbouring countries and this Regional Refugee Response Plan is the result of these discussions. Having experienced a significant rise in the number of newly-arriving

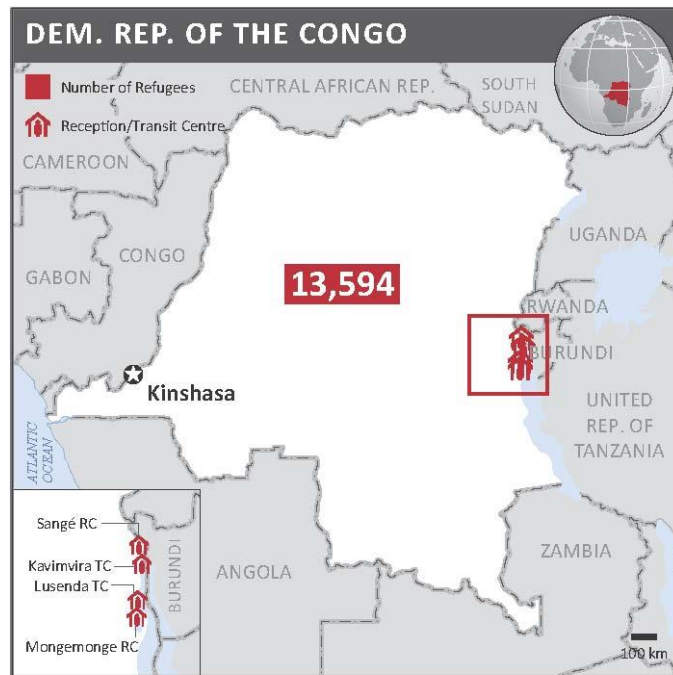
Burundian refugees since the release of the first Regional RRP, Uganda has now been added to the revised plan. Partners are also closely monitoring the situation in Zambia, and remain ready to update the plan if needed.

Inter-agency meetings are being held on a regular basis, to revalidate the planning assumptions and framework, address any challenges in provisions and most importantly reassess the needs. As the situation in Burundi further unfolds and with the evolution of the election process, appropriate reassessments on the duration of this plan and its initial planning assumptions will be made.

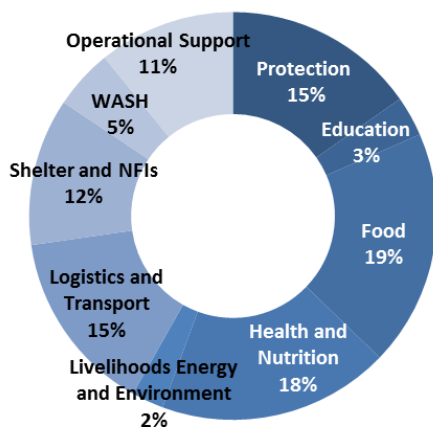
## ***Organizations in the Response***

<b>Organization</b>
ADRA Adventist Development and Relief Agency
AHA African Humanitarian Action
ARC American Refugee Committee
Caritas
CRS Catholic Relief Services
FAO Food and Agriculture Organization of the United Nations
HelpAge International
IOM International Organization for Migration
IRC International Rescue Committee
NRC Norwegian Refugee Council
OXFAM
PAJER Parlement des Jeunes Rwandais
PLAN International
RRC Rwanda Red Cross Society
SCI Save the Children International
UN Women UN Entity for Gender Equality and the Empowerment of Women
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
WFP World Food Programme
WHO World Health Organization
WVI World Vision International

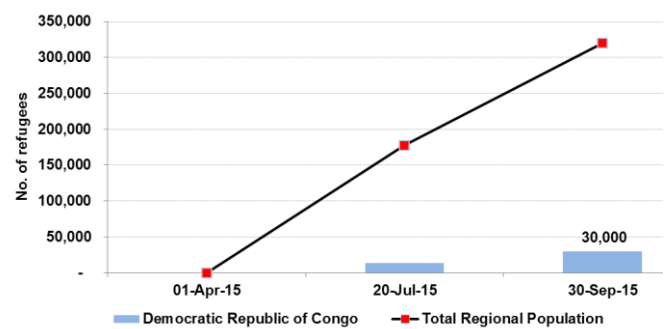
# DEMOCRATIC REPUBLIC OF THE CONGO RESPONSE PLAN



## Financial Requirements (US dollars) 19,713,080



## Population Trends



## ***Background and Achievements***

New arrivals from Burundi to the DRC are spread out in many places in the territories of Uvira and Fizi in the Province of South Kivu. Some are located in areas close to the border with Burundi in the Ruzizi plain. By 20 July, 13,594 refugees have been registered in Uvira and Fizi. The most vulnerable were transferred to the Kavimvira Transit Centre, Sange Assembly Point and Mongemonge Transit Centre where they are assisted with food and non-food items. Some of the refugees are currently residing with the host community. The influx is straining local infrastructure and host population resources in an already fragile humanitarian environment.

The recent influx of Burundians into the Ruzizi plain may exacerbate existing tensions between the Burundi and Bafulero communities. The presence of the Forces Nationales de Libération (FNL), a Burundian rebel group in the Ruzizi plain, is still a matter of concern for the safety of Burundians as well as the possible incursion of *Imbonerakure* militia into the DRC. As the situation in Burundi is likely to deteriorate further, it is estimated that some 30,000 people might arrive in DRC from Burundi by September 2015.

### **Achievements**

To better protect and assist the new Burundian arrivals, refugees will be relocated to a single site. The Government and humanitarian community have agreed upon a location in Lusenda/Mboko (Fizi territory), approximately 60 km from Uvira. For the time being, refugees live mainly with host families. The identified site is far from the border, and refugees will benefit from a holistic assistance programme on a community basis. This type of assistance will aim at strengthening the capacity of existing local structures. Refugees who prefer to stay with host communities will be provided that option.

- Burundian refugees have been able to enter the DRC unhindered. The DRC authorities are granting *prima facie* refugee status to the newly arrived Burundian refugees.
- Seventeen tonnes of food to feed 1,000 persons with specific needs gathered at Kavimvira, Sange and Mongemonge has been provided.
- Some 6,987 individuals (1,398 households) living with host communities are currently receiving food rations.
- Three-hundred and sixty four unaccompanied and separated children were identified amongst the refugees. Response and protection mechanisms to ensure child protection are being set up.
- Since 9 May, biometric registration (Level 2) is taking place at Kavimvira TC and Sange Assembly Point. It will also be conducted in the Ruzizi Plain and in Fizi territory for refugees living with host families.
- Some 64 individuals received health care assistance in the Kavimvira TC and the Sange Assembly Point and 10 persons were transferred to hospitals.
- The extension of Kavimvira TC to additional dormitories and latrines and the electrification of the Sange Assembly Point were completed.
- The construction of a new community space at Kavimvira TC is completed.
- A coordination framework with the humanitarian actors working in the province of South Kivu has been established. Weekly coordination meetings take place.
- In Kavimvira TC, refugees are received for medical consultation and the extension of the accommodation capacity has been completed.
- Support to education will benefit both the refugee and the host communities.
- MONUSCO has provided 5,000 litres of water at the Kavimvira TC. The National Company of Water, REGIDESO, has also provided water. At Sange Assembly Point, drinking water is available and another water tank with a capacity of 3,000 litres is being installed. Both in Kavimvira and Sange, refugees have access to 15 litres of potable water per person per day.

## ***Humanitarian Needs and Vulnerabilities***

Of the 13,594 newly registered Burundian refugees registered in the DRC, the majority come from Cibitoke, while smaller percentages are from Bujumbura City, Bururi, Bujumbura rural, Bubanza and Ngozi.

Biometric registration of refugees is already being carried out as it establishes legal status and strengthens refugees' enjoyment of rights and access to services. Well managed registration records mitigate fraud and strengthen security, assuring that refugees are able to obtain crucial civil status documents such as birth certificates and also providing evidence of their legal status in the country of asylum. Since a significant number of unaccompanied or separated children were identified, a suitable response mechanism is required such as support for family tracing and other child protection interventions to ensure their safety.

Host communities are the first to bear the burden of an influx of refugees. The food security situation of this area is already weakened by many decades of armed conflicts and population displacements. In fact, the results of the food security monitoring survey conducted by WFP and the Ministry of Agriculture in February 2015 shows that 32% of households in South Kivu are food insecure. Such pressure may create tensions between different communities.

Therefore, it is necessary to move refugees to a site where humanitarian actors can provide them with comprehensive assistance thus reducing the burden on host communities. However, as relocation to the site should be voluntary, some refugees may decide to remain among the hosting communities. Humanitarian assistance will be provided on the basis of vulnerability assessments to both refugees outside of the camp and vulnerable host communities. The relocation has also been proposed by the authorities to ensure the safety and security of the refugees.

The provision of adequate primary health care, integrating basic and emergency reproductive health care, care for chronic diseases and referral care should be strengthened. Moreover, sensitization on prevention of HIV/AIDS and sexually transmitted infections (STIs) should be promoted and strengthened. Access to holistic GBV approach including awareness raising, protection, prevention and response is imperative. Sensitization sessions on SGBV should include refugees and host communities.



*Figure 1: A refugee with her belongings in Luvungi makeshift camp in the DRC. UNHCR/F. Scoppa;*

Food assistance has been provided to the most vulnerable refugees accommodated in transit centres; high energy biscuits are available for distribution to new arrivals and a distribution of food for one week has been carried out for about 7,000 refugees in host communities. Insufficient food assistance for refugees staying with host families and other factors such as frequent childhood illness, delayed management of childhood illnesses, sub-optimal infant and young child feeding practices may result in exposure to malnutrition and diseases and must be addressed.

Without comprehensive support, the refugee population is exposed to additional risks of sexual exploitation and abuse, child labour, forced recruitment and recruitment into armed groups active in the area. Insufficient water, hygiene and sanitation facilities in both the host communities and for refugees can lead to an increase in water-borne, epidemic and endemic diseases. Lack of women's centres is an impediment for a more targeted multi-sector approach to providing services, including through having access to information and resources. Women participation needs to be integrated into all planning and implementation and monitoring processes for refugee populations.

To ensure peaceful relations with hosting communities community-based projects will be implemented, which include conducting recreational, vocational and educational activities that can target both communities into strengthening prevention of SGBV.

## ***Response Strategy and Priorities***

### **Protection – including Sexual Gender-Based Violence (SGBV) and Child Protection (CP)**

The priority for humanitarian actors is to ensure Burundian refugees have access to asylum and thus benefit from protection, including against *refoulement*, and access to registration procedures and adequate documentation. This will be achieved through regular consultations with government authorities. In collaboration with Governmental authorities the biometrics registration has been put in place and identity documents will be issued to refugees ensuring their protection, facilitate their access to essential services and enjoyment of rights. Providing legal protection for vulnerable groups such as children, women, survivors of sexual and gender-based violence (women and girls, men and boys) to monitor people with special needs, people with disabilities or chronic illnesses, pregnant women and the elderly will underpin the response.

Good contacts will be fostered with the authorities present at the borders to monitor the population movements. This will allow information exchange with refugees and in order to learn about the situation in the country of origin, as well as the border crossing problems that might arise from either side. Frequent border monitoring verification exercises will be carried out to identify possible protection concerns and find remedies together with the competent authorities. Refugees will be moved to a relocation site away from the border on a voluntary basis.

Persons with specific needs (PWSN) will be identified upon arrival and provided with direct assistance or referral as appropriate. Unaccompanied or separated children (UASC) will be identified upon arrival and shall benefit from specialized assistance along with other children with specific protection concerns. Given the high caseloads there will be need to use vulnerability criteria to identify those most in need, for Best Interest Assessments, and follow up case management, along with other vulnerable children. Support for family tracing and reunification will be organized. Pending the results of family tracing, foster families for such children will be organised. Sensitization on forced recruitment by armed groups will be strengthened and the development of recreational, social and child-friendly spaces will be part of the response.

A multi-sectoral approach building on existing structures will ensure that appropriate SGBV prevention and response services will be provided in a coordinated manner. Partners will likewise support the reintegration of SGBV survivors into refugee communities through economic empowerment initiatives and community awareness and, intensive sensitization. These initiatives will play a key role in reducing the risk of SGBV and improving the quality of the response. An overall strategy for community protection will be in place to identify, respond to and assist vulnerable groups.

Though the majority of refugees will be relocated existing tensions between the Bafulero and Barundi may resurface, especially in light of about 9,000 Burundian refugees already living with host communities in the area. Specific actions are needed to ease tensions and prevent escalation. This includes sensitization and strengthening of existing mediation mechanisms, but also concrete actions to strengthen the absorption capacities of host families and host communities (e.g. improvement of community infrastructures such as local roads, support to ensure reforestation). Such interventions are needed both in the area of the refugee site and in the Ruzizi Plain, where refugees arrive.

### **Health and Nutrition**

The risk of the spread of water-borne, epidemic and endemic diseases is high in the area where refugees will be accommodated. Humanitarian partners will work on the prevention and reduction of morbidity and mortality due to malnutrition, providing immediate basic care and nutrition information on the prevention and management of malnutrition. In addition, there is an urgent need for case management of malaria, pneumonia and diarrhoea, which are the main causes of child morbidity and mortality. Nutritional support will be provided to people living with HIV on treatment through existing health structures. Children will require immunization against measles and polio virus. Support to basic and comprehensive emergency obstetric care is critical for saving lives and to continue in providing the necessary care for safe motherhood and new-born care. The response will focus on the provision of adequate and quality care for adolescents and young people, integrated sexual and reproductive health services, including STI/HIV. The health needs for persons with chronic illnesses and the elderly should also be given deserved attention. The response strategy is to ensure that the functional inter-agency coordination mechanisms be strengthened and that essential health services, with special emphasis on women and children, will be established. The main strategic objective is the training of community health workers to support daily health sensitization activities conducted for basic health promotion, prevention, and social mobilization to reach the community of refugees.

Basic health kits and emergency reproductive health kits will be provided ensuring that supplies are within the international standards. Similarly, effective leadership for continuous inter-agency nutrition coordination systems will be provided. The assessment of timely nutritional surveillance systems will be strengthened, and women and children suffering from acute malnutrition will be provided with appropriate management services. Therapeutic foods and micronutrient supplementation for all children with moderate malnutrition and for children aged 6 to 59 months, pregnant women and lactating women, will also be made available. Therapeutic feeding will be provided for children under five years and pregnant/lactating women suffering from severe malnutrition. Additional nutrition support will be provided to step up active identification of malnourished individuals through regular screening.

### **Water, Sanitation and Hygiene (WASH)**

Partners will ensure that refugees have access to drinking water at the rate of 20 litres per person per day. In addition, refugees will be sensitized on personal and food hygiene to minimize the risk of water-borne diseases in the TCs, refugee sites and host communities. It is also essential to build male and female latrines according to standards, that is, one latrine per every 50 people. Similarly, male and female shower blocks will be built. The rehabilitation of water sources and the increasing existing capacity to better serve the refugees and the host community, and the construction of garbage pits will be performed. The distribution of hygiene kits for women and girls of reproductive age on a periodic basis will also be ensured.

In addition, the hosting area is cholera endemic. There is a strong need to continue cholera prevention and response (as soon as a case is reported) along with water supply.

### **Food**

During the first phase, food will be distributed to all refugees based on status among host households and target the most vulnerable households as well to diffuse tensions and to alleviate the strain on their already meagre resources. Vulnerability and market assessments will be undertaken during this first phase also to establish a baseline. Once refugees are relocated, unconditional food transfers (in the form of food, cash or vouchers, based on feasibility and market conditions) will be provided on the relocation site in line with the agreed standard of 2,100 kcal/person/day for the first three months. In the meantime, a Joint Assessment Mission will determine the best strategy to address protracted food needs in case the situation in Burundi is not conducive to returns.



Food assistance will also be provided outside of the relocation site, for those refugees who may decide not to relocate, among the host communities and host households, based on vulnerability. Food assistance outside of the camps will be conditional or unconditional depending on needs. To the extent possible, food assistance for assets will be provided to improve infrastructure and enhance the opportunities for both refugees and vulnerable host communities to enhance their livelihood base.

A long-term strategy to support resilience and self-reliance and avoid dependency will be developed. Assistance strategies will be developed with the refugees and host communities in order to determine the most appropriate and gender sensitive way to implement assistance in the form of cash, vouchers, direct food assistance or a combination of the three. Appropriate early recovery tools such as support to access arable land as and when possible will enhance food security and resilience.

### **Shelter and Infrastructure**

Refugees will be relocated away from borders to avoid potential security problems. A relocation site has been identified for Burundian refugees by the Government. This site is at a reasonable distance from the border and refugees will benefit from a community based holistic assistance programme there. This will strengthen the capacity of existing local structures and be beneficial to host communities as well. A relocation plan will be implemented.

At the new relocation site, 500 emergency shelters will be constructed for 2,500 vulnerable refugees. Shelter kits and material tool kits will be distributed to 5,000 households. Community infrastructure, such as a registration building, latrines, community kitchen, storage facility, meeting area and health unit will be established.

The shelter strategy includes gender-sensitive site planning. The objective is to meet the accommodation needs of planned 30,000 Burundian refugees.



*Figure 2: A refugee boy in Luvingi makeshift camp, DRC. UNHCR/F. Scoppa*

### **Non-Food Items (NFIs)**

The arrival of refugees has put pressure on already limited basic and relief items of the host communities. Most of the Burundian do cross borders little of their own belongings, without basic domestic items (cooking plots, buckets, blankets etc.). General distribution of core relief items need to be done at this earlier stage to avoid disputes around such items between newly arrived refugees and communities. Special needs of women and girls are important to meet as part of the humanitarian response.

### **Education**

In close collaboration with government and partners, advocacy will be conducted to allow easy integration of Burundian children into the national education system and to. The capacity of existing educational infrastructure in the area receiving refugees will need to be reinforced. Education will be used to enhance the protection of refugee children, allowing those who may have been traumatized by their journey to resume a daily routine and continue their studies. This will also reduce parental anxiety and family tensions related to the interrupted school year. Education and recreational activities are valuable in protecting children from exploitation, including SGBV and forced recruitment. Educational activities will be linked to community services and community-based activities that include recreational activities and the provision of child friendly spaces. Where feasible, in the schools targeted through this plan, emergency school feeding can be implemented to establish a safety net where children can attend school and alleviate short-term hunger. WASH facilities in school areas will also need to be renovated and upgraded in order to deal with the influx of additional children. Partners aim to provide access to education in a safe and protective environment.

### **Livelihoods, Energy and Environment**

A livelihood strategy is being developed to enhance and improve the basic qualifications and skills of newly arrived refugees in Lusenda site. It will include also refugees who want to be trained and be self-employed. The strategy will aim to facilitate access to the labour market for those who have the qualifications and skills through advocacy; promote trainings and to promote income-generating activities (priority will be given to agriculture, fisheries and livestock); facilitate further access to markets to procure raw materials for their IGAs as well as to sell the products of their activities

A socio-economic baseline survey will be conducted in coordination with stakeholders, refugees and host communities, in order to design the intervention in Lusenda site.

### **Logistics and Transport**

Logistics capacity should increase quickly with the creation and expansion of new site for Burundian refugees. Additional needs in terms of transport, storage, light vehicles, trucks, buses and minibuses and rehabilitation of roads to access to the site must be taken into account. Giving that refugees will be moved from the areas of temporary settlement to the new site, ensuring adequate vehicles will be required. The fleet maintenance costs will also increase due to frequency of vehicle movements. Access roads will be rehabilitated and maintained to facilitate continuous access to the identified site.

## ***Partnership and Coordination***

UNHCR is responsible for coordinating the response to the influx of Burundian refugees in accordance with its mandate and the Refugee Coordination Model. In the DRC, the government authority responsible for the management of refugees is the CNR and is the primary counterpart with regards to defining the parameters of the Burundi refugee response. The inter-agency framework allows for the effective coordination between local authorities, UN agencies and non-governmental organisations. A refugee coordination structure has been established in South Kivu. Weekly coordination meetings take place in various sectors to identify appropriate responses and coordinate actions amongst the partners.

The management of complex crises is the responsibility of the authorities; the humanitarian community participates at several levels, including the preparation of contingency plans for the preparedness and response, in support of government; inter-agency coordination is provided by the local inter-agency committee, Comité provincial Inter Agence (CPIA), with support of the UN Office for the Coordination of Humanitarian Affairs (OCHA).

## Public Information

Regularly updated emergency response information will be shared among the government, humanitarian community and the media. Information shall be made available to the local and international media, through interviews with UNHCR, agencies and Government officials, press releases and press conferences. Media field trips to the border and to Lusenda relocation will be organized.

## Mass Communication (with persons of concern)

The key principle is to ensure that all beneficiaries and stakeholders are informed on implemented projects. Community radios, a powerful tool for public communication will be used, in addition to leaflets, videos shows, information sessions in the regrouping site, and organization of dialogue with the target audience; using mutually-reinforcing communication techniques to disseminate simple messages. Regular meetings with persons of concern committees, leaders, awareness-building and general public information activities will be conducted.

## Planned Response

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### Protection (including SGBV and Child protection )

- Biometrically register all refugees and provide documentation.
- Provide training to government officials on human rights and international protection.
- Relocation of refugees from the transit centres to the refugee site.
- Ensure authorities understand and respect national obligations related to the separation, disarmament and internment of armed elements for the preservation of the civilian and humanitarian character of asylum.
- Establish women centres/ safe spaces for multi-sector prevention and response services.
- Provide camp security by deploying national police and security officers.
- Train and build the capacity of partners on protection of refugees in emergency situations, the identification of cases of persons with specific needs and referral mechanisms.
- Undertake joint rapid protection needs assessments; strengthen existing tools and structures and conduct joint protection evaluations.
- Identify separated and unaccompanied children, finding sustainable solutions for the protection of UASC, organize family tracing and reunification.
- Identify temporary sites with host families for UASC.
- Continue to raise awareness among refugees on the forced recruitment of children and adults.
- Set up and develop child friendly spaces for recreational and social activities for children.
- Sensitize host communities and refugees to prevent and protect against SGBV through social communication strategies and behaviour change.
- Set up and train community SGBV focal points.
- Establish a referral system and multi-sectoral response to cases of SGBV.
- Procure PEP and post-rape kits for SGBV survivors; provide clinical management and essential medicine.
- Establish income-generating activities for women-at-risk.
- Conduct community sensitization campaigns to promote peaceful co-existence with local communities.
- Strengthen local mediation and peaceful resolution mechanisms.
- Identify PWSN and assess their needs based on age, gender and diversity and ensure protection of PWSN.
- Establish a baseline, monitoring and coordination system for PWSN management.
- Provide dignity and hygiene kits to women and girls.

<b>Education</b>	<ul style="list-style-type: none"> <li>- Conduct rapid assessments of educational needs.</li> <li>- Distribute school kits to 7,500 pupils in primary schools.</li> <li>- Support emergency education for children in primary school.</li> <li>- Provide educational equipment for existing schools.</li> <li>- Construct or rehabilitate education facilities.</li> <li>- Identify and support local schools, which can accommodate children, provide educational and school materials.</li> <li>- Implement emergency school feeding in the targeted schools.</li> <li>- Organise end of the year exams for Gr. 6 (<i>concours national</i>).</li> <li>- Construct three primary schools in Lusenda village</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>- Purchase and distribute agricultural inputs (seeds and tools).</li> <li>- Train and sensitize vulnerable households on agricultural technical and good nutritional practices.</li> <li>- Conduct food security vulnerability assessment among refugees and host communities.</li> <li>- Conduct market assessment.</li> <li>- Provide food assistance to refugees and vulnerable, food insecure host families.</li> <li>- Conduct a Joint Assessment Mission.</li> <li>- Distribute additional food assistance to the extremely vulnerable refugees and/or PWSN.</li> </ul>
<b>Livelihoods, Energy and Environment</b>	<ul style="list-style-type: none"> <li>- Conduct a baseline survey.</li> <li>- Undertake relevant training and capacity building for refugees.</li> <li>- Enable refugees to undertake income generation and livelihood activities.</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>- Strengthen the capacity of staff in charge of health and nutritional responses, especially on early identification of vulnerable populations.</li> <li>- Supply medicine, nutrition commodities, and emergency health kits to existing health structures.</li> <li>- Manage epidemics, mass vaccination and routine immunization to prevent and treat endemic diseases such as malaria and diarrhoea.</li> <li>- Establish an HIV cross-border coordination mechanism.</li> <li>- Ensure the continuation of AIDS-related care and treatment of people living with HIV (confidential identification, PMTCT, ARV), including nutritional support.</li> <li>- Implement guidelines IASC-HIV emergencies and HR.</li> <li>- Assess the nutritional situation of refugees and identify response.</li> <li>- Provide therapeutic feeding including, the provision of Ready-to-Use Therapeutic Food (RUTF). Provision of vitamin A and deworming medication to young children.</li> <li>- Support the promotion, protection of adequate infant and young child feeding.</li> <li>- Organize community-based management of malnutrition.</li> <li>- Implement Minimum Initial Service Package (MISP) for reproductive health.</li> <li>- Supply Reproductive Health Kits to health facilities and partners.</li> <li>- Ensure access to safe delivery and emergency obstetric care.</li> <li>- Establish and strengthen referral system for emergency obstetric care for the refugee community.</li> <li>- Establish outreach reproductive health teams to monitor the situation of Burundian refugee population.</li> </ul>
<b>Logistics and Transport</b>	<ul style="list-style-type: none"> <li>- Transport Burundian refugees by bus from different border-entry/assembly points to the identified refugee sites.</li> <li>- Hire 10 trucks to transport luggage for Burundian refugees.</li> <li>- Rent minibuses to transport refugees from the pickup point to the assembly point.</li> <li>- Carry out fit-to-travel checks and ensure medical escorts are present throughout the journey.</li> <li>- Provide special transport for persons with specific needs.</li> <li>- Rent 17 light vehicles available for the transport.</li> <li>- Supply a stock of spare parts for maintenance of the fleet.</li> <li>- Use two available tanks for fuel storage (Bukavu: 52,000 litres, Uvira: 32,000 litres).</li> </ul>

<b>Non-Food Items (NFI)</b>	<ul style="list-style-type: none"> <li>- Acquire and distribute standard non-food items for 30,000 refugees.</li> <li>- Provide an emergency stock of NFIs.</li> </ul>
<b>Shelter and Infrastructure</b>	<ul style="list-style-type: none"> <li>- Identify an appropriate site for the development of a refugee camp and assess its capacity to accommodate new arrivals.</li> <li>- Construction of basic community structures and family shelters for vulnerable refugees.</li> <li>- Distribute shelter kits and tools and building materials.</li> </ul>
<b>Water, Sanitation and Hygiene (WASH)</b>	<ul style="list-style-type: none"> <li>- Set up water trucking system as required.</li> <li>- Build emergency male/female latrines according to SPHERE standards.</li> <li>- Organize campaigns on best hygiene practices.</li> <li>- Assess water resources.</li> <li>- Construct / rehabilitate water sources and treat drinking water.</li> <li>- Provide specific equipment and WASH supplies (pumps, generators, bladders, water testing kits, jerry cans, buckets, soap, treatment products, etc.).</li> <li>- Distribute WASH articles and build garbage pits.</li> <li>- Distribute hygiene kits to women of childbearing age.</li> <li>- Scale up cholera prevention and first response.</li> </ul>

## ***Financial Requirements Summary – DRC***

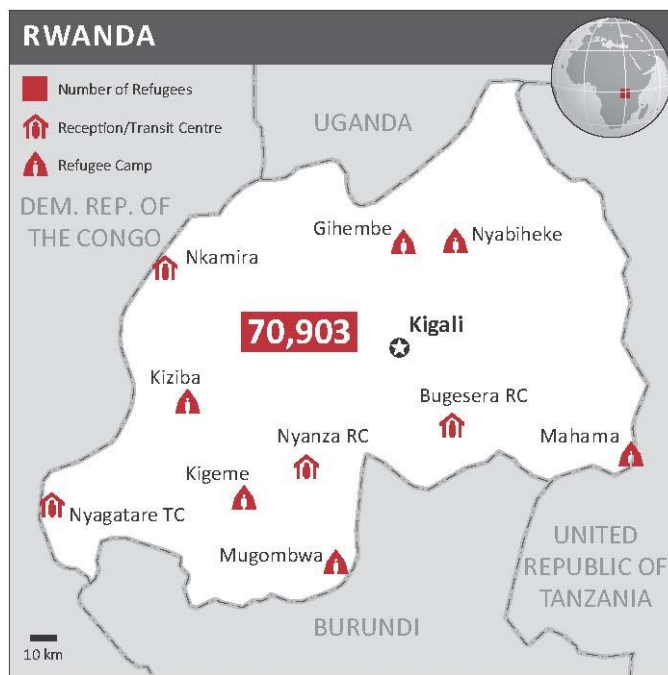
### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
Caritas	<b>343,410</b>
FAO Food and Agriculture Organization	<b>510,000</b>
IOM International Organization for Migration	<b>1,800,000</b>
NRC Norwegian Refugee Council	<b>235,960</b>
UNFPA United Nations Population Fund	<b>1,000,000</b>
UNHCR United Nations High Commissioner for Refugees	<b>9,507,710</b>
UNICEF United Nations Children’s Fund	<b>2,166,000</b>
WFP World Food Programme	<b>3,000,000</b>
WHO World Health Organization	<b>1,150,000</b>
<b>Total</b>	<b>19,713,080</b>

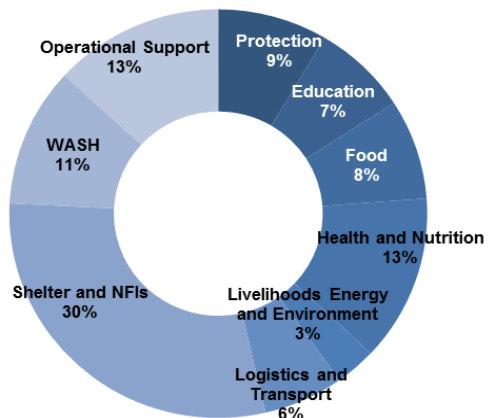
### **Financial requirements by sector (in US dollars)**

<b>Sector</b>	<b>Total</b>
Protection	<b>3,010,083</b>
Education	<b>628,031</b>
Food	<b>3,697,985</b>
Health and Nutrition	<b>3,627,937</b>
Livelihoods Energy and Environment	<b>501,158</b>
Logistics and Transport	<b>2,868,885</b>
Shelter and NFIs	<b>2,302,929</b>
WASH	<b>937,006</b>
Operational Support	<b>2,139,066</b>
<b>Total</b>	<b>19,713,080</b>

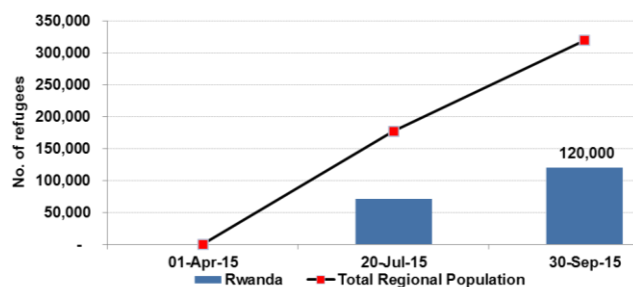
# RWANDA RESPONSE PLAN



## Financial Requirements (US dollars) 111,428,334



## Population Trends



## **Background and Achievements**

On 31 March 2015, tensions linked to the elections in Burundi prompted the flight of the first refugees to Rwanda. Initially, arrivals averaged 300 per day, but began to soar to over 3,000 per day in the third week of April 2015 with another peak in new arrivals around the time of the parliamentary elections during the third week of June 2015. While the Presidential elections have been postponed, the planning figures have been reviewed to 120,000 Burundian refugees by September 2015. Refugees were received in two reception centres near the Rwanda-Burundi border, however, due to the surge in arrivals the Government of Rwanda's Ministry for Disaster Management and Refugee Affairs (MIDIMAR) decided to open a new refugee camp for Burundi refugees on 22 April 2015, and also declared *prima facie* refugee status for those fleeing from Burundi. Although the number of urban refugees is high (over 23,000 refugees have been registered so far, a second refugee camp will be required should the Burundian camp-based population surpass 59,000 refugees).

During registration by MIDIMAR and UNHCR, new refugee arrivals from Burundi declared that they suffered intimidation and harassment by armed youth militias (*Imbonerakure*) loyal to the ruling party. Among other reasons for flight, they report pressure to pledge allegiance to the regime, feared escalation of acts of intimidation and violence by the *Imbonerakure* as elections approach, and the disappearance of relatives.

On 25 April, the ruling party announced that the current Burundian President, Pierre Nkurunziza, will be its candidate for a third term in the presidential election. Simultaneously, refugee movements into Rwanda dramatically increased. As of 9 July 2015, over 47,000 Burundian refugees are living in camps or reception centres in Rwanda, while over 23,000 additional Burundian refugees are living in urban areas. In light of these developments, the total projected influx is 120,000 by end-September 2015 (jointly discussed and agreed between the Government and the UN community).

### **Achievements**

Due to contingency planning as well as to the ongoing response for Congolese refugees in Rwanda, systems were in place and essential life-saving supplies for providing initial relief to refugees were pre-positioned before the emergency started, which enabled immediate action when the influx from Burundi began. MIDIMAR is the main government counterpart, and as Rwanda is a One UN country, there is close collaboration among UN agencies in the implementation of their respective activities. In December 2014, MIDIMAR and UNHCR developed a contingency plan to prepare for a possible influx from Burundi. As a result, agencies were prepared for the emergency and began multi-sectoral response interventions from the outset. The Refugee Coordination Model (RCM) is being applied, with UNHCR and MIDIMAR coordinating.

- **Access to territory:** As a result of the Government's open border policies, refugees have had unfettered access to asylum, on a *prima facie* basis. Newly arriving Burundi refugees are initially transported from the border entry points to two reception centres in Bugesera and Nyanza districts, in southern Rwanda and one transit centre Nyagatare in the Ruzizi Province. Following the dramatic increase in arrivals in the second and third weeks of April, the GoR announced the opening of a refugee camp, and allocated land in the Eastern Province.
- **Establishment of refugee reception centres and camps:** Humanitarian actors rehabilitated existing structures and constructed additional communal hangars, registration facilities, communal cooking facilities, WASH facilities, health post, etc. for both sites. Once land was allocated for a new camp, an interagency assessment to the new site, Mahama, was conducted on 17 April, and UNHCR began relocating refugees there on 22 April. Mahama camp currently accommodates some 30,000 refugees as of 10 July 2015, and will be able to host up to 59,000. Approximately 1,000 refugees are currently being relocated from the Nyanza and Bugesera transit centres to Mahama camp every day.
- **Protection and registration:** All Burundian refugees declaring themselves at the border undergo regular registration procedures. Initially all new arrivals in transit centres were registered at Level 2 including biometric data, however due to the surge in arrivals UNHCR began conducting Level 1 registration in both reception centres, and is conducting Level 2 biometric registration at Mahama Camp as of 1 May and in the Urban settings of Kigali and

Huye since June 2015. MIDIMAR is also conducting registration upon arrival. Thus far, a large number of unaccompanied and separated children have been identified, so humanitarian agencies are conducting family tracing and reunification. Child protection and sexual and gender-based violence (SGBV) prevention and response mechanisms are already established in both reception sites and in Mahama camp. Registration of urban refugees has started in June 2015.

- **Ongoing multi-sectoral response:** MIDIMAR and UNHCR are responsible for camp management in the two reception centres and Mahama Camp. Agencies are engaged in rehabilitation and construction of basic infrastructure. Emergency food response with provision of hot meals in the two reception centres and general food distribution in Mahama camp is ongoing. A kit of basic core relief items (CRIs) are distributed upon arrival in the reception centres, and firewood is distributed to all households for cooking in Mahama. Basic health care facilities have been established in all sites including vaccinations and reproductive health, with referral to local health facilities for secondary and tertiary referrals.

## ***Humanitarian Needs and Vulnerabilities***

The Burundian refugees originate mainly from Kirundo, Ngozi and Muyinga Provinces, as well as from Bujumbura. Current statistics show that about 77% of registered refugees are women and children, and over 50% are children, and already over 1,000 unaccompanied or separated children (UASC) have been identified since the beginning of the emergency. So far, several UASC have been reunified with their parents/customary caregivers or relatives, but substantially more work is needed to continue identifying such children, and scaling up family tracing and reunification efforts.

In addition to children there is also a substantial number of persons with specific needs among the Burundi refugee population. Elderly refugees make up about 2% of the registered population, and persons living with disabilities are identified systematically during registration so they can be provided with specific assistance.

The lack of safe spaces for children and other protection risks are contributing to greater psychological distress of children. Children without their parents or caregivers are at higher risk of abuse, neglect, exploitation and violence. In addition, children without their normal routines and who experienced displacement are under high stress, and require a substantial level of support. Since end of June, orientation classes to prepare children for the next school-year following the Rwandan curriculum have started with over 7,800 students enrolled.

Overcrowding of shelters, traditional gender attitudes as well as separation of families contribute to a greater risk of SGBV.

Due to overcrowding and the lack of adequate sanitation facilities there is a high risk of spreading of endemic diseases, particularly given that in districts hosting refugees there is already a high prevalence of diseases such as malaria, diarrhoea and respiratory infections. Moreover, refugees have a limited knowledge of health related issues: HIV, sexually transmitted infections and unwanted pregnancies may all represent a health risk.

The refugee population has access to food thanks to the blanket and supplementary food distribution. Many cases of malnutrition in the refugee community in the camp have been identified, especially among children and the elderly. Based on a nutrition survey carried out in Mahama camp in May 2015, the level of malnutrition among children under five has improved since the beginning of the response, but remains above a series threshold; the data indicates a prevalence of 10.3% Global Acute Malnutrition (GAM).





Figure 3: A woman who has fled political violence in Burundi washes her clothes in Bugesera Reception Centre, Bugesera, Rwanda. UNHCR/K. Holt

The limited availability of land in the camp presents a major challenge also when it comes to establishing appropriate livelihood opportunities such as kitchen gardens and shelter for the animals/livestock that refugees brought with them during their flight.

The arrival of refugees puts pressure on already overstretched basic service infrastructures and general food availability, which can generate tensions among different communities. Partners will therefore extend their protection activities and service provision to the benefit of local populations, and promote peaceful coexistence and peace-building initiatives among the different communities.

## ***Response Strategy and Priorities***

The priority strategy for the RRP is: a) to ensure access to territory; b) to establish basic infrastructure in two border reception centres and refugee camp(s) meeting emergency standards for safe and dignified reception and accommodation; c) ensuring protection and providing life-saving multi-sectoral assistance in the new camp, Mahama, and eventually the second camp, with a view to integrating refugees into national health and education systems as much as possible, including for urban refugees.

### **Protection – incl. Registration, Sexual Gender-Based Violence (SGBV) and Child Protection (CP)**

The primary concern for humanitarian partners is to ensure that refugees fleeing from Burundi have access to territories to seek asylum and receive protection, including from *refoulement*, and access to proper registration and documentation procedures. Currently the GoR maintains an open border policy and has declared *prima facie* status for refugees fleeing Burundi. Humanitarian protection agencies will continue regular coordination; border monitoring, training of border guards, immigration officials and security forces; and advocacy with the GoR to ensure that access to the territory and other protection measures are continued.

Registration will be conducted for all newly arriving refugees, including Level 1 registration at the reception sites and full biometric registration at the refugee camps and in urban settings, including systematic identification and referral of persons with specific needs. Individual documentation to all refugees after registered will continue.

Border and protection monitoring will be conducted to report and respond to potential security incidents and to ensure the humanitarian and civil character of asylum.

Systems will be developed in all emergency locations to ensure that a clear prevention and response mechanism is in place and able to address the immediate physical, medical, legal and psychosocial needs of the refugees. This includes referrals to service providers as well as legal protection to vulnerable groups such as children, women, survivors of SGBV and persons with specific needs (PWSN) such as persons living with disabilities, with chronic illnesses, pregnant mothers and elderly persons. The management of the SGBV response will incorporate a multi-sectoral approach that ensures that SGBV services will be provided in an effective manner. Critical to SGBV management is the availability of Post-Exposure Prophylaxis (PEP), emergency contraception and post-rape treatment. In addition, partners will focus on the reinsertion of SGBV survivors into refugee communities through livelihood initiatives, refugee and community behaviour change communication on SGBV prevention and response. This will play a key role in reducing the risk of SGBV and in improving the quality of the response.

Protection of children will be strengthened by reinforcing the formal and informal child protection systems. A case management system with an expanded para-social worker model will be developed. In addition, an enhanced monitoring, reporting, referral and follow-up mechanisms will be set up with an integrated child and youth empowerment programme and mental health and psychosocial support services (MHPSS).

Given the high proportion of unaccompanied and separated children, family tracing and reunification will be a priority to ensure these vulnerable children find their caregivers, in addition to establishing community-based care and protection mechanisms. Trained tracing volunteers will be deployed and children will be able to make calls to their families.

A family strengthening and child participation approaches will also be utilized to empower parents and their children to strengthen the protection and care of children. The active participation and mobilisation of refugee women, men and children will be sought and encouraged. The refugee community will be engaged to contribute to the identification, the development and the response of protection interventions.

Particular attention will be paid to developing measures that contribute to peaceful co-existence between refugee and host communities. To foster cohesion between refugee and host communities, Burundian refugees will be integrated in the monthly community work locally known as '*Umuganda*' in addition to being included in host community socio-cultural activities like '*Akagoroba k'ababyeyi*' – Rwanda's home-grown initiative that provides a platform for communities to discuss and solve challenges they face together.

All protection interventions will be taken according to international and national protection standards, strategies and standard operating procedures (SOPs), including efforts to facilitate the birth registration of new-borns.

The active participation and mobilisation of refugee women, men and children will be sought and encouraged. The refugee community will be engaged to contribute to the identification, the development and the response of protection interventions. Particular attention will be paid to the empowerment and participation of refugee women and girls.

Resettlement will be made available for new arrivals with urgent legal and physical protection needs, serious medical cases, survivors of violence and torture or women and children at risk. All protection interventions will be taken according to international and national protection standards, strategies and standard operating procedures (SOPs).

## **Urban Refugees**

Given the increasing number of urban refugees with myriad, intricate legal needs, there is a need to establish and formalize a framework of cooperation with the Ministry of Justice in order to facilitate access to justice, by persons of concern, through existing national legal mechanisms on *pro bono* basis. Similar framework need to be established also with the Rwandan Bar Association (RBA) and other legal aid fora in order to broaden access.

The prevention and response of SGBV and CP in urban settings will involve developing partnerships with refugee- and youth-led organizations to develop and implement plans of actions that address the root causes of SGBV and CP harms. The multi-sectoral response for SGBV will involve case management, psychosocial support and specifically referrals to the One Stop Centres for legal, medical and psychosocial counselling. For child protection, this will also involve case management and gender- and age- sensitive referrals.

## **Health and Nutrition**

Basic health response in the reception centres and refugee camps will be provided, while also supporting Government health facilities in neighbouring districts to enable them to receive refugee patients referred for secondary and tertiary care. Limited health care service will be provided to the vulnerable groups of refugees in urban settings (Kigali and Huye).

The response will focus on providing adequate and quality primary health care, availing essential medicine, integrated sexual and comprehensive reproductive health services including FP, STIs/HIV prevention and treatment, commencement of EPI, comprehensive emergency obstetrics care, referral services and care for chronic illnesses. Prevention of communicable diseases and standard treatment of communicable and non-communicable diseases at the primary health care level will be considered a priority. Partners will aim to reduce and prevent refugee morbidity and mortality due to malnutrition by providing immediate basic nutritional care and providing information on malnutrition prevention. Camp health centres have to be upgraded to comply with government standards for Ministry of Health accreditation.

The main strategic focus at community level will be training of community health workers (CHW) to support daily health outreach activities carried out for the basic health promotion, preventive, and social mobilization to reach out in the refugee community. Camp primary health care centres will avail standard minimal primary health care package with an equal access to all refugees living in camps. Basic health kits will be provided (Emergency Health Kits, Diarrhoea Disease kits and vaccine/cold chain, insecticide treated nets (ITN), and essential drugs) ensuring the necessary supply is culturally appropriate and will reach the population in a timely manner. A well-structured medical referral system will be established to provide secondary and tertiary level of health care for refugees with serious medical conditions.

In urban settings, urban clinics will avail a minimal health care package focussing on primary health care, reproductive care and, NCD management and acute lifesaving care in a targeted manner. Two urban clinics will be established to continue this service in Kigali and Huye districts.

Timely nutritional assessment and surveillance systems will be reinforced, and refugees with severe and moderate acute malnutrition will be provided with appropriate management services. Other health and nutrition services to children on arrival/after screening will include micronutrient supplementation for children 6-59 months with Vitamin A and deworming of children 12-59 months.

Children and women will receive micronutrients from fortified foods, supplements or multiple-micronutrient preparations, and support for appropriate infant and young child feeding (IYCF) will be prioritized through promotional activities. Relevant information about nutrition programme activities will be disseminated to the refugee population.

Health and nutrition interventions will also focus on social mobilization towards promoting community based health and first aid in camps and host communities. Capacity of health service providers and community health workers including peer educators will be strengthened. Awareness activities, such as hand washing practices and safe use of water practices will further sensitize the refugee community on preventable diseases and on maintaining a healthy diet and the prevention of food contamination.

## **Water, Sanitation and Hygiene (WASH)**

Partners in the response will ensure that refugees have access to safe water and improved sanitation and hygiene services.

Partners will be focusing on upgrading the water distribution system, ensure proper management and reliability of the water services in the camp and in host community areas. Activities in this field will be comprised of the establishment of water treatment unity and hydraulic infrastructure, construction of new water points and pipelines. It is equally critical to construct male and female latrines according to SPHERE standards<sup>1</sup>. Similarly, male and female shower blocks will be constructed.

Moreover, hand washing, hygiene promotion, laundry and solid waste management facilities and critical WASH non-food items (NFIs) will be provided. Safe hygiene practices will also be promoted among the refugees and host communities through interpersonal communication and community mobilisation, including the set-up of 'Hygiene Clubs' which would be charged with supervising waste collection and disposal practices, cleaning tent areas and latrines.

The partners will provide a solid waste collection, sorting and transport and disposal mechanism. Therefore a dumping site will be identified and will be constructed and operated on regular basis.



*Figure 4: A group of children from Burundi wait for assistance after arriving in Mahama Refugee Camp, Rwanda. UNHCR/K. Holt.*

## **Food**

Timely food and nutrition assistance will be provided to all new arrivals at the entry points (high energy biscuits), reception centres and in the camps. Food commodities will be provided in line with recommended food allowances. Supplementary food for all moderately malnourished children and for children between 6 and 59 months old and pregnant and lactating women will also be made available.

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<sup>1</sup> The SPHERE Project developed internationally agreed minimum standards for humanitarian interventions, which aim to enhance the quality and accountability of humanitarian assistance.

### **Livelihoods, Energy and Environment**

To continue self-reliance, the focus on livelihoods for camp-based and urban refugees is to strengthen avenues to employment opportunities and to ensure access to the right to work.

Additionally, UNHCR proposes the identification of microfinance institutions to fund entrepreneurial ideas or cooperative proposals, in addition to the use of targeted Technical and Vocational Education and Training (TVET) to increase skill sets.

As a small, overpopulated country, Rwanda has strict regulations regarding forest conservation and environmental impact of different programmes. To minimise any negative effects the presence of the refugee population could have on the environment, while also recognising the need for refugees to have access to energy and as a preventive measure against SGBV, UNHCR is implementing a SAFE (Safe Access to Fuel and Energy) Strategy in the country, which will be applied to the new Burundi refugee camps. In the emergency phase, providing sufficient quantities of firewood for cooking purposes is necessary, while concurrently developing a more durable and sustainable energy plan including the provision of fuel efficient stoves.

### **Shelter and Infrastructure**

Refugees are initially received in two reception centres where UNHCR has set up and maintains communal shelters. In the new camp, Mahama, UNHCR has also set up communal shelters where refugees are accommodated to complement family tents being provided in this emergency phase. Concurrently, UNHCR is also already constructing more durable individual shelters UNHCR has also conducted site planning for the new camp and has set up basic infrastructure systems including drainage. UNHCR and MIDIMAR jointly handle camp management in all refugee locations. A second refugee camp will be established requiring the construction of an additional site with infrastructure, additional communal and individual shelters, WASH facilities, etc.

### **Non-Food Items (NFIs)**

UNHCR will procure core relief items for all refugee households including tents, mosquito nets, plastic sheeting and poles, blankets, sleeping mats, cooking materials including kitchen sets, jerry cans and buckets, and soap, for distribution upon arrival and at the necessary intervals during the 6-month period. UNHCR will also establish and maintain warehouses at both reception centres and the refugee camp.

### **Education**

The objective of interventions in education will ensure minimal disruption to education services for all students and teachers for refugees in camps and host communities. Access to quality pre-primary, primary and secondary education for all refugee children with specific focus on girls and children with disabilities and other vulnerable children will be promoted. Where possible refugee children are integrated into existing Rwandan education facilities, in which case additional classrooms will be constructed, teachers trained and education materials provided. Camp based schools annexed into Rwandan schools system for primary level will be established, when existing local structure cannot immediately absorb all refugee children.

An orientation program has started at Mahama camp while arrangements are made for the establishment of formal education based on the Burundian curriculum or through the integration into host country national education systems. In Kigali, an orientation programme for primary and secondary level will be provided to prepare students to integrate into the Rwandan national system cycle as of January 2016. Burundian and Rwandan teachers will be recruited and Rwanda's curriculum will be adopted during orientation classes. Once refugees are integrated into the local system, a lump sum will be provided to cover school fees for all refugee children, harmonising with the existing approach for Congolese refugees in Rwanda.

Out of school children will receive literacy, numeracy and life skills classes to be prepared for catch up classes. Technical and Vocational Education and Training (TVET) for Youth will be provided to promote their livelihood. Partners will provide home-based and centre-based early childhood development services for young refugee children in the reception centres and in the camp, to allow them to be cared for in an environment that nurtures their physical, emotional and cognitive development.

## **Logistics and Transport**

A considerable logistical operation to relocate refugees from the border entry points to the reception centres and to the camps is under way. Additional vehicles and buses need to be rented. Furthermore, storage facilities need to be established in reception centres and in the camps, roads will be rehabilitated and maintained for proper and continuous access.

## **Partnership and Coordination**

MIDIMAR and UNHCR developed a contingency plan specific to the context of a refugee influx, and the Refugee Response Plan (RRP) draws the bulk of its analysis from the existing refugee influx contingency plan. MIDIMAR and UNHCR co-coordinate the interagency refugee response according to the Refugee Coordination Model. Furthermore, inter-agency meetings on appropriate sectoral interventions are held regularly both in the field and in the capital, and the RRP aims at strengthening functional inter-agency / inter-governmental coordination mechanisms already in place.

### **Public Information**

Public information will be promoted through the production of fact sheets and other materials; providing inputs for web portals, websites, and social media; hosting of events; supporting national and international media coverage of the refugee sites; and regular briefings and visits for members of the diplomatic and donor community. Visibility of donations will also be ensured. Regularly updated emergency response information will be shared among the Government, the humanitarian community and the media.

### **Mass Communication (with persons of concern)**

The key principle is to ensure that all beneficiaries and stakeholders are informed and engaged on implemented projects. Community radios, a powerful tool for public communication will be used, in addition to interpersonal communication tools and approaches such as leaflets, videos shows, community dialogue and information sessions in camps and sites, and organization of dialogue with key groups; using mutually-reinforcing communication techniques to share information and knowledge about key safe and protective practices and where to access services and support. Regular meetings with persons of concern committees, leaders, awareness-building and general public information activities will be conducted.

## **Planned Response**

### **Protection (including Registration, Identification, SGBV and Child protection)**

- Assure Individual biometric registration and documentation.
- Facilitate the registration of new-borns in a timely manner.
- Establish and implement emergency inter-agency SOPs for SGBV and child protection responses. Provide safe houses for SGBV survivors.
- Procure PEP and post-rape kits for SGBV survivors; provide clinical management and psychosocial counselling.
- Enable access to legal assistance.
- Strengthen capacity of health providers and refugee women camp managers to identify, support and refer survivors of SGBV for appropriate services.
- Conduct training on SGBV prevention and responses to refugees, host communities, and officials at district and camp levels
- Provide psychosocial support to female and children headed households.
- Provide women and girls with hygiene items in dignity kits.
- Identify unaccompanied, separated, and other children at risk (UASC) and improve interagency coordination through regular monitoring and reporting.

<p><b>Protection</b> <i>(including Registration, Identification, SGBV and Child protection)</i></p> <p><i>(contd.)</i></p>	<ul style="list-style-type: none"> <li>- Carry out Best Interest Assessment and Determination (BIA/BID) for all unaccompanied and separated children and children at risk - Provide a comprehensive child protection services including case management, psychosocial support, alternative and/or community-based care and protection.</li> <li>- Develop youth-led organizations able to find solutions to protection risks for adolescent youth.</li> <li>- Identify and support People with Special Needs (PWSN) to have equal access to basic services.</li> <li>- Increase social cohesion between refugees and host community by organizing community works in the camp and host community.</li> <li>- Establish a help line for protection cases.</li> </ul>
<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>- Establish and support Early Childhood Development ECD opportunities for children aged 0-6.</li> <li>- Conduct orientation programme for primary and secondary students.</li> <li>- Recruit Burundian and Rwandan teachers for orientation programme.</li> <li>- Identify and support local schools that can host the affected children.</li> <li>- Provision of teaching and scholastic materials (e.g.: School in-a-box).</li> <li>- Construction/Rehabilitation of inclusive educational facilities (24 school blocks).</li> <li>- Provide teaching, academic materials and equipment (desks, tables &amp; benches) for schools in the camp.</li> <li>- Establish temporary child-friendly learning spaces for school-going children in collaboration with camp management and site planners.</li> <li>- Conduct assessment to identify out of school children (OOSC).</li> <li>- Provide literacy, numeracy and life skills classes for OOSC.</li> <li>- Provide Technical and Vocational Education and Training for Youth.</li> <li>- Conduct assessment to identify OOSC.</li> <li>- Provide literacy, numeracy and life skills classes for OOSC.</li> <li>- Provide Technical and Vocational Education and Training for Youth.</li> </ul>
<p><b>Energy and Environment</b></p>	<ul style="list-style-type: none"> <li>- Implement SAFE (Safe Access to Fuel and Energy) strategy.</li> <li>- Distribute 5,236 steres of firewood on monthly basis.</li> <li>- Ensure that 20,000 households have access to energy saving equipment.</li> <li>- Provide 24,000 households with sustainable source of lighting energy, such as solar lanterns.</li> <li>- Support fabrication of improved cooking stoves through community members' participation.</li> <li>- Conduct risk-mapping sessions in all camps and host community and provide community awareness on associated camp environmental risks.</li> </ul>
<p><b>Food</b></p>	<ul style="list-style-type: none"> <li>- Provide High Energy Biscuits for approximately 80,000 persons on arrival.</li> <li>- Provide hot meals and/or dry rations in transit centres and reception centres (2,100 kcal per person per day).</li> <li>- Provide water and snack, high energy biscuits or hot meals during convoy movements and on arrival at the camp.</li> <li>- Provide school meals.</li> <li>- Conduct general food distribution (GFD) and monitoring in the camp.</li> <li>- Pre-position food for 120,000 people for six months (including school feeding).</li> </ul>
<p><b>Health and Nutrition</b></p>	<ul style="list-style-type: none"> <li>- Establish one Health Centre.</li> <li>- Hire 20 nurses, 5 midwives, 2 nutrition officers, two clinical psychologists, one sexual and reproductive health (SRH).</li> <li>- Procure three ambulances for medical emergency transport.</li> <li>- Provide regular supplies of medicines, equipment, test and reagents, vaccines, bed nets and medical devices for emergency health centre.</li> <li>- Establish Health Information System in reception centres and camps for health data management.</li> <li>- Conduct routine immunization, as per national calendar.</li> <li>- Establish primary, secondary and tertiary referrals mechanism for life saving emergencies and MCH cases.</li> <li>- Mobilize and train community health care workers for community health and nutrition activities.</li> </ul>

<p><b>Health and Nutrition</b></p> <p><b>(contd.)</b></p>	<ul style="list-style-type: none"> <li>- Train health service providers in integrated SRH/FP and HIV prevention</li> <li>Recruit VCT counsellors. Procure reproductive health kits for women and dignity kits for expecting mothers and hygienic accessories for adolescent girls.</li> <li>- Provide reproductive health services.</li> <li>- Assist Ministry of Health to distribute Anti-retroviral treatment and PMTCT to refugees.</li> <li>- Disseminate health education and sensitization messages and behaviour-change communication to affected populations, focussing on breastfeeding, health-seeking behaviour, safe motherhood, hand washing, hygiene and sanitation, IEC/BCC materials.</li> <li>- Provide curative supplementary feeding to 3,300 children under five years with MAM and to 600 PLHIV in ART and TB patients.</li> <li>- Provide blanket preventive supplementary feeding to 24,000 children under five years and to 6000 pregnant and lactating women.</li> </ul>
<p><b>Logistics and Transport</b></p>	<ul style="list-style-type: none"> <li>- Transport refugees from border to transit centres (TCs) to camp.</li> <li>- Provide initial accommodation for refugees coming from Nyagatare TC.</li> <li>- Hire trucks, buses and luggage trucks for refugee transfers with provisions for special transport for persons with specific needs.</li> <li>- Procure light vehicles, pickups, motorcycles, cargo and tipper trucks, as well as spare parts.</li> <li>- Install fuel storage and dispensing facilities.</li> <li>- Procure and distribute standard basic core-relief items (CRI) kits in the camp.</li> </ul>
<p><b>Shelter and Non-Food Items (NFIs)</b></p>	<ul style="list-style-type: none"> <li>- Distribute standard non-food item kits for all new arrivals. The kit will include: jerry can, soap, mosquito net, mat, synthetic sleeping, kitchen set, plastic, tarpaulins, stove, blanket, sanitary pads and plastic buckets.</li> <li>- Establish refugee camp according to SPHERE standards.</li> <li>- Distribute 5,050 family tents to vulnerable families</li> <li>- Construct communal shelters in transit centres and reception centres.</li> <li>- Set up 12,000 back to back semi-permanent shelters.</li> <li>- Construct additional way stations and reception centres.</li> <li>- Construct access roads, in-camp roads and security parameter roads.</li> <li>- Establish refugee committees to increase their participation in decision-making process on infrastructure building.</li> </ul>
<p><b>Livelihood</b></p>	<ul style="list-style-type: none"> <li>- Conduct baseline livelihood assessment Empower vulnerable individuals (SGBV victims, single mothers, disabled, etc.) through entrepreneurship skills training and start-up capital for the promotion of income generating activities.</li> <li>- Build partnerships to advocate for refugee's right to work and increase job placement and technical and vocational training Explore agricultural initiatives with stakeholders that provide access to land resources for refugees and host community members.</li> </ul>
<p><b>Water, Sanitation and Hygiene (WASH)</b></p>	<ul style="list-style-type: none"> <li>- Ensure access to safe water and improved sanitation and hygiene services to the affected people to minimize the risk of outbreak of WASH related disease, including through water quality testing/ PH &amp; chlorine.</li> <li>- Ensure availability of minimum safe drinking water supply and sanitation facilities amongst refugees in camps and host communities.</li> <li>- Provision of sustainable water supply solution in Mahama camp.</li> <li>- Provide two sterile household containers per family of 10 litres capacity each.</li> <li>- Construct male/female latrines and showers according to SPHERE standards with a clear separation of female and male facilities.</li> <li>- Spraying pesticides and insecticides.</li> <li>- Set up one mobile garbage bin per block of 8 family shelters.</li> <li>- Conduct drainage system in the camp.</li> <li>- Train refugees in CBEHPP (Community Based Environmental Promotion Programme) methodology combined with other hygiene promotion activities.</li> <li>- Strengthen and train Hygiene Clubs for WASH activities through the use of existing WASH facilities.</li> </ul>



## ***Financial Requirements Summary – Rwanda***

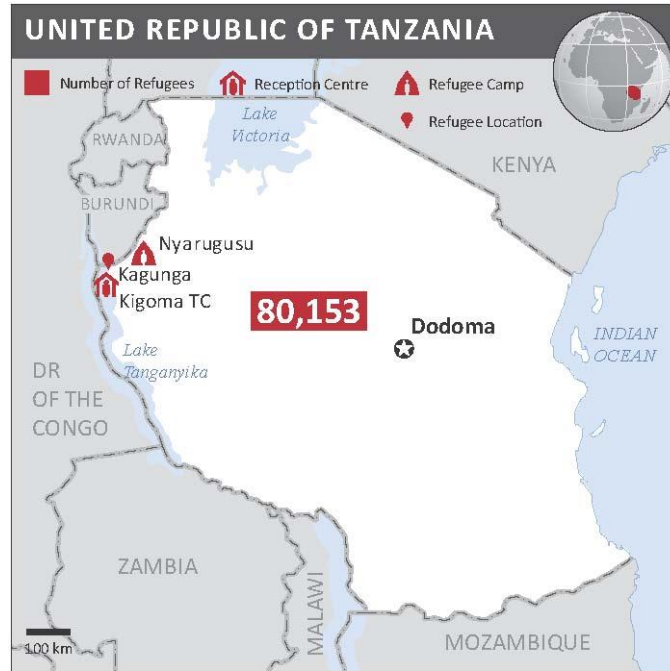
### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
ADRA Adventist Development and Relief Agency	<b>600,000</b>
AHA Africa Humanitarian Action	<b>360,000</b>
ARC American Refugee Committee	<b>1,020,000</b>
FAO Food and Agriculture Organization	<b>1,275,000</b>
IOM International Organization for Migration	<b>930,000</b>
PAJER Parlement des Jeunes Rwandais	<b>480,000</b>
PLAN International	<b>360,000</b>
RRC Rwanda Red Cross Society	<b>232,800</b>
SCI Save the Children International	<b>500,000</b>
UN Women UN Entity for Gender Equality and the Empowerment of Women	<b>500,000</b>
UNFPA United Nations Population Fund	<b>2,000,000</b>
UNHCR United Nations High Commissioner for Refugees	<b>85,460,534</b>
UNICEF United Nations Children’s Fund	<b>4,050,000</b>
WFP World Food Programme	<b>12,100,000</b>
WGO World Health Organization	<b>1,200,000</b>
WVI World Vision International	<b>360,000</b>
<b>Total</b>	<b>111,428,334</b>

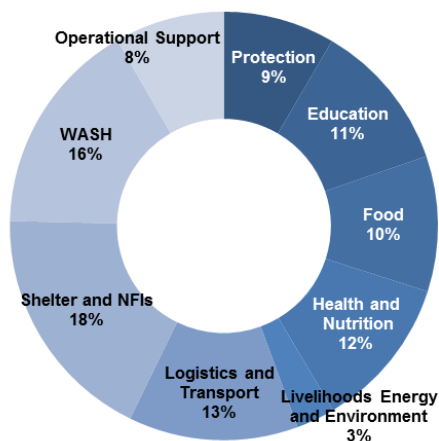
### **Financial requirements by semctor (in US dollars)**

<b>Sector</b>	<b>Total</b>
Protection	<b>9,472,197</b>
Education	<b>8,236,602</b>
Food	<b>8,820,035</b>
Health and Nutrition	<b>14,663,741</b>
Livelihoods Energy and Environment	<b>3,546,308</b>
Logistics and Transport	<b>6,917,144</b>
Shelter and NFIs	<b>32,801,444</b>
WASH	<b>12,282,891</b>
Operational Support	<b>14,687,972</b>
<b>Total</b>	<b>111,428,334</b>

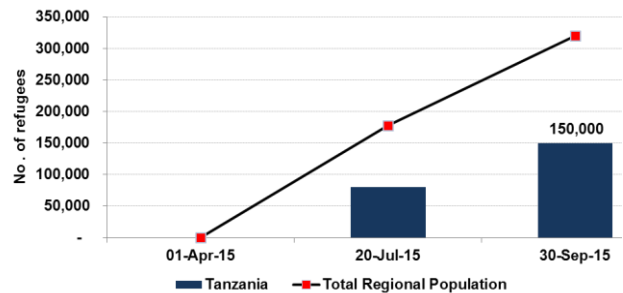
# TANZANIA RESPONSE PLAN



## Financial Requirements (US dollars) 154,029,586



## Population Trends



The Government is fully committed to its international legal obligations to refugees and asylum seekers in particular the principle of *non-refoulement*, and have displayed good faith in doing so since independence. The country has been host to hundreds of thousands of refugees for decades, primarily from Burundi and the Democratic Republic of Congo (DRC).

Due to the recent tensions in Burundi, refugee movement into Tanzania has dramatically increased. As of 10 July, up to 76,263 Burundian refugees have been registered. However, following the recent parliamentary elections, the rate of arrival increased from an average of 200-300 individuals per day to 2,000 per day. An exponential increase is expected immediately before, during and immediately after the postponed presidential elections when they take place.

With no political solution currently taking form, it is estimated that at least 150,000 individuals will flee from Burundi to Tanzania by the end of September 2015.

### **Achievements**

Partners are closely coordinating with the GoT, particularly the Refugee Services Department of the Ministry of Home Affairs, and ensure required liaison is undertaken with other Government departments, including Immigration, Border Management and Control and the Office of the Prime Minister at the national level, as well as the Offices of the involved Regional Commissioners and the attendant executive structures.

- **Access and location:** As a result of GoT open border policies, almost all refugees fleeing Burundi benefited from unrestricted access and asylum on a *prima facie* basis. The GoT had agreed that the first 50,000 people would be accommodated in the existing Nyarugusu refugee camp. However, the number of new arrivals has now exceeded 76,000 and Nyarugusu has exceeded its capacity. Over 135,000 refugees are hosted there and tensions between the Congolese and Burundian communities are emerging. Challenges on the identification of the new refugee camp are related to its location (it could be as close as 20km or as far as 600km from Nyarugusu) and its nature (it could be a formerly closed camp or a completely new camp).
- **Protection, registration and transportation:** All new arrivals undergo regular registration procedures: Level 1 household registration is being carried out in the transit centres, while Level 2 biometric registration, takes place at the refugee camp. Thus far, a significant number of unaccompanied or separated children have been identified, and child protection and sexual and gender-based violence (SGBV) referral mechanisms have been established. In line with the GoT encampment policy, all new arrivals are required to be transported to Nyarugusu.
- **On-going interagency multi-sector response:** Ready-to-eat food is provided to refugees in transit. Upon camp placement, refugees are provided a 2-week dry ration and thereafter are included in monthly general food distributions. Some refugees are sheltered in churches and schools; they receive non-food items (NFIs) kits including plastic sheets, jerry cans, soap, mats and mosquito nets; dignity kits for expecting mothers; basic health care provisions including vaccinations and access to WASH services. Health/Nutrition screening has started, and refugees with chronic diseases and malnourished children are being treated.
- **Kagunga decongested and cholera outbreak averted:** Over 35,000 Burundian refugees who had initially amassed in Kagunga lakeshore village on Lake Tanganyika, where there were no adequate water, sanitation or health facilities, have been successfully evacuated by boat to Nyarugusu Camp. The outbreak of cholera that claimed 31 lives was eventually contained. A potential major health catastrophe, with a massive loss of life, was thus averted by the concerted and intense response of all stakeholders.

## ***Humanitarian Needs and Vulnerabilities***

Burundian refugees are coming mainly from Makamba (64.5%), Bururi (13.0%), Rutana (3.9%), Bujumbura Mairie (3.1%), Muyinga (3.9%), Bujumbura rural (2.5%), Gitega (1.8%) and Ruyigi (2.0%) provinces. Current statistics show that 51% are women, 60% are children (under 18 years of age) and 2% are elderly (over 60 years of age).<sup>2</sup> To date, some 790 unaccompanied minors (304 girls and 486 boys) and 1,438 separated children (677 girls and 761 boys) have been identified. Many of the refugees arrive with very little or no belongings. As such the refugees from Burundi are in need of all forms of humanitarian assistance upon arrival.

Returnees from Tanzanian refugee camps, especially the 35,000 refugees who returned to Burundi in 2012, as well as the migrants forcibly returned under the Kimbunga operation, and who had difficulties in rebuilding their lives since their return, are among the first to have left Burundi.

The refugee population has a high proportion of elderly people, unaccompanied or separated children, young people and single female-headed households.

The upcoming relocation of the Burundian refugees to a yet to be identified refugee camp, could possibly entail heavy logistic challenges, further complicating assistance. Another challenge is the limited staffing capacity and presence on the ground. Moreover, refugees have a limited knowledge of health related issues: HIV, sexually transmitted infections, gender-based violence and unwanted pregnancies all represent a health risks.

Insufficient space, shelter, lack of learning and play spaces for children, and other protection risks are leading to greater psychological distress of children. Children without their parents or caregivers are at higher risk of abuse, neglect, exploitation and violence. Overcrowding of shelters, traditional attitudes on gender, combined with gender roles, as well as reduced protection of people separated from their families, may lead to greater risks of Sexual and Gender Based Violence (SGBV).

The hosting communities are the first to take on the burden of a refugee influx during an emergency. Thus, the arrival of refugees puts pressure on already overstretched basic service infrastructures and general food availability, which can generate tensions among different communities. Partners will therefore extend their protection activities and service provision to the benefit of local populations, and promote peaceful coexistence and peace-building initiatives among the different communities. Civil society and women's organizations have a critical role to play in social cohesion, service delivery and promoting broader peace-building initiatives in country and in the region.

## ***Response Strategy and Priorities***

### **Protection – including Sexual Gender-Based Violence (SGBV) and Child Protection (CP)**

The primary concern for humanitarian partners is to ensure that refugees fleeing from Burundi have access to asylum and registration and documentation procedures. This will be achieved through regular consultations with Government authorities. The two levels of registration, at the transit centres and in the camp, will be strengthened, and, in collaboration with the Government, individual documentation to refugees will be issued, to enable them to access the different services they are entitled to and to avoid abuses.

Border and protection monitoring will be enhanced to report and respond to potential security incidents. In cooperation with the Ministry of Home Affairs, partners in the response will support the Immigration Department to set up a Displacement Tracking Matrix (DTM) process to conduct regular monitoring of the influx in Tanzania. Systems will be developed in all emergency locations to ensure that a clear multi-sectorial prevention and response mechanism is in place and able to address the immediate physical, medical and psychosocial needs of the refugees. Gender Analysis and Sex and Age Disaggregated Data information will be used as tools to inform the protection strategy. This includes establishment of referral pathways to ensure effective to service providers as well as legal protection to vulnerable groups such as children, adolescent girls, women, SGBV victims and persons with specific needs (PWSN). Protection of women will be strengthened and their active participation in

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<sup>2</sup> Based on level II registration at Nyarugusu refugee camp as of 09 July

camp management and programmes will be promoted. It is important to setup and establish a well-coordinated mechanism to address and prevent GBV. Access to menstrual hygiene items for women and girls is important essential need that needs to be addressed. The protection intervention will be harmonized across other sectors in order to leverage access to resources as a mechanism for addressing some of underlying causes of the gender inequality in the displacement context. Support to children with acute protection concerns and strengthening mechanisms to prevent violence, abuse, neglect and exploitation will be enhanced. Child protection systems will be developed through a case management system with an expanded para-social worker model, alternative care options, utilizing a community engagement approach, enhanced monitoring, reporting, referral and follow-up mechanisms, integrated child and youth empowerment programmes and improved coordination.

In order to mitigate the protection risks faced by unaccompanied or separated refugee children (UASC), timely identification, family tracing and reunification remains a priority, as well as the provision of alternative family-based care. Child Friendly Spaces (CFS) will be established in the camps. Advocacy with Government officials will be pursued to allow for the facilitated integration of refugee children into the national education system.



*Figure 5: A young man has almost finished his treatment for cholera at the medical unit in Nyaragusu refugee camp, Tanzania. UNHCR/B.Loyseau.*

### **Health and Nutrition**

The response will focus on providing adequate and quality primary health care, integrated sexual and reproductive health services, and management of chronic life threatening conditions.

Provision of Long-Lasting Insecticide-Treated Nets (LLITNs), prevention and management of malaria and diarrheal diseases, especially cholera prevention activities, will. The availability of essential medicines and medical supplies will be ensured through availing of WHO recommended kits including reproductive health kits. Routine and emergency immunization for refugee children and pregnant women will be provided. The nearest governmental health facilities will be strengthened to handle additional refugee patients.

Partners will work on preventing and reducing morbidity and mortality due to malnutrition, by providing immediate basic nutritional care, including nutrition screening for refugee children, Vitamin A supplementation and deworming. Strengthening routine health information system through data collection, analysis and use for programme improvement, is essential for the provision of quality services in the camp.

### **Water, Sanitation and Hygiene (WASH)**

Partners in the response will ensure that refugees have access to safe and adequate water, improved sanitation and hygiene services and minimize the risk of outbreak of WASH related diseases in camps and host communities. Following internationally recognized SPHERE standards<sup>3</sup>, during the emergency stage safe water supply at a minimum of 15 litres per person/day will be provided (in the meantime water purification chlorine tablets will be provided to treat the available sources of water in the camps). It is equally critical to construct latrines, one latrine per every 50 people with clear separation of female and male facilities. Similarly, shower blocks will be constructed, at a ratio of one shower for every 80 people, with a clear separation of female and male facilities.

### **Food**

New arrivals at the camp –receive prepared food (“wet feeding”) for one or more days upon arrival. At this time they are also provided with dry rations, and are thereafter included in general food distributions (GFD) and selective feeding coverage.

Blanket and targeted supplementary feeding for all moderately malnourished children between 6 and 59 months old has been established, and that for pregnant and lactating women (PLW) has been established. Children aged 6-59 months with severe acute malnutrition (SAM) are being treated in the therapeutic feeding programme as per the guidelines for the management of.

The refugees and the surrounding hosting communities may also benefit from short cycle crops such as vegetables; this will be made possible by encouraging and supporting them to establish kitchen gardens to supplement their nutritional requirements.

### **Energy and Environment**

Tanzania has strict regulations regarding environmental policies. The environment surrounding refugee camps is especially sensitive and fire outbreak may easily occur as a result of using traditional materials of firewood for cooking. To minimize damage on the natural environment surrounding the camp areas, refugees will be given and trained to use energy efficient stoves in order to reduce tree cutting in search fuel for cooking.

To minimize any negative effects the refugee population could have on the environment while recognizing the need for firewood for cooking and lighting, partners will ensure that refugees will have sufficient access to safe and sustainable sources of energy.

### **Livelihood**

In order to ensure that refugees do not place additional burdens on limited resources in Tanzania, partners will work to improve resilience of refugees and host communities through access to agricultural and other livelihood opportunities. Agricultural short term crops such as vegetables and fish farming will be introduced into the refugee camps and the host communities as a means to increase the food and nutritional supply. Back yard gardens will be established around the camps and the provision of seeds and other inputs such as fertilizers and appropriate farming tools to support the establishment of the gardens will be considered.

### **Shelter and Non-Food Items (NFIs)**

To address shelter needs of a planned 150,000 refugees in Tanzania, the existing Nyarugusu camp is currently been used. However, a second camp will most likely have to be established in view of the current and expected influx. Three transit centres have been established: Lake Tanganyika stadium, Manyovu in Kigoma region and Ngara in Kagera region. Other reception centres will be established based on the patterns of refugee flight.

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<sup>3</sup> The SPHERE Project developed internationally agreed minimum standards for humanitarian interventions, which aim to enhance the quality and accountability of humanitarian assistance.

The ultimate objective is to provide all new arrivals with adequate and suitable shelter. Communal shelters will be set up using plastic sheets and poles in addition to the family tents that have already been and continue to be erected and will take into consideration proximity to services, especially for women and girls, to protect them from sexual assault and provide safe place for survivors of SGBV, waiting places for pregnant women. Camp management systems including women and youth representatives have been put in place.

### **Education**

The objective of interventions in education will ensure minimal disruption to education services for all learners and teachers in camps and host communities. Access to quality pre-primary, primary and secondary education for all refugee children with specific focus on girls and children with disabilities and other vulnerable children will be promoted, using, when possible, the curriculum from country of origin to ensure smooth reintegration after return to Burundi. Teaching and learning materials will also be provided. Partners will provide home-based and centre-based early childhood development services for young refugee children in the reception centres and in the camps, to allow them to be cared for in an environment that nurtures their physical, emotional and cognitive development.

### **Logistics**

In order to ensure a safe and dignified transportation of refugees from all reception and transit centres to Nyarugusu and its decongestion when the new camp is identified and approved by GoT, health staff will be deployed to the main arrival points, namely the new camp, Ngara, Manyovu, and Kigoma. Pre-departure, medical screening (PDMS) and health assessments will be carried out. For all the travelling asylum seekers/refugees, fit-to-travel (FTT) will be carried out, with medical escorts and care provided as needed.

Logistical demands are expected to quickly increase in line with the creation, and potential expansion, of a new camp and related additional needs for transportation, storage, vehicles, CRIs, road rehabilitation, etc. Fleet maintenance costs will increase due to frequency of movements. Storage facilities need to be established in reception centres and in Nyarugusu, and roads will have to be rehabilitated and maintained for proper and continuous access to the camp.

## ***Partnership and Coordination***

The Government of Tanzania and the UN Country Team (UNCT) have compiled a Contingency Plan for Mass Population Influx. The plan provides a framework for emergency coordination in the event of a refugee influx. The Refugee Response Plan (RRP), based on the Refugee Coordination Model (RCM), draws the bulk of its analysis from the existing Contingency Plan, to strengthen the synergies among UN agencies and NGO partners in the response, based on functional inter-agency / inter-governmental coordination mechanism already in place, such as the coordination structure provided through the UN Reform (Delivering as One) initiative.

UNHCR leads the inter-agency assistance for Burundian refugee influx into Tanzania, in close coordination with the office of the UN Resident Co-ordinator in Tanzania. Similarly, partners in the response will closely collaborate and coordinate with the Government of Tanzania through its Refugee Service Department (RSD) and the Border Management and Control Unit of the Immigration Department of the Ministry of Home Affairs. UN field offices where the refugees are located will collaborate and coordinate with the Regional Commissioner's Office.

Coordination and information sharing to address the response to the population influx is being managed under the existing Refugee Programme Working Group, which incorporates members from the Emergency Coordination Group (ECG). Furthermore, inter-agency meetings on appropriate sectorial interventions are held regularly both in the field and in the capital. At field level, UNHCR Field Office Kasulu and Field Unit Kigoma manage refugee protection and assistance and are at the forefront for any new population influx from Burundi.

### **Public Information**

The emergency response centres have been established at UNHCR offices at three locations – Dar Es Salam, Kigoma and Kasulu, to utilise the coordination forums to disseminate information on new arrivals/demographics/challenges and progress made. Weekly briefing notes for circulation to main

actors, other UN agencies and donors will be developed. An Interagency Refugee Information Management Working Group for the purposes of coordinating information management products and sharing interagency information will be established within the first three months of the emergency.

**Mass Communication (with persons of concern)**

Partners will ensure that mass information campaigns are carried out with the newly arriving population within the reception facilities. They will work with central and regional government departments to establish a community outreach information campaign, and thus ensure that key messages are disseminated and understood by the refugee community.



Figure 6: Burundian refugees living in the school at Nyaragusu refugee camp, Tanzania. UNHCR/B. Loyseau.

## Planned Response

**Protection  
(including SGBV and  
Child protection )**

- Register and document all new arriving refugees.
- Monitor borders (surveillance of official entry points and identification of new possible entry points)
- Support Government security enhancement for transit and refugee camp in order to help maintain the civilian character of asylum.
- Establish women centres/ safe spaces for multi-sector prevention and response services.
- Establish SGBV multi-sectoral inter-agency SOPs for SGBV and CP response and conduct a joint needs assessment on GBV and child abuse.
- Distribute culturally accepted and specific dignity kits to GBV survivors and adolescent girls.
- Conduct training on SGBV prevention and responses.
- Identify unaccompanied, separated, and other children at risk (UASC)
- Carry out Best Interest Assessment and Determination (BIA/BID) for UASC and children at risk
- Provide a comprehensive child protection structure including case management, psychosocial support, alternative and/or community-based care and protection in an age and gender sensitive manner.
- Support People with Special Needs (PWSN) to have equal access to basic services.
- Support the establishment of social centres for older people to enable them access information, emotional and psycho-social services.



<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>- Identify and support local schools hosting refugee children by providing teaching and scholastic materials.</li> <li>- Procure Burundi curriculum text books and reproduce</li> <li>- Construction/Rehabilitation of inclusive educational facilities.</li> <li>- Establish child-friendly learning spaces for children.</li> <li>- Identify children of pre-primary, primary and secondary school age including those with special education needs.</li> <li>- Support emergency education and distribute school kits to 14,000 children in pre-primary, primary and secondary schools.</li> <li>- Identify and train 200 volunteer educators in the refugee community.</li> <li>- Identify young children and families in need of early childhood development (ECD) services.</li> </ul>
<p><b>Energy and Environment</b></p>	<ul style="list-style-type: none"> <li>- Promote sustainable access to building materials, firewood and promote energy saving devices.</li> <li>- Distribute fuel wood/ stoves to PWSN.</li> <li>- Sensitize the refugee community to enhance environmental protection and provide awareness on associated camp environmental risk.</li> <li>- Establish and maintain tree nurseries and demark protected areas.</li> <li>- Establish energy saving device for communal lighting – schools, streets, Health Centres and staff accommodation.</li> <li>- Explore alternative long-term low cost water supply solutions e.g. solar powered pumps.</li> </ul>
<p><b>Food</b></p>	<ul style="list-style-type: none"> <li>- Provision of hot meals at reception and transit centres Provision of ready-to-eat food items for transit.</li> <li>- Provision of complementary food items.</li> <li>- Conduct general food distributions (GFDs) and selective feeding activities for refugees in the camp.</li> </ul>
<p><b>Health and Nutrition</b></p>	<ul style="list-style-type: none"> <li>- Establish emergency health posts and nutrition centres.</li> <li>- Provide constant supply of medicines and equipment, including emergency reproductive health kits.</li> <li>- Ensure systematic vaccination in TCs/RCs for children under 5.</li> <li>- Emergency supplies for disease outbreaks in transit and in the camps.</li> <li>- Implement the Minimum Initial Services Package (MISP) for RH in emergencies.</li> <li>- Review and increase HIV/AIDS services in the health centres.</li> <li>- Strengthen HIV prevention activities in communities.</li> <li>- Address malnutrition, chronic and non-communicable diseases among older people.</li> <li>- Construct health posts and procure drugs and medical supplies.</li> <li>- Hire medical staff for primary health services.</li> <li>- Disseminate key health education and sensitization messages focussing on health services, health promotion and precautions Support the district and regional hospitals as these facilities accept referrals from the camp.</li> <li>- Mobilize and train community health care workers for community health and nutrition activities.</li> <li>- Establish timely nutritional assessment and surveillance systems and effective malnutrition prevention response capabilities.</li> <li>- Ensure access to and management of children and women with acute malnutrition through nutrition screening and supplementary and therapeutic feeding.</li> </ul>
<p><b>Transport (of people)</b>  <b>Logistics and transport of goods</b></p>	<ul style="list-style-type: none"> <li>- Safe and timely transport refugees prioritising pregnant mothers and children from border to RCs/TCs to camp.</li> <li>- Procure and maintain light vehicles, pickups, motorcycles, cargo and tipper trucks, as well as spare parts.</li> <li>- Install fuel storage, generator and dispensing facilities.</li> <li>- Manage and maintain warehouses.</li> <li>- Provide airlift operation support to emergency staff deployment.</li> <li>- Ensure proper transportation of humanitarian food and related NFIs from ports, airport and borders (imports).</li> <li>- Coordinate storage and handling of humanitarian food and related NFIs while in transshipment points like ports, airports, and depots.</li> <li>- Upgrade road access to enable smooth food distribution.</li> <li>- Establish additional food and NFIs storage facility at Nyarugusu EDP to accommodate additional number of refugees.</li> </ul>

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**Shelter and Non-Food Items (NFI)**

- Conduct joint rapid assessment for the new sites.
- Distribute standard non-food item kits for all new arrivals. The kit will include: jerry can, soap, mosquito net, sleeping mat, kitchen set, plastic, tarpaulins, stove, blanket, sanitary pads and plastic buckets.
- Set up emergency shelters and construct communal shelters in RCs/TCs.
- Distribute family tents to vulnerable families.
- Distribute shelter kits (plastic sheets, poles, tool kits, etc.).
- Construct and maintain access roads, in-camp roads and security parameter roads.
- Establish refugee committees to increase their participation in decision-making process on infrastructure building.

**Livelihoods**

- Joint Assessment on livelihood needs and capacity undertaken in the refugee community.
- Facilitate access to support resources (e.g. capital, skills building, market access) to start income generating activities (IGA).
- Identify active youth women and men willing to take up farming activities, by organizing a training to replicate the Junior Farmer Field and Life Skills methodology.
- Establish kitchen gardens for vegetable production around the camps and the host communities to contribute to food requirements.
- Identify income generation activities that promote women's employment as a measure to counter underlying protection risks among refugee women and those of host communities.

**Water, Sanitation and Hygiene (WASH)**

- Establish clean water source in the TCs/RCs.
- Water treatment, surveillance and quality control.
- Purchase, set up and maintain hygiene and sanitation basic facilities at entry point and in the camps (mobile latrines, hand-washing facilities, waste bins).
- Maintain, rehabilitate/ drill boreholes.
- Ensure availability of minimum safe drinking water supply and sanitation facilities amongst refugees in camps and host communities.
- Improve and sustain hygiene (particularly hand-washing), water safety, and environmental sanitation practices.
- Ensure gender equality minimum standards implemented and applied in the refugee camp.
- Procure sanitation kit and communal latrine excavation tool kit. Construct male/female latrines with a clear separation of female and male facilities and keep latrine clean using chemicals.
- Construct male/female showers with a clear separation of female and male facilities.
- Increase refugee participation and community sensitization through establishing water committees working on hygiene promotion activities.

## ***Financial Requirements Summary – Tanzania***

### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
Caritas	106,000
CRS Catholic Relief Services	350,000
FAO Food and Agriculture Organization of the United Nations	3,315,000
HelpAge International	661,025
IOM International Organization for Migration	11,785,614
IRC International Rescue Committee	5,150,000
OXFAM	1,500,000
PLAN International	2,033,000
UN Women UN Entity for Gender Equality and the Empowerment of Women	800,000
UNFPA United Nations Population Fund	3,000,000
UNHCR United Nations High Commissioner for Refugees	98,781,068
UNICEF United Nations Children's Fund	7,050,000
WFP World Food Programme	16,397,879
WHO World Health Organization	3,100,000
<b>Total</b>	<b>154,029,586</b>

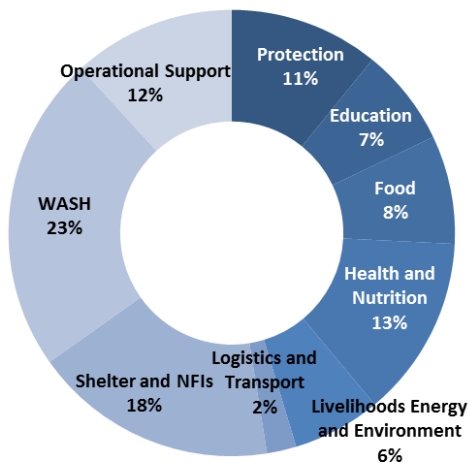
### **Financial requirements by sector (in US dollars)**

<b>Sector</b>	<b>Total</b>
Protection	12,968,096
Education	17,409,114
Food	15,758,840
Health and Nutrition	17,763,326
Livelihoods Energy and Environment	4,499,564
Logistics and Transport	19,729,188
Shelter and NFIs	27,964,922
WASH	25,135,560
Operational Support	12,800,976
<b>Total</b>	<b>154,029,586</b>

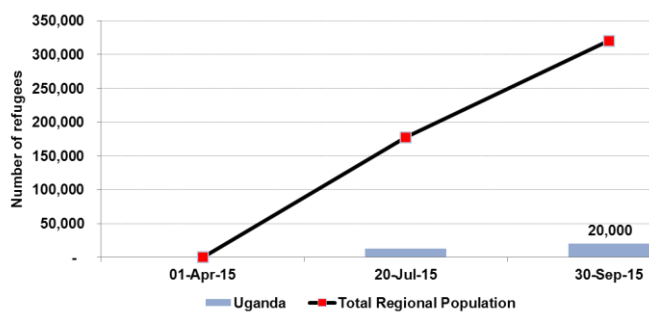
# UGANDA RESPONSE PLAN



## Financial Requirements (US dollars) 21,382,948



## Population Trends



## **Background and Achievements**

The Government of Uganda (GoU) is a signatory to the 1951 Refugee Convention and its 1967 Protocol. It is also party to the 1969 OAU Convention. The GoU has domesticated its international obligation in the Refugee Act of 2006 and the Refugee Regulations of 2010. Their generous policy for refugees allows for freedom of movement, access to services at the same level as the nationals and, for those who do not have capacity to manage on their own, an allocation of land in refugee settlements which are similar to rural Ugandan villages, where refugees can conduct farming activities. The corner stone of the refugee policy in Uganda and the peaceful co-existence with the host communities is the shared use of available resources.

Uganda has annually been hosting, on average, 166,000 refugees since 1961, primarily from the Democratic Republic of Congo (DRC) and South Sudan, but also from other countries in Africa. Over the past five years, this figure has risen rapidly to currently 471,499 refugees and asylum-seekers (as of 6 July 2015) of 33 nationalities.

Burundian refugees have been arriving in Uganda since 1995, although the countries do not share a border. Since the onset of the current crisis, Uganda has received 11,165 Burundian refugees, of whom over 60% since mid-April. Those who arrived before 10 April 2015 went through Refugee Status Determination (RSD) process and 95% were granted refugee status. From 1 May 2015 onwards, the Ugandan authorities have granted *prima facie* refugee status to all new Burundian arrivals. About 77 % of all new arrivals are women and children, and 53% are children under the age of 18 years.

It is estimated that due to the general fear of violence and continued clashes between the various political rivals, some 20,000 individuals will have fled from Burundi to Uganda by the end of September 2015. The majority are hosted in Nakivale and Oruchinga refugee settlements.

### **Achievements**

Uganda has been receiving major refugee influxes since 2011, initially with the refugees arriving from the Democratic Republic of Congo (DRC), followed by the mass influx from South Sudan since December 2013. As such, response systems in Uganda are in place. The overall response is led and coordinated by the Office of the Prime Minister Refugee Department (OPM) together with UNHCR. Uganda is a self-starter for the UN “Delivering as One” approach and has also enhanced collaboration among UN sister agencies who bring their comparative advantages and technical capacities to the table.

## **Humanitarian Needs and Vulnerabilities**

The new arrivals first go through registration and are immediately granted refugee status based on *prima facie*. Protection screening including child protection and SGBV is critical at the initial arrival to have a solid profile of the population for planning purposes. The Office of the Prime Minister (OPM) has recently launched its own Refugee Information Management System (RIMS), and with the increasing population, technical and material support is required for OPM for registration.

The operational planning figure for Uganda is 20,000 refugees. Upon arrival, refugees receive emergency assistance services in the reception centre of the receiving settlement. Thereafter, refugees are allocated one plot of land per family, and receive NFIs and shelter kits. Communal latrine kits are provided to refugees, allowing them to build their own latrines.

The reception centres in Nakivale and Oruchinga refugee settlements requires substantial renovation to cope with the increasing arrivals. There is sufficient space within Nakivale and Oruchinga refugee settlements to accommodate the projected refugee population. However, new settlement areas within these vast settlements need to be opened, made accessible and serviced. This requires construction of access roads, drinking water and health facilities. Schools will also be required in the new settlement areas to ensure that refugee children are not cut off from primary and secondary education.

Depending on the flight route and the profile/ numbers arriving, there may be a need to establish a Transit Centre (TC) in Rakai District for those arriving via Tanzania and in Kabale District for those arriving via Rwanda. Currently, there is a Transit Centre in Kisoro District (Nyakabande TC) which is being used for the new refugee arrivals from the DRC. However, this centre can also be used to receive newly arriving Burundians should Uganda experience Burundian refugee arrivals via the DRC or Rwanda.



Figure 7: Refugees collecting wood Kashojwa village Nakivale settlement. UNHCR / E. Ohanusi

## **Response Strategy and Priorities**

### **Protection – including Sexual Gender-Based Violence (SGBV) and Child Protection (CP)**

The key priorities are to improve the reception conditions, enhance the capacity of registration and RSD process and ensure detailed profiling at the point of arrival. The existing Reception Centres in Nakivale and Oruchinga refugee settlement would require substantial improvement while a new Transit Centre may need to be established depending on the influx patterns. OPM is conducting registration of the new arrivals through the Government's Refugee Information Management System (RIMS).

Profiling of the new arrivals will be critical to better understand the vulnerability of the population and to tailor the response mechanism. As with the majority of refugee responses in Uganda, over 77% of the population are women and children.

Persons with specific needs will be identified upon arrival and follow up will be conducted with partners on the ground. Nakivale and Oruchinga refugee settlements have existing partners and mechanisms (including SOPs and referral pathways). However, with the increase in the refugee population, this will require strengthening as well as extension to the new refugee villages which are being created within the refugee settlements. Extension of SGBV services to survivors among the Burundi refugees will be a key priority which will include staffing, post rape treatment kits, and community awareness on existing SGBV services.

The potential for inter-communal tensions amongst refugee communities and between refugee and host communities is acknowledged particularly given past settlement trends. The planned response will mainstream conflict sensitive approaches, develop and implement peacebuilding initiatives including inter-communal land management committees, education for peacebuilding interventions.

## **Health and Nutrition**

The inter-agency rapid assessment in May revealed that most of the health facilities in the refugee settlement are not receiving medical supplies from the National Medical Stores, because they are not yet registered and have low staffing levels.

Analysis of the morbidity patterns of the new arrivals that present to health facilities indicated a high prevalence of respiratory tract infections (32% from congestion), malaria (24% from inadequate number of long lasting insecticide treated nets), watery diarrhoea (10% from inadequate sanitation) and skin and eye infections (14%). The current water and sanitation situation increases the risk of the acute watery diarrhoea outbreaks.

Urgent immediate needs include the recruitment of additional health workers to reach the standard of 50 consultations/clinician per day, the procurement of medicines and medical supplies to, and strengthening the ambulance services to be able to refer cases to the next level of care. Training is required for District Health Officers, District Health Teams, health workers and Village Health Teams of Isingiro District.

Health screening will be strengthened at the reception centre in the settlement and will include identification of pregnant women with a view of supporting them to access immediate pregnancy and delivery care as required. Dignity as well as '*mama*' kits for pregnant women will also be a priority for this response.

Existing health and nutrition services require enhancement to cater for the newly arrived through additional nutrition staffing and procurement of nutrition equipment and supplies, support for additional outreach events. Additional storage for vaccines is essential in Nakivale and Oruchinga.

In view of the cholera situation in Tanzania among the Burundian refugees, and that Burundian refugees arrive in Uganda via Tanzania, disease surveillance and nutrition screening will be conducted, at both community and health facility level, and the appropriate responses will be implemented.

The provision of mosquito nets to the new arrivals is among one of the priorities. The response will ensure vaccination for all children under-five years for Polio and six months to 14 years measles respectively.

## **Water, sanitation and hygiene (WASH)**

With the opening of new refugee settlement areas, the water pipeline requires extension in Nakivale Settlement which is currently served by daily water trucking to ensure the supply of sufficient drinking water. This approach is however not sustainable and very costly. Inter-agency rapid assessment mission in May and June 2015 identified needs and service gaps in water, sanitation and hygiene promotion. These include low water coverage (approximately 12 liters per person per day against the recommended emergency minimum of 15 liters), insufficient water production capacity leaving a water consumption gap of about 600,000 liters per day, inadequate sanitation and hygiene facilities and poor hygiene practices. Immediate needs include support to the hosting Isingiro district in hygiene promotion in both refugee settlement and communities. Capital infrastructure is required to enable water to be pumped from nearby Lake Nakivale and River Kagera, build booster stations, treatment and distribution facilities.

## **Food**

All new arrivals would require 2,100 kcal per person per day as part of the monthly distribution. Asylum seekers while waiting for the REC would also require the same. As part of the initial food security intervention, seeds and tool will need to be provided to all Households of recognised refugees to complement WFP's food ration and improve food security.

## **Energy and environment**

As refugee numbers increase, there will be more pressure on the environment as refugees look for firewood for cooking and additional materials for shelter construction. Priority will be placed on promotion of energy saving stoves as well as planting of woodlots and trees in communal area to replenish some of the damages. Nakivale settlement is piloting briquette making and this project would also need to be enhanced.

### **Livelihood**

As per emergency response strategy in Uganda, and in line with the government's settlement approach, livelihood activities start early on in the emergency response, also to lay the foundations to reduce dependency on humanitarian aid. Priorities will be placed on group based livelihood activities to complement the food security interventions. Projects may include support to subsistence farming, farming cooperatives and seed banks, and non-agricultural livelihood activities.

### **Shelter and NFIs**

Asylum seekers are accommodated in the Reception Centres within the settlement. Upon arrival, they receive some Core Relief Items which supports their stay in a relatively communal environment. Once granted status, the refugee household are provided with land plots within the settlement. There is a need to conduct plot demarcation prior to the allocation of land which is conducted by OPM. The refugees receive additional non-food items and a shelter kit composed of plastic sheeting, poles and some tools such as panga, hoe and slasher.

Infrastructure establishment will also be a priority. With the opening of new refugee villages, access roads would be required as well as police outposts and community meeting space.

### **Education**

Children are 62% of the population with 48% of the population needing access to ECD, primary and secondary education. This, for example, means that for primary school level, some 100 additional classrooms and teachers would be required together with the necessary infrastructure and supplies. The inter-agency assessments in May and June 2015 highlighted a language barrier as a limitation to accessing education. Further, there will be need for Child Friendly Spaces, early child-hood development and secondary education opportunities for children. Joint monitoring of learning activities would be conducted in collaboration with local government, Ministry of Education and Sports and implementing partners and community.

### **Logistics and transport**

The refugees are transported from the reception centres to their household plots within the settlement. Depending on the arrival route, transport may also be required from Nyakabande transit centre in Kisoro District and/or from the new transit centre in Rakai/ Kabale Districts, or from the border town of Mutukula to Kabazana transit centre. The majority of the NFIs are procured locally and are transported to the settlements for distribution.

## ***Partnership and Coordination***

The humanitarian response to the refugee crisis is coordinated by the Office of the Prime Minister (OPM) and UNHCR. At Kampala level, an interagency coordination meeting is taking place on a bi-weekly basis, in addition to regular sectoral coordination meetings. The frequency of the Kampala-level meeting is adjusted as warranted by the situation. At the regional level, in Mbarara, and at the settlement level, regular inter-agency coordination meetings and sectoral meetings take place.

Together with the OPM, UNHCR supports in planning, implementation and coordination of the overall response for the refugee emergencies in Uganda. At field level, the District Local Governments (DLGs) are also at the forefront of the emergency response providing technical support to the partners providing the response.

The following UN agencies and international organisations are part of the response: IOM, UNFPA, UNICEF, UNWOMEN, WFP and WHO. They all contribute their expertise in the response to complement the overall effort.

The following NGO partners are part of the response: African Initiative for Relief and Development (AIRD), American Refugee Council (ARC), Medical Teams International (MTI), Nsamizi, Samaritan Purse (SP), Windle Trust Uganda (WTU), ADRA, and Hijra.



## Planned Response

The planned emergency response in Uganda is well established following multiple interagency meetings for the Congolese and the South Sudanese emergencies. The key standards for use in emergency and transition have also been agreed in the interagency fora.

<p><b>Protection</b> (including SGBV and Child protection )</p>	<ul style="list-style-type: none"> <li>- Reception conditions improved in TC/ RC including provision of communal shelter &amp; sanitation, cooked food and access to safe water through TC/RC management.</li> <li>- Registration and profiling in TC/RC and settlement.</li> <li>- Identification of persons with specific needs in TC/RC.</li> <li>- Registration of Unaccompanied and Separated Children and provision of family tracing support.</li> <li>- Comprehensive support to persons with specific needs in the settlement including mental health and psychosocial support.</li> <li>- Protection from crime strengthened in the settlement through establishment of community policing in the settlements; Protection of children, including unaccompanied and separated (UASC) and other vulnerable children, in TC/RC and settlement (identification, BIA, child counselling, fostering or alternative forms of care, and community child protection structures).</li> <li>- Strengthened gender sensitive programming and implementation in all phases of emergency relief with particular emphasis on improved data and relief.</li> <li>- Risk of GBV reduced &amp; quality of response improved in TC/RC and settlement Enhancement of the peaceful coexistence initiatives / activities.</li> </ul>
<p><b>Education</b></p>	<ul style="list-style-type: none"> <li>- Construction/ rehabilitation support to existing UPE schools: classrooms with furniture, latrines, teachers' accommodation, stores and admin block.</li> <li>- Support to Community Based Secondary Schools in settlement through construction of classrooms, laboratories, dormitories and provision of supplies and equipment.</li> <li>- Capacity building for caregivers/teachers and school management committees.</li> <li>- Provision of scholastic material, school fencing, lightening arrestors, procurement of school furniture and supplies.</li> <li>- Establishment of Child Friendly Space and Early Childhood Development Centres in the settlement.</li> <li>- Provision of learning material including lab/ library to all schools.</li> <li>- Support to secondary school through school bursary and vocational training scholarships.</li> <li>- Establishment of CFS and ECD in the TC/RC including recreation facilities.</li> <li>- School WASH at ECD centres and primary schools.</li> </ul>
<p><b>Energy and Environment</b></p>	<ul style="list-style-type: none"> <li>- Fruit tree planting at the household level.</li> <li>- Tree marking and targeted tree planting on degraded land.</li> <li>- Create woodlots on institutional lands (school, health facilities)</li> <li>- Construction of energy saving devices at HH level.</li> <li>- Promotion of alternative energy source (e.g. briquettes) for household and communal kitchens</li> <li>- Establish energy saving device for communal lighting – schools, streets, Health Centres and staff accommodation.</li> <li>- Establishment of school gardens and junior farmer schools.</li> <li>- Establishment and maintenance of tree nurseries and demarcation of protected areas in/near the settlements.</li> <li>- Establishment of waste management system at household level.</li> </ul>
<p><b>Food</b></p>	<ul style="list-style-type: none"> <li>- Provision for water and snack/ High Energy Biscuits/ hot meal during convoy movement.</li> <li>- Food allocation for communal hot meal provision in TC and RC.</li> <li>- General Food distribution and monitoring in the settlements.</li> <li>- Food security programmes with focus on agricultural inputs.</li> </ul>

<p><b>Health and Nutrition</b></p>	<ul style="list-style-type: none"> <li>- Provision of medical supplies and equipment to Health Centres including RH emergency kits.</li> <li>- Provision of mosquito nets.</li> <li>- Staffing support to Health Centres including midwives.</li> <li>- Construction/renovation of new Health outposts/ centres</li> <li>- Procurement and distribution of sanitary material for girls and women of reproductive age and dignity kits for pregnant women.</li> <li>- Establish and train health workers on nutrition screening centres and set up supplementary and Community Management of Acute Malnutrition</li> <li>- Provision of systematic vaccination in TC/RC for under five.</li> <li>- Review disease preparedness plan of district (including procurement of cholera kit for new sites).</li> <li>- Strengthening disease surveillance activities at community and health facility level through training of health worker and community volunteers and provision of surveillance tools.</li> <li>- Review and increase reproductive health services capacity in the Health Centres serving the refugees including Adolescent Sexual Reproductive Health.</li> <li>- Strengthen medical referral systems in the TC and settlements.</li> <li>- Support the provision of the Minimum initial service package (MISP) for Reproductive Health (including ASRH) including access to HIV/AIDS services.</li> </ul>
<p><b>Logistics and Transport</b></p>	<ul style="list-style-type: none"> <li>- Hire trucks and buses for transport of people and goods.</li> <li>- Special transport facilities to PWSN.</li> <li>- Warehouse establishment and management.</li> <li>- Procurement of light vehicles, pickups, motorcycles, trucks and tippers and maintenance.</li> <li>- Installation/ management of Fuel storage and dispensing facilities.</li> </ul>
<p><b>Shelter and Non-Food Items (NFI)</b></p>	<ul style="list-style-type: none"> <li>- Construction of communal shelter in TC/RC</li> <li>- Construction of additional way station, reception centre and transit centre; establishment of food distribution centres.</li> <li>- Procurement and distribution of standard shelter kits in settlements.</li> <li>- Assessment and design planning of new refugee villages within settlements.</li> <li>- Road Opening and Rehabilitation of access roads</li> <li>- Rehabilitation of base camps in existing settlements.</li> <li>- Procurement and distribution of standard core relief items (CRI) package.</li> </ul>
<p><b>Livelihoods</b></p>	<ul style="list-style-type: none"> <li>- Provide cash for work and design cash transfer mechanism to encourage income generation activities.</li> <li>- Provision of vocational training and start up kits for IGA (youth-10%, 20% general HH).</li> <li>- Provision of agricultural extension services and livestock support.</li> <li>- Provision of entrepreneurship skills building and value chain additions.</li> <li>- Crop storage (communal) construction for post-harvest loss minimization</li> <li>- Establish a market space for IGA.</li> </ul>
<p><b>Water, Sanitation and Hygiene (WASH)</b></p>	<ul style="list-style-type: none"> <li>- Establishment of clean water source in the TC/RC.</li> <li>- Water trucking and water tank installation in new settlements.</li> <li>- Water treatment, surveillance and quality control.</li> <li>- Borehole maintenance, rehabilitation/ drilling and/or establishing alternative water source.</li> <li>- Explore other alternative long term low cost water supply solutions e.g. spring fed gravity flow systems.</li> <li>- Procurement and provision of HH sanitation kit and communal latrine excavation tool kit.</li> <li>- Construction of drainable latrines and temporary latrines in TC/RC and institutions.</li> <li>- Vector-borne diseases control and prevention activities.</li> <li>- Construction of bathing shelter at transit and reception centres.</li> <li>- Construction of refuse pit at the transit and reception centres</li> <li>- Community sensitisation and hygiene promotion activities.</li> <li>- Procurement and provision of hygiene materials, including soap, water storage containers, hand washing containers, children's potty and scoop.</li> </ul>

## ***Financial Requirements Summary – Uganda***

### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
IOM International Organization for Migration	1,412,398
UN Women UN Entity for Gender Equality and the Empowerment of Women	160,500
UNFPA United Nations Population Fund	661,932
UNHCR United Nations High Commissioner for Refugees	13,443,490
UNICEF United Nations Children's Fund	2,925,591
WFP World Food Programme	1,676,937
WHO World Health Organization	1,102,100
<b>Total</b>	<b>21,382,948</b>

### **Financial requirements by sector (in US dollars)**

<b>Sector</b>	<b>Total</b>
Protection	1,412,398
Education	160,500
Food	661,932
Health and Nutrition	13,443,490
Livelihoods Energy and Environment	2,925,591
Logistics and Transport	1,676,937
Shelter and NFIs	1,102,100
WASH	1,412,398
Operational Support	160,500
<b>Total</b>	<b>21,382,948</b>

## ***Annex 1: Financial Requirements by Agency and Country (US dollars)***

<b>Organization</b>	<b>DRC</b>	<b>Rwanda</b>	<b>Tanzania</b>	<b>Uganda</b>	<b>Total</b>
ADRA Adventist Development and Relief Agency		600,000			600,000
AHA African Humanitarian Action		360,000			360,000
ARC American Refugee Committee		1,020,000			1,020,000
Caritas	343,410		106,000		449,410
CRS Catholic Relief Services			350,000		350,000
FAO Food and Agriculture Organization of the United Nations	510,000	1,275,000	3,315,000		5,100,000
HelpAge International			661,025		661,025
IOM International Organization for Migration	1,800,000	930,000	11,785,614	1,412,398	15,928,012
IRC International Rescue Committee			5,150,000		5,150,000
NRC Norwegian Refugee Council	235,960				235,960
OXFAM			1,500,000		1,500,000
PAJER Parlement des Jeunes Rwandais		480,000			480,000
PLAN International		360,000	2,033,000		2,393,000
RRC Rwanda Red Cross Society		232,800			232,800
SCI Save the Children International		500,000			500,000
UN Women UN Entity for Gender Equality and the Empowerment of Women		500,000	800,000	160,500	1,460,500
UNFPA United Nations Population Fund	1,000,000	2,000,000	3,000,000	661,932	6,661,932
UNHCR United Nations High Commissioner for Refugees	9,507,710	85,460,534	98,781,068	13,443,490	207,192,802
UNICEF United Nations Children's Fund	2,166,000	4,050,000	7,050,000	2,925,591	16,191,591
WFP World Food Programme	3,000,000	12,100,000	16,397,879	1,676,937	33,174,816
WHO World Health Organization	1,150,000	1,200,000	3,100,000	1,102,100	6,552,100
WVI World Vision International		360,000			360,000
<b>Total</b>	<b>19,713,080</b>	<b>111,428,334</b>	<b>154,029,586</b>	<b>21,382,948</b>	<b>306,553,948</b>

## ***Annex 2: Financial Requirements by Country and Sector (US dollars)***

<b>Sector</b>	<b>DRC</b>	<b>Rwanda</b>	<b>Tanzania</b>	<b>Uganda</b>	<b>Total</b>
Protection	3,010,083	9,472,197	12,968,096	2,318,318	27,768,694
Education	628,031	8,236,602	17,409,114	1,513,543	27,787,290
Food	3,697,985	8,820,035	15,758,840	1,678,778	29,955,638
Health and Nutrition	3,627,937	14,663,741	17,763,326	2,814,944	38,869,948
Livelihoods Energy and Environment	501,158	3,546,308	4,499,564	1,368,696	9,915,726
Logistics and Transport	2,868,885	6,917,144	19,729,188	455,931	29,971,148
Shelter and NFIs	2,302,929	32,801,444	27,964,922	3,790,715	66,860,010
WASH	937,006	12,282,891	25,135,560	4,918,873	43,274,330
Operational Support	2,139,066	14,687,972	12,800,976	2,523,150	32,151,164
<b>Total</b>	<b>19,713,080</b>	<b>111,428,334</b>	<b>154,029,586</b>	<b>21,382,948</b>	<b>306,553,948</b>

### ***Annex 3: Financial Requirements by Country, Agency and Sector (US dollars)***

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods Energy and Environment	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Total
<b>DRC</b>	<b>3,010,083</b>	<b>628,031</b>	<b>3,697,985</b>	<b>3,627,937</b>	<b>501,158</b>	<b>2,868,885</b>	<b>2,302,929</b>	<b>937,006</b>	<b>2,139,066</b>	<b>19,713,080</b>
Caritas							343,410			343,410
FAO			510,000							510,000
IOM						1,800,000				1,800,000
NRC		235,960								235,960
UNFPA	301,169			698,831						1,000,000
UNHCR	2,051,914	192,071	187,985	920,106	501,158	1,068,885	1,959,519	487,006	2,139,066	9,507,710
UNICEF	657,000	200,000		859,000				450,000		2,166,000
WFP			3,000,000							3,000,000
WHO				1,150,000						1,150,000
<b>Rwanda</b>	<b>9,472,197</b>	<b>8,236,602</b>	<b>8,820,035</b>	<b>14,663,741</b>	<b>3,546,308</b>	<b>6,917,144</b>	<b>32,801,444</b>	<b>12,282,891</b>	<b>14,687,972</b>	<b>111,428,334</b>
ADRA		480,000				120,000				600,000
AHA				360,000						360,000
ARC					600,000		420,000			1,020,000
FAO					1,275,000					1,275,000
IOM				265,000		665,000				930,000
PAJER								480,000		480,000
PLAN I	360,000									360,000
RRC			20,035	119,059	52,706				41,000	232,800
SCI	150,000	350,000								500,000
UN Women	100,000				350,000				50,000	500,000
UNFPA	200,000			1,800,000						2,000,000
UNHCR	8,062,197	6,356,602		6,219,682	1,268,602	6,132,144	32,381,444	10,442,891	14,596,972	85,460,534
UNICEF	600,000	1,050,000		1,400,000				1,000,000		4,050,000
WFP			8,800,000	3,300,000						12,100,000
WHO				1,200,000						1,200,000
WVI								360,000		360,000

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods Energy and Environment	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Total
<b>Tanzania</b>	<b>12,986,096</b>	<b>17,409,114</b>	<b>15,758,840</b>	<b>17,763,326</b>	<b>4,499,564</b>	<b>19,729,188</b>	<b>27,964,922</b>	<b>25,135,560</b>	<b>12,800,976</b>	<b>154,029,586</b>
Caritas			40,000				66,000			106,000
CRS			50,000					300,000		350,000
FAO										3,315,000
HelpAge	107,500			180,000			195,000		178,525	661,025
IOM	2,357,143				180,000	9,428,471				11,785,614
IRC	1,900,000	1,300,000		1,600,000				350,000		5,150,000
OXFAM					1,600,000			1,500,000		1,500,000
PLAN International	802,500	963,000						107,000		2,033,000
UN Women	300,000								200,000	800,000
UNFPA	800,000			1,920,000		40,000	30,000		210,000	3,000,000
UNHCR	5,500,953	13,646,114	218,005	10,166,282	1,920,000	9,260,717	27,673,922	20,378,560	11,212,451	98,781,068
UNICEF	1,200,000	1,500,000		950,000	10,166,282	400,000		2,500,000	500,000	7,050,000
WFP			15,450,835	347,044	950,000	600,000				16,397,879
WHO				2,600,000	347,044				500,000	3,100,000
<b>Uganda</b>	<b>2,318,318</b>	<b>1,513,543</b>	<b>1,678,778</b>	<b>2,814,944</b>	<b>1,368,696</b>	<b>455,931</b>	<b>3,790,715</b>	<b>4,918,873</b>	<b>2,523,150</b>	<b>21,382,948</b>
IOM						200,000		941,200	271,198	1,412,398
UN Women	150,000								10,500	160,500
UNFPA	202,500			358,400					101,032	661,932
UNHCR	1,865,818	554,346	205,456	752,636	1,368,696	255,931	3,790,715	2,882,673	1,767,219	13,443,490
UNICEF	100,000	959,197		580,000				1,095,000	191,394	2,925,591
WFP			1,473,322	93,908					109,707	1,676,937
WHO				1,030,000					72,100	1,102,100
<b>Grand Total</b>	<b>27,768,694</b>	<b>27,787,290</b>	<b>29,955,638</b>	<b>38,869,948</b>	<b>9,915,726</b>	<b>29,971,148</b>	<b>66,860,010</b>	<b>43,274,330</b>	<b>32,151,164</b>	<b>306,553,948</b>