

BURUNDI SITUATION

REGIONAL REFUGEE

RESPONSE PLAN

January – December 2016



December 2015

The UN R

Cover photograph:

05 May, 2015. Burundian refugee child in Mahama Refugee Camp, Rwanda. UNHCR/K. Holt

Strategic Overview

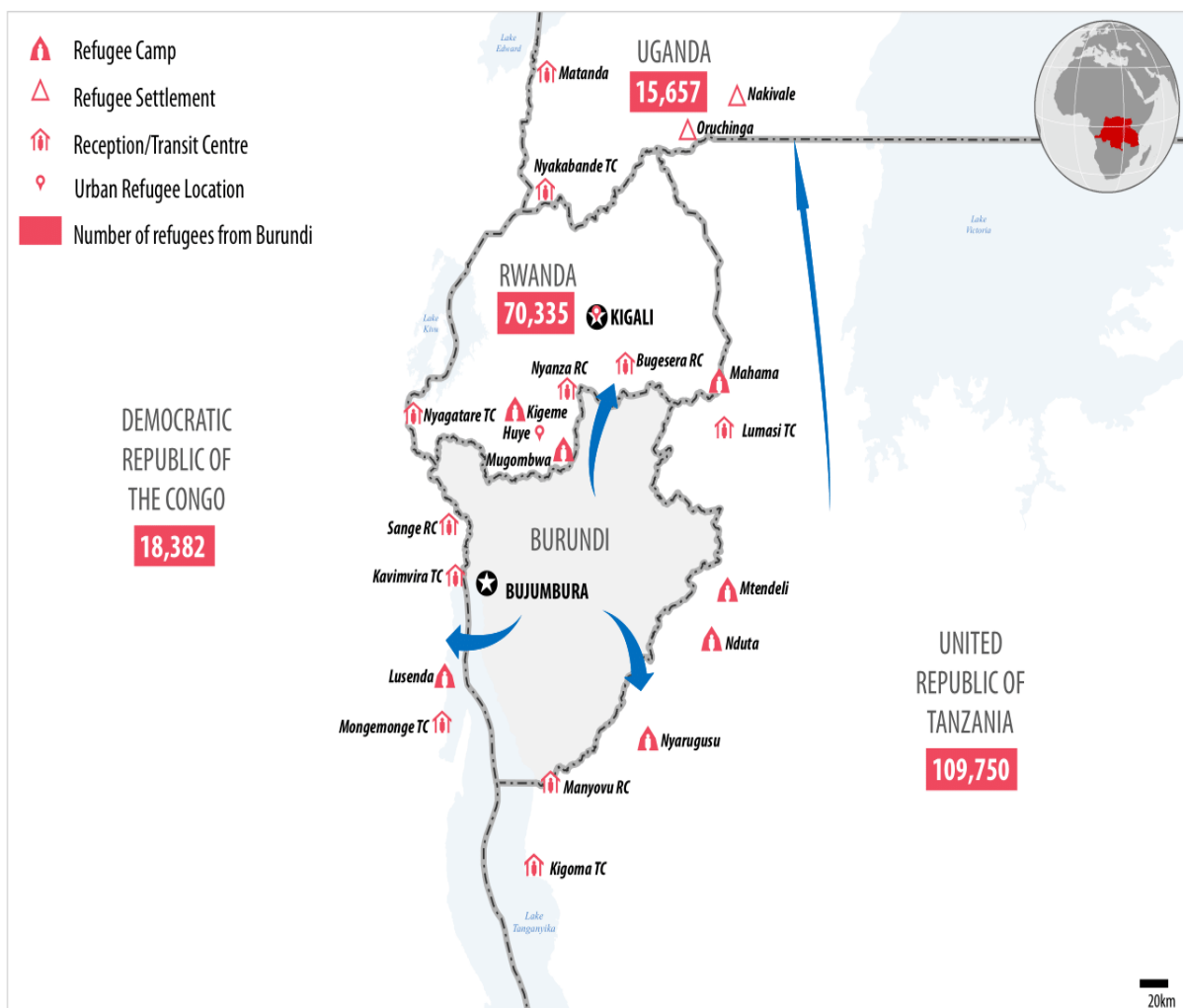
Period	January to December 2016
Current Population	214,124
Population Planning Figures	330,000
Target Beneficiaries	330,000
Financial Requirements	US\$ 313,898,329
Number of Partners	33

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Regional Strategic Overview

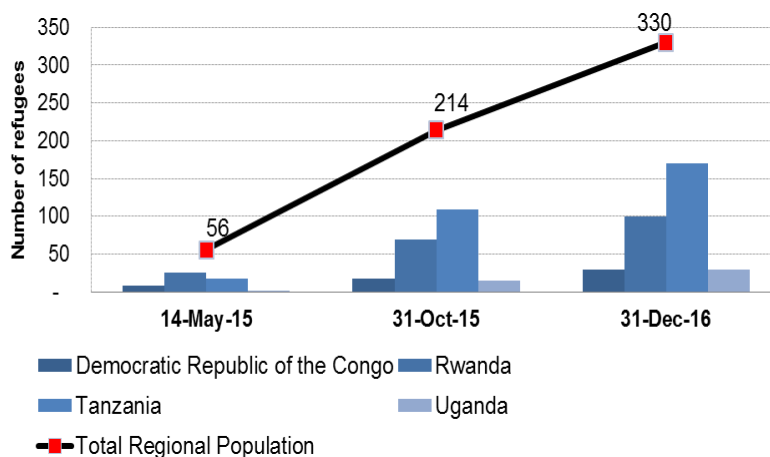
Situation map as of 31 October 2015



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Sources: UNHCR, UNCS

Planning Figures

330,000 Burundian refugees



Introduction

The civil unrest in Burundi has led to an outflow of over 210,000 refugees (as of 31 October 2015) to neighbouring countries of the Democratic Republic of the Congo (DRC), Rwanda, Tanzania, and as far away as Uganda and Zambia. It started in Bujumbura in April 2015, with a peak in June, ahead of the contested Presidential election that took place on 21 July 2015. Since then, a tense political crisis and a climate of fear and intimidation have spread throughout the country.

The worsening situation led to the declaration by UNHCR of an L1 emergency on 22 April, and an L2 emergency on 11 May 2015. A Regional Refugee Coordinator was also appointed to coordinate the response. To ensure a coordinated response to the protection and assistance needs of the Burundian refugees in the region, a Regional Refugee Response Plan (RRRP) was launched in May and then revised twice, in August and October 2015, as the situation in Burundi remained very volatile despite the conclusion of the electoral process with the contested re-election of President Nkurunziza for a third term in office.

While the influx of new refugee arrivals has somewhat slowed after June, there has been a shift in reasons for refugee movements. While many refugees cited fear of post-election violence in early 2015 an increasing number of refugees have cited human rights violations including against freedom of expression in the second half of the year. Even more worrisome, the security situation has lately deteriorated further: on 10 November, the UN Human Rights Office reported that at least 240 people have been killed in Burundi since 26 April 2015, including 15 children. The killings include the close range shooting on 13 October in Bujumbura of nine people, including an IOM staff and a cameraman for Burundi State radio and television, his wife and two teenage children in their home. A week later, a UNDP national staff was killed when armed men attacked a bar in Bujumbura.

There has also been a rise in inflammatory speeches, raising heightened concerns that the situation within Burundi will significantly deteriorate further. This prompted, on 12 November, to the unanimous adoption by the UN Security Council of Resolution 2248 (2015), which, *inter alia*, strongly condemns human rights abuses and violence, calls for the respect, protection and guarantee of all human rights and fundamental freedoms for all by the Government, and urges the latter to support the mediation efforts; finally, it expresses its intention to consider additional measures against those perpetuating violence and impeding the search for a peaceful solution.

While levels of refugee reception and delivery of protection and assistance were significantly raised in all countries of asylum, the current needs of refugee women, men, girls and boys have only been partially met. Governments in countries of asylum continue to be in need of strong support by humanitarian actors to address the current and evolving needs of Burundian refugees for an extended period of time. This is why this new Regional Refugee Response Plan will cover the period from January to December 2016.

Beneficiary Population*

	14 May 2015	31 October 2015	31 December 2016
Democratic Republic of the Congo (DRC)	9,183	18,382	30,000
Rwanda	26,308	70,335	100,000
Uganda	2,308	15,657	30,000
Tanzania	18,236	109,750	170,000
Total Population	56,035	214,124	330,000

**It should be noted that some 809 Burundian refugees were registered in Zambia at the end of October 2015. As the planning figure for 2016 is still relatively low (3,000 individuals), the protection and assistance needs of the Burundian asylum seekers and refugees in Zambia will be addressed by UNHCR and local authorities. However, as the situation evolves and if the number of new arrivals reaches 5,000 or more, the UNCT will be mobilized, and an inclusion of a Zambia chapter in the RRRP will be considered.*

Regional Protection and Humanitarian Needs

Overall Protection Needs/Strategy

Given the volatile security and protection environment within Burundi, Burundian refugees continue to have a genuine fear of being harmed should they return and they are therefore in need of international protection. New arrivals should continue to be granted refugee status on a *prima facie* basis in the DRC, Rwanda, Uganda and Tanzania and be biometrically registered. The refugee status of sensitive cases will be determined individually. In Zambia in view of the relatively low number, asylum seekers are going through individual status determination prior to undergoing biometric registration. Access to asylum is the cornerstone of refugee protection; therefore border monitoring will ensure *non-refoulement* of those fleeing for their lives, while providing valuable information on possible spontaneous return movements. In 2016, all countries of asylum will ensure that refugees receive official documentation for their protection and enjoyment of rights.

Of particular concern will be the development of process flows and strategies to address the risks of recruitment and infiltration of armed elements will be instrumental to maintaining the civilian and humanitarian character of asylum.

Community-based protection prevention and response mechanisms will be developed or reinforced, for child protection and sexual and gender-based violence (SGBV) in particular. Pursuing the progressive removal of restrictions on the ability of refugees to exercise their rights will be done through promoting social cohesion between refugees and host communities – with a particular attention to refugee camp settings. As such, the response intends to progressively include refugee camps within the local economy, infrastructure, national social protection and service delivery. Both refugees and host communities will be involved at all stages of the response.

Attention to refugees with specific needs, including persons with disabilities, unaccompanied and separated children (UASC), survivors of SGBV and other persons at risk will require strengthened identification and referral pathways after the initial arrival stage.

Information-sharing on refugee profiling in the DRC, Rwanda, Uganda and Tanzania will be important to analyse the protection situation within Burundi leading to forced displacement, as well as any secondary movements or spontaneous returns.

A pilot project on intention monitoring will be rolled out in Rwanda and other countries of asylum in order for the comprehensive solutions framework to be informed and adjusted periodically by the reality of refugees through continuous dialogue with them.

Organized repatriation is not supported, as conditions are not yet conducive for a safe and dignified return. However, it is anticipated that some refugees will decide to return in a spontaneous and non-organized manner. In specific cases, UNHCR might agree to facilitate individual returns, once it is confirmed that the decision is voluntary (free and informed) and that specific protection needs require exceptional measures (such as for the family reunification of refugee UASCs with their parents within Burundi).

Education

Efforts will continue to be made for all school-age refugee children girls and boys to be enrolled in local schools in countries of asylum. This will continue to require informal education projects to address children's challenges to adapt to the new curriculum in the short term, and maintain a cultural link with the country of origin in the longer term. Particular efforts will be made in Tanzania for the progressive and smooth transition from the Burundian to the Tanzanian curriculum.

The need to ensure certification after the integration of refugee girls and boys in the national system will be given appropriate attention. Engagement with the authorities, development and humanitarian actors, as well as with refugee and host communities, will be reinforced with a view to increasing school reception capacity for refugee children in all settings. A comprehensive strategy for quality, inclusive refugee education will inform and guide annual work plans.

Food Security

Continued efforts in joint fundraising will be needed to ensure refugees receive complete food rations regularly. Food will be provided at points of entry and in refugee camps. People with specific needs, including pregnant/lactating women and older people will be prioritized during food distributions. Adequate infrastructure will be provided for food distribution. School feeding will also be considered in order to improve the enrolment and retention of girls and boys in school. Cash transfers and/or livelihood activities will be provided where possible so to improve the food security of the refugees, and in particular promote dietary diversity.

Health and Nutrition

Screening for malnutrition upon arrival will continue. Children and other vulnerable refugees (such as the elderly) identified with acute malnutrition or at risk for acute malnutrition will be referred for further evaluation and appropriate treatment. Pregnant and lactating women will receive breastfeeding counselling and nutrition support, and infants in urgent need of assistance will be identified (such as orphans) and referred to appropriate experts for treatment. Additionally, preventative nutrition interventions such as blanket supplementary feeding for children aged 6 to 23 months and pregnant and lactating women, as well as the promotion of appropriate infant and young child feeding practices, will continue. Strengthening the capacity of local health posts is needed in order to ensure the health system can cover the health needs of both host and refugee communities. Equal access to health and nutrition services will be ensured, with due attention to specific needs of women, men, girls and boys.

The risk of infectious diseases and water-borne diseases is high, as well as malaria, respiratory illnesses and diarrhoea all requiring specific attention. Epidemic surveillance and containment, as well as procuring vaccines and ensuring immunization are important to prevent the outbreak of diseases. Resources are needed to diagnose and treat non-communicable diseases, and avoid interruption in treatment for refugees, in particular for older refugees with chronic diseases, including HIV. Voluntary counselling and testing (VCT) for HIV will be provided as well as treatment, with particular attention to pregnant women to prevent mother-to-child transmission.

Shelter and Non-Food Items (NFI)

New refugee camps will be constructed to accommodate the new refugee population while existing camps will be consolidated paying particular attention to the protection needs of women, men, girls and boys with specific needs. New sites will be chosen in close consultation with Governments and through appropriate physical site surveys and assessments, including planning for new structural camp developments and shelter strategies accordingly. While emergency shelters will be needed to accommodate new arrivals, semi-permanent structures will be built in order for refugees to enjoy better quality dwelling in the long term.

Basic household, sanitary and hygiene goods such as cooking sets, buckets and soap, will be replaced, while new distributions will continue to be provided swiftly upon the arrival of new refugees in order to ensure a sense of dignity, prevent negative-coping mechanisms or further deterioration of health and hygiene standards in confined spaces.

Water, Sanitation and Hygiene (WASH)

Basic, emergency WASH services will be provided as a priority for new arrivals. While water trucking will be necessary when new refugee camps first open, more semi-permanent water sources will be sought and installed. As refugees become more established and the situation more protracted, incremental improvements will be sought in close collaboration with refugee women, men, girls and boys, to increase access to WASH services through improved coverage (such as latrines) and to reduce recurrent operational costs through a more sustainable and cost-effective infrastructure, for example with water supply upgrades and network extensions. These improvements include ensuring essential WASH services are provided in schools.

Partners in the WASH and energy sectors will work in close coordination to adopt solar technology for water pumping as soon as and where possible, in order to ensure a reliable and sustainable water supply, as well as to reduce recurrent costs and achieve a lower environmental impact.

Wastewater removal and solid waste disposal systems must be constructed or expanded and maintained in order to avoid the outbreak of water borne diseases. Community-based training and sensitization campaigns will be conducted to aid community compliance and safety. At the same time, WASH emergency preparedness and capacity will be strengthened, particularly in new camps, to respond to the needs of a sudden refugee influx, or to epidemic outbreaks, or to environmental and climate hazards.

Energy and Environment

Sustainable energy sources will be given to refugees for cooking and lighting. These energy resources are important to preserve the environment, as well as ensure a protective environment for

women and girls – who traditionally are the ones tasked with cooking and fetching wood. It is also essential for achieving food security as a lack of cooking fuel leads to reduce meal frequencies.

Livelihood

While the Burundi refugee situation is still into its emergency phase, ensuring the gradual self-reliance of refugees through their inclusion in the local market and economy will be particularly important in the mid to long term. Refugee women and men will therefore be given opportunities to engage in small-scale livelihood projects in all settings.

Logistics and Transport

The hilly terrain poses particular challenges for delivering protection and assistance swiftly to refugees. Appropriate means of transport, fleet management and communication tools remain fundamental to a safe and dignified refugee response.

Achievements

Refugees from Burundi have unhindered access to neighbouring countries where Governments are aware of and respect their responsibilities under international law to provide asylum to refugees. They all abide to the principle of *non-refoulement*. All refugees are recognized on a *prima facie* basis (except in Zambia, where they go through individual registration as the number of arrivals is rather low), prior to being biometrically registered.

To accommodate the new refugee arrivals from Burundi, five new refugee camps were opened: in the DRC (Lusenda), Rwanda (Mahama) and Tanzania (Nduta, Mtendeli and Karago), where refugee women, men, girls and boys receive protection and basic services, such as food, non-food items, health, nutrition, shelter, WASH and education. Rwanda has developed a specific urban policy for the protection and assistance of refugees who mostly reside in the cities of Kigali and Huye. Uganda has adopted a developmental and solutions-oriented approach for Burundian refugees, who are mainly hosted in refugee settlements where they can cultivate a plot of land, thus creating a pathway to becoming self-reliant.

Individual casework for the identification, referral and protection of persons with specific needs, including children and adolescent boys and girls, was conducted in all countries of asylum.

In Mahama refugee camp, in Rwanda, a Standardized Expanded Nutrition Survey (SENS) was conducted in May and in October 2015. The prevalence of Global Acute Malnutrition among children aged 6-59 months was 10.3 per cent in May, and 6.6 per cent in October. Although the difference is not statistically significant, a trend towards reduced malnutrition is noted.

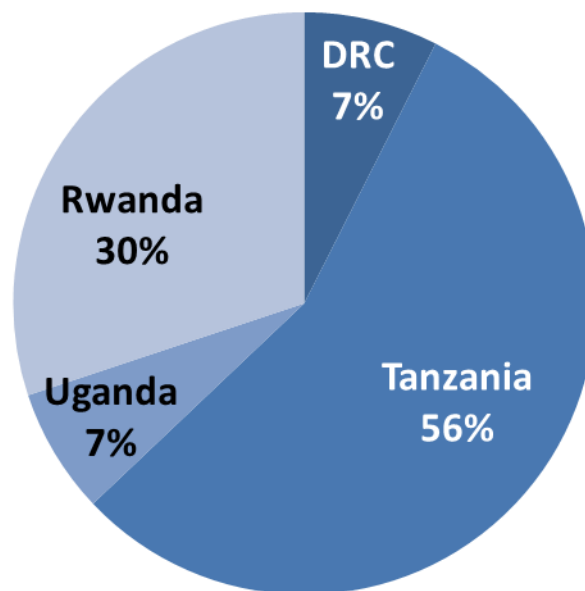
In Nyarugusu refugee camp in Tanzania, a rapid Joint Assessment Mission (JAM) was conducted and the final recommendations will feed into a Joint Plan of Action to improve the nutrition and food security response to Burundian refugees.

In Nyarugusu refugee camp in Tanzania, VCT for HIV has been offered and ART and PMTCT services were provided. People living with HIV are also receiving food support in order to prevent malnutrition and improve adherence to the treatment. Additionally, mass MUAC screening has been conducted during the first and second round of the oral cholera vaccination campaign, as well as during a campaign on vitamin A supplements and deworming.

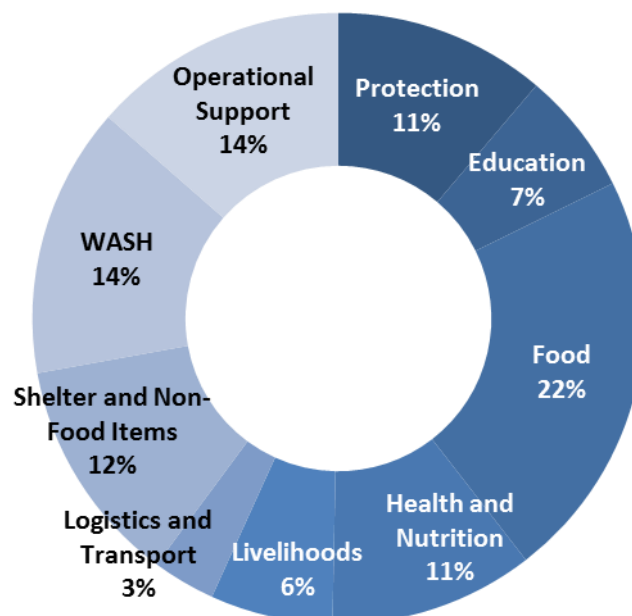
Budgetary Requirements (US dollars)

Total: USD 313,898,329

Requirements by Country



Requirements by Sector



Coordination

National and local public structures in the countries of asylum have responded concertedly to the unfolding Burundi refugee emergency. In view of the large and continuing influx, humanitarian partners have stepped up their support to National Governments to provide protection and services to refugees. The interagency refugee response was put in place shortly after UNHCR declared an L1 emergency in April 2015. UNHCR is leading the coordination of the refugee response in very close collaboration with the national Governments.

Operational and technical meetings are regularly conducted at capital and field levels in countries of asylum – including Refugee Protection Working Groups. The Regional Refugee Coordinator has also called for regional meetings, where planning and responses have been discussed amongst humanitarian actors. Interagency Regional Protection Consultations were also organized, their outcome serving as the basis of the Protection Strategy of this RRRP.

As the situation in Burundi remains extremely volatile, with the security and human rights situation further deteriorating, appropriate reassessments of the planning assumptions and needs will be made as necessary as the situation unfolds in 2016.

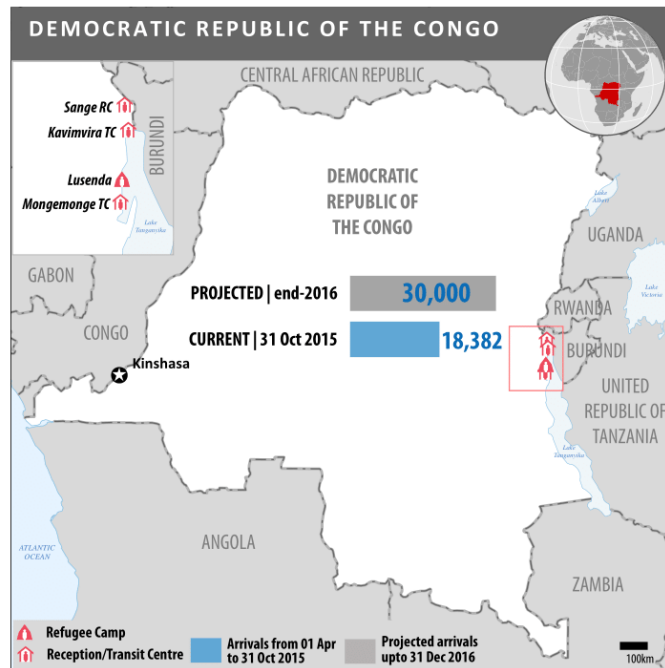


14 May 2015. Democratic Republic of Congo: Refugees arriving from Burundi. © UNHCR/F. Scoppa

Organizations in the Response

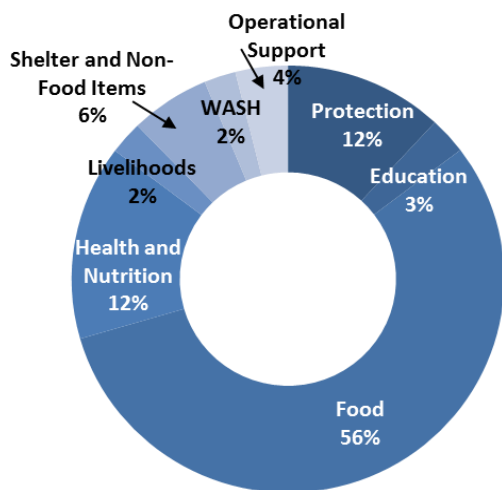
Organization
ADRA Adventist Development and Relief Agency
AHA African Humanitarian Action
AIRD African Initiative for Relief & Development
ARC American Refugee Council
CARE
CONCERN
CWS Church World Service
DRC Danish Refugee Council
FAO Food and Agriculture Organization of the United Nations
FSDS Fondation Saint Dominique Savio
Handicap International
HelpAge International
IOM International Organization for Migration
IRC International Rescue Committee
Legal Aid Forum
OXFAM
PAJER Parlement des Jeunes Rwandais
PLAN International
Protect Rwanda
REDESO Relief to Development Society
SCI Save the Children International
SI Solidarités International
TCRS Tanganyika Christian Refugee Service
TRCS Tanzania Red Cross Society
TWESA Tanzania Water and Environmental Sanitation
UN Women UN Entity for Gender Equality and the Empowerment of Women
UNAIDS
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
WM Water Mission

DRC RESPONSE PLAN

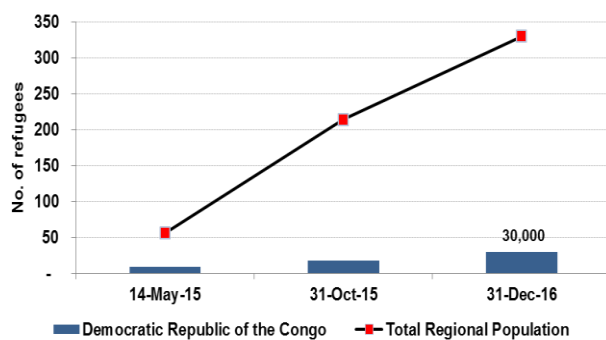


Sources: UNCS, UNHCR
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 18 Nov 2015

Financial Requirements (US dollars) 23,417,230



Population Trends



Background and Achievements

The Democratic Republic of the Congo (DRC) is a signatory to the 1951 Convention on Refugees and its 1967 Protocol. It is also a State party to the 1969 OAU Convention governing specific aspects of refugees in Africa. The DRC has repeatedly hosted Burundian nationals fleeing violence in their country, in 1972, 1988, 1993 and 2002. Burundian refugees who chose not to return to their country reside in the DRC mainly within the host community, with whom many of them have family links. Areas hosting some 9,252 Burundian refugees who arrived prior to the 2015 crisis include the territories of Uvira and Fizi as well as the Ruzizi Plain, close to the border with Burundi.

Since the end of March 2015, political tension emerged in Burundi due to the decision of President Nkurunziza to run for a third term in office. This led to violent clashes, causing an influx of over 18,000 Burundians refugees (end October 2015), who are scattered in many localities in the territories of Uvira and Fizi, where the entry points from Burundi to DRC are situated. The newly arrived refugees cite the significant presence of *Imbonerakure* (a militia associated with the ruling party) and human rights violations, including looting and arbitrary detention as the primary reason for fleeing. Targeted assassinations of key political opponents and limited freedom of speech (for example, journalists and human rights activists are being arrested) are also indicated as reasons for leaving.

The DRC has granted access to its territory and continues to recognise registered Burundians on *prima facie*, on the basis of the registration jointly conducted by UNHCR and the *Commission Nationale pour les Refugies* (CNR), the Government's agency in charge of refugee affairs. By the end of October 2015, 18,382 Burundians had sought asylum in the DRC. Of these, 10,506 reside in Lusenda refugee camp while 7,876 are hosted outside the camp in host communities. It is important to note that the few services available to communities in this part of the DRC are already overstretched by the recurring presence of refugees and internally displaced persons.

The presence of the *Forces Nationales de Libération* (FNL) in the Ruzizi Plain is still a concern for the safety of Burundian refugees and host communities as well as the potential incursion of *Imbonerakure* militia in the DRC, due to proximity to the border. In light of the recent political developments, there appears to be a likelihood that the situation in Burundi will deteriorate further.

It is estimated that due to the general fear of violence and ongoing clashes between various political rivals, an additional 10,000 individuals might arrive in the DRC from Burundi during 2016. If added to the 20,000 people who are expected to be in the DRC by the end of 2015, a total of 30,000 Burundian refugees will thus be hosted in the country by the end of 2016. However, if the situation in Burundi evolves favourably, 5,000 refugees may opt to spontaneously return to Burundi in 2016, and partners remain ready for this eventuality.

As well as being part of this interagency Regional Refugee Response Plan, the Burundi situation in the DRC is also addressed in the Humanitarian Response Plan.

Achievements

- The interagency emergency response in the DRC ensured that Burundian refugees had access to asylum, benefitted from protection, including against *refoulement*, and were registered and received adequate documentation. A contingency plan for the Burundian situation was also updated, to enhance preparedness in case of a massive influx of refugees.
- A refugee camp has been set up near the village of Lusenda, and currently accommodates 10,506 Burundians, who benefit from a comprehensive protection and assistance programme, through a community-based approach.

- Upon arrival at border entry points, persons with specific needs are identified and transferred to the transit centers of Kavimvira, Mongemonge and Sange, where they are provided with food, shelter and healthcare. UNHCR and its logistics partner work together to assure a safe and voluntary relocation of the refugees from the transit centres to the Lusenda refugee camp.
- Approximately 500 Burundian refugees who arrived in Lubumbashi were airlifted to Lusenda.
- Individual biometric registration is being conducted, and, to date, 16,722 Burundian refugees have been biometrically registered and received proof of documentation.
- Among recently arrived refugees at Lusenda refugee camp, 386 individuals with specific needs were identified and cared for by the social workers.
- Mechanisms to identify and separate combatants and former combatants from civilians by the relevant Government security and administrative organs are in place and being strengthened.
- A quantity of 240 cubic metres of drinking water per day, which is an average of 25 litres per person per day, is available to refugees in Lusenda refugee camp.
- Food rations are regularly distributed to refugees in the Lusenda refugee camp and hot meals provided in the transit centre.
- Primary healthcare services are available through the health post established in the Lusenda refugee camp.
- Some 850 refugee children are attending primary schools in the surrounding villages of the refugee camp.
- An “Early warning system” to enhance security both in and outside the camp was set up with the support of MONUSCO, which supplied 25 handsets.

Humanitarian Needs and Vulnerabilities

Relocation

UNHCR will continue to facilitate the transport of the refugees who voluntarily opt to reside in the Lusenda refugee camp, so as to minimize the burden for households and existing community structures. Any lack of significant support to the new arrivals could expose them to the risk of sexual exploitation, child labour and forced recruitment into the armed groups that are active in the area. Prior to their relocation, food and non-food assistance will mainly be provided to vulnerable persons accommodated in the transit centres and at the assembly point.

Community-based protection

It is important to ensure that a strong message of peace and reconciliation is sent at all levels, including amongst host communities. Community-based projects can contribute to peaceful coexistence and reconciliation. Community services including recreational, vocational and educational activities that are required to strengthen community resilience; such programmes strengthen SGBV prevention and are also a strong disincentive to forcible recruitment or to forming/joining self-defence groups and militia. Construction and rehabilitation of schools, medical centres and labour intensive infrastructure projects can all reduce unemployment and the frustration that can lead to conflict over scarce resources. Such activities are required to reduce the impact of a large refugee presence on the local population and to avoid conflict and the development of xenophobia.

Protection including registration

Biometric registration is carried out in the context of individual registration with all household members being photographed, registered and receiving refugee documentation. Registration is a core

protection activity because 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 can obtain crucial civil status documents such as birth certificates and also providing evidence of their legal status in the country of asylum.

Child protection

Some 399 separated children and 31 unaccompanied children have been identified in Lusenda refugee camp. Discussions were held on prevention and protection mechanisms to ensure child protection. Interagency meetings on appropriate sectorial interventions are held regularly both in the field and in the capital and the partners in the response aim at strengthening functional interagency/intergovernmental coordination mechanism that are already in place.

SGBV

Access to a holistic response as well as awareness-raising, protection and prevention are crucial. Sensitization sessions on SGBV are conducted on behalf of refugees. Humanitarian actors are required to take appropriate measures to prevent sexual exploitation and abuse (PSEA) and this mandatory requirement is reflected in partnership agreements and mainstreamed in emergency response planning.

Shelter

The arrival of refugees has added pressure to basic services that were already overloaded, as well as to the general availability of food. While new arrivals are received initially in hangars, their presence in the host community is leading to overcrowding and related social and hygiene concerns. National authorities have decided to regroup refugees in designated areas, both to minimize the strain on limited host community resources and also for health, protection and security reasons.

Food security

Food security is crucial for refugee and host communities and will be assured through cash or food vouchers or a carefully calibrated combination of the two. Such assistance is complemented by location-appropriate income generation activities, notably by providing seeds and tools, and access, where possible, to vacant arable land. Accordingly and where possible, efforts should be made from the outset to allow for early recovery and avoid creating dependence on humanitarian assistance, by giving access to arable land and other means in order to assure self-reliance and strengthen resilience.

Health

Overcrowding, in addition to inadequate access to clean water, hygiene and sanitation for both the host population and the refugees expose them to waterborne, epidemic and endemic diseases. There is a need to raise awareness about HIV/AIDS and sexually transmitted infections (STI). Adequate primary health care, comprehensive emergency obstetric care, referrals and care for chronic diseases are also needed. Services will be provided in a way that will complement or strengthen the existing local health system. Supplementary food assistance will target vulnerable refugees in transit centres and at assembly points. There is concern that insufficient food assistance for refugees in host families may result in malnutrition and disease.

Nutrition

Children under five years, and pregnant and lactating women living in camps and with host families who are diagnosed malnourished will be treated according to the national protocol to prevent mortality. Some 7,908 children under five years will be given food supplements, and 14,468 pregnant and lactating women will receive iron and folic acid. Services will be provided that will complement or strengthen the existing local health system.

Water, hygiene and sanitation

From the onset of the emergency, refugees shared the scarce water resources with the local population. They were also attempting to drink water from nearby rivers, while open defecation remains a recurrent problem. The number of family latrines in the refugee camp of Lusenda is still below the real needs of families. The lack of water, hygiene and sufficient sanitation for the host population and the refugees also expose them to waterborne diseases, epidemic and endemic diseases.

Response Strategy and Priorities

The biometric registration of all the new arrivals will be completed, as well as the subsequent identification of persons with specific needs including, but not limited to, survivors of SGBV, and UASCs.

A team of protection assistants and social workers will continue to monitor the borders and help refugees reach the transit centres and the refugee camp. Two additional transit centres will be established in Kazima and Katogota where multi-sectoral assistance will be provided.

As Lusenda refugee camp has a current capacity of 13,000 individuals, advocacy will be made with national and local authorities to expand or allocate additional land to accommodate 30,000 new arrivals. It is anticipated that 90 per cent of the new arrivals could live in refugee camps and the remainder may opt to live with the host communities.

Protection and sectoral interventions will be implemented through existing community-based structures with the promotion of participatory approaches. The 'do no harm' principle will be strengthened to ensure the mainstreaming of child protection: this will be facilitated through the effective monitoring of children identified with specific needs to ensure the best interests of the child, the principals of family unity, the child's opinion, non-discrimination and to meet the special needs of girls. Youth will be engaged in meaningful activities so as to reduce risks of recruitment and other forms of abuse.

A referral system is established so that survivors of SGBV are given a comprehensive response (medical, psychological, legal and socioeconomic or school reintegration). The system will take effect from the moment a case of sexual violence has been identified and documented, and the survivor agrees to be referred to services. For cases willing to seek legal remedies, transportation will be provided to the nearest competent court of law, as well as accommodation and legal representation. The referral system seeks to improve the quality of the response to SGBV survivors, and decrease the stigma and discrimination by reinforcing the existing referral system at local and national levels. However, a one-off type of assistance might be insufficient to combat the causes of SGBV. Rather, the planned activities endeavor to go above and beyond individual assistance, to address the causes of SGBV that are rooted in socio-cultural norms of inequality and gender discrimination. The prevention of SGBV thus requires engagement with and development of the capacity of local communities and authorities to promote changes in gender relations within the community, in socially prescribed roles, responsibilities, expectations, limitations, perspective and privileges attributed to community members on the basis of their gender.

SGBV training and sensitization sessions will be offered to local authorities, refugee committees, SGBV focal points, and national police. Also, groups of men and boys will be set up to discuss the causes of gender based violence within communities. In line with the level of literacy in the concerned refugee population, visual and audio media such as radio shows, film projections, and participatory theatre are an unorthodox but effective way to reach vast audiences. In addition, radio

being a widely popular pastime among the civilian population, local radio stations will be supported in diffusing shows that discuss the 2006 law on sexual violence, survival sex, LGBTI, and effects of SGBV on minors.

Through SAFE initiatives, programmes that will reduce the risk of SGBV through multi-sectorial and innovative approaches will be implemented (distribution and production of fuel-efficient stoves (FES), alternative fuel, such as briquettes, installation of public lighting and distribution of durable solar lanterns, reinforcing the security of shelters for the most vulnerable, female-headed households, etc.). Also, the response seeks to increase access to income-generating activities for women at-risk of SGBV to strengthen their self-reliance and meet their essential needs (including food, water, shelter, personal safety, health and education), and to reduce dependence on aid. The promotion of livelihoods will be advocated so as to mitigate protection risks for the extremely vulnerable persons living inside and outside the camp.

In addition to coordinating and conducting advocacy through the Refugee Protection Working Group and related sectors, partners will seek to mainstream a sectorial refugee response, including education and health services, into existing national structures. To ensure peaceful co-existence between the host community and refugees, additional educational and health facilities are being constructed or rehabilitated. The education strategy will promote the importance of schools as safe learning environments, emphasize the need to improve access to quality education for refugee children and maximize the protective benefits of participation in schools.

The shelter strategy will aim to gradually move from emergency shelter to semi-durable structures (made of mud structures and iron roofs, with secure doors and windows) that can withstand the effects of the heavy rainy seasons in the South Kivu. This will also mitigate the protection risks faced by women headed households who are currently living in emergency shelters made out of plastic sheeting.

WASH services will be improved in the transit centres and in the Lusenda refugee camp. Hence, there is a need to reinforce and strengthen the water provision to camp by setting up a gravity-fed water system. The construction of additional family latrines will avoid open defecation and improve the refugee living conditions. Likewise, regular hygiene promotion campaigns will help to prevent communicable diseases such as cholera.

Ongoing consultations with the refugees and host populations will inform surveys to determine the eventual refugees' intentions to return and obtain indicators as factors that could lead to voluntary repatriation.

Partnership and Coordination

While contingency plans have been updated in case of a massive influx of Burundian refugees, the 2016 Refugee Response Plan (RRP) draws the bulk of its analysis from the existing contingency plan, but focuses on the most-likely scenario and puts a particular emphasis on reinforcing links between humanitarian relief and development efforts.

The UNHCR Regional Representation in DRC is also mandated to ensure that preparedness and response plans are generated and aggregated in a comprehensive and coordinated manner, in order to secure appropriate resource mobilization.

The management of complex crises remains a responsibility of the national authorities; the humanitarian community participates at several levels, including in the preparation of contingency plans, for the preparedness and response in support of the Government; interagency coordination is

further supported by the Provincial Interagency Committees (CPIA), and the UN Office for the Coordination of Humanitarian Affairs (OCHA). Contact and collaboration with MONUSCO and with the office of the Special Envoy for the Great Lakes have been established, noting the importance within the Peace, Security and Cooperation Framework of refugee protection and solutions. Furthermore, interagency meetings on appropriate sectorial interventions are held regularly in the field and in the capital and the RRP aims at strengthening functional interagency/intergovernmental coordination mechanisms that are already in place.

Overall, UNHCR has established a framework for exchange and discussion with the humanitarian actors working in the province of South Kivu in all sectors, in order to coordinate the response in line with the Refugee Coordination Model. Weekly coordination meetings are held with humanitarian actors, namely UN agencies, international and national non-governmental organizations, and relevant national institutions. Moreover, a refugee Protection Working Group has been established. Actors involved in reception and response include the CNR Uvira (National Commission for Refugees in Uvira), AIRD, WFWI, ADES, MSF, OXFAM, WFP, ADRA, UNWOMEN, Save the Children, ECH, RHA, ADED, ICRC, Caritas, ELLCO/ACT Alliance, ADE, PIN, WHO and IEDA Relief in collaboration with the Migration Service (DGM), the Intelligence Service (ANR) and other government services.

Planned Response

An agreement for collaboration with the Migration Service (DGM) will be signed to facilitate border monitoring at each entry point to the DRC from Burundi. Border protection monitoring will be reinforced to enable the deployment of protection monitors all along the border with Burundi and at 18 entry points to receive the new arrivals and proceed to their pre-registration. To facilitate that, UNHCR will open a new office in Mboko, South Kivu, which is located 13 kilometres from Lusenda camp (the distance from Uvira to the camp is 61 kilometres).

At Lusenda refugee camp, a RE-COPE (*Réseau communautaire de protection de l'enfance*) is been established and sensitizations on child protection are being carried out. Family tracing for unaccompanied children is ongoing. In order to prevent statelessness, sensitization campaigns are being carried out to register children and improve on the number of birth certificates that have been issued this year (currently at 47). Standard operating procedures (SOPs) on SGBV are ready for endorsement by the key actors.

The provision of safe water and sanitation and awareness raising on personal hygiene, SGBV and HIV/AIDS at the Kavimvira transit centre, Sange assembly point and Lusenda camp are ongoing and will be enhanced. Sensitization campaigns on the prevention of and response to SGBV and HIV are also ongoing. MSF Bukavu is now present in the Ruzizi Plain to assess the sanitary conditions of Burundian asylum seekers. Refugees in Lusenda camp will continue to be provided with non-food items and shelter upon arrival. Food distribution will continue monthly.

In view of the above, the response strategy will thus include the following activities:

- Facilitate transportation and relocation of Burundian refugees to the camp.
- After evaluating the general needs of new arrivals regarding protection, SGBV, emergency shelter, health and HIV/AIDS, WASH and food security, assistance and technical support will be extended to national and provincial social structures (health centres, schools, etc.).
- Advocate for the reinforcement of self-reliance initiatives in the host communities and the sites.
- Conduct sensitization on the response to SGBV and the protection of vulnerable children, including other people with specific needs.
- Preserve the civilian character of asylum – the Government with the support of MONUSCO will separate armed elements from civilians.
- Promote a community-based approach for education and health in existing national systems.

Protection

- Access to asylum: Strengthen protection monitoring including border monitoring to ensure respect for the principle of *non-refoulement*
- Maintain four reception/transit centres
- Conduct biometric registration and provide documentation for all Burundian refugees
- Support the *Commission Nationale pour les Réfugiés* (CNR) to issue birth certificates to Burundian refugees born in the DRC
- Build the capacity of partners, including Government staff and community based focal points
- Preserve the civilian and humanitarian nature of asylum: advocacy, training, awareness raising pursuant to Executive Committee Decision 94 and related provisions concerning the civilian and humanitarian character of asylum
- Child Protection: Protect children in accordance with the applicable international legal standards including UNHCR policies on child protection and education
- Set-up/reinforce identification and referral pathways after the initial arrival stage (and registration) in all settings
- Analyze the situation of children at risk including UASC
- Develop and strengthen community-based child protection mechanisms (linking both refugee and hosts issues)
- Ensure inclusion and alignment of data collection and analysis of Burundian refugees for the purpose of MRM and MARA in the DRC, and any future MRM and MARA for Burundi
- Conduct BIA/BID and case management and monitoring
- Provide targeted assistance for UASCs according to their specific needs to mitigate protection risks
- Raise awareness on forced recruitment
- Expand social recreational activities and child-friendly spaces
- Support and strengthen community-based child structures
- Support interventions targeting youth (not of school age)
- Conduct participatory assessments according to age, gender and diversity to understand the needs of the children
- Strengthen registration services and ensure birth certificates are provided within the legal timeframe
- Strengthen the capacity of local partners through training sessions
- Organize awareness-raising and sensitization activities for SGBV prevention
- Support the 8 community-based committees/groups working on SGBV prevention and response
- Training on SGBV prevention, protection and response for humanitarian actors, refugees and host populations.
- Provide psychosocial support and legal aid for SGBV survivors
- Provide socio economic support for SGBV survivors
- Train CNR security personnel on local security in the camp
- Establish police presence in camps/communities
- Conduct 40 community sensitization campaigns to promote peaceful co-existence with local communities

	<ul style="list-style-type: none"> - Reduce the risk of SGBV through the implementation of SAFE activities - Promote the creation of groups of men and boys - Establish income generating activities for women and girls at risk - Ensure all staff working in the camp are trained on the code of conduct and promote feedback mechanisms that are simple, accessible, safe and confidential to the community to report cases of SEA
<p>Education</p>	<ul style="list-style-type: none"> - Promote the education strategy, and conduct advocacy with all actors (government, humanitarian) to include refugee children in the national system - Ensure a teacher's code of conduct exists and is enforced and that parents and the community know about it - Establish prevention and monitoring systems to identify risks in schools and prevent opportunities for SEA - Construct 20 classrooms for children aged 6-12 years - Procure uniforms, facilitate payment of school fees and teacher salaries/incentives - Rehabilitate or construct latrines and provide an adequate supply of water for drinking and handwashing in schools
<p>Environment and Livelihoods</p>	<ul style="list-style-type: none"> - Support the restoration of livelihoods assets for 600 households - Empower women and girls through entrepreneurship skills and start-up capital for the promotion of income generating activities within the refugee camp as a preventive measure to potential exploitation and abuse - Provide training to communities on agricultural techniques and the distribution of vegetable seeds, cereals seeds and fishing kits - Establish livelihoods initiatives, particularly for women at risk and other extremely vulnerable refugees living in the camp and in the host communities
<p>Food</p>	<ul style="list-style-type: none"> - Distribute cash and vouchers for 12 months to refugees and three months food distribution to vulnerable households in the host community; supplementary feeding - Provide food assistance to boys and girls in primary school (school feeding) to increase retention rate
<p>Health and Nutrition</p>	<ul style="list-style-type: none"> - Support the existing systems to provide primary health care services - Control the spread of communicable diseases and provide immunization (such as measles and polio) - Train health workers on clinical management of rape for SGBV survivors - Establish pathways for immediate clinical management of rape survivors (including availability of PEP kits) - Promote mental health and psychosocial wellbeing through community-based structures and referrals to clinics - Provide access to essential drugs - Ensure that women can deliver safely: clean delivery kits if far from facilities (with UNFPA), referral system to facilities with emergency obstetric and new-born care (EmONC) - Reinforce nutrition activities (including supplementary feeding programme in the camp and transit centres); reduce micro-

	<p>nutrient deficiency among children aged 5-59 months</p> <ul style="list-style-type: none"> - Provide IYCF activities and nutrition surveillance related activities (MUAC screening upon arrival and routinely as well as a SENS survey) - Implement and monitor community management of acute malnutrition programmes - Promote care and treatment of persons of concern living with HIV/AIDS and provide preventive reproductive health and HIV services (access to ART services as the local community) - Refugees and host population have access to male and female condoms - Provide reproductive health care services - Refugees and host populations have the same access to preventing mother-to-child transmission (PMTCT) services as the local community - Nutritional screening in camps and host families areas and treat severely malnourished children according to national protocol - Promote key family practices among pregnant and lactating women in order to prevent severe malnutrition
<p>Logistics and Transport</p>	<ul style="list-style-type: none"> - Transport up to 10,000 refugees from transit centre to camp - Procure 65,000 litres fuel for operational vehicles, generators - Repair and maintain the fleet and procure spare parts (light vehicles, trucks, generators) - Rent warehouses or install Rub halls - Rent light vehicles from GFM services - Rent trucks to increase transportation capacity from transit centre to the camp - Recruit new supply staff to strengthen supply response capacity - Transport CRIs to the point of delivery - Install new fuel storage capacity and improve infrastructure for fuel distribution
<p>Non-Food Items (NFI)</p>	<ul style="list-style-type: none"> - Provide 10,000 new arrival refugees at settlements with basic NFIs (jerry cans, plastic sheets, kitchen sets, sleeping mats, water buckets and mosquito nets) - Monthly provision of 250g of soap per refugee - Monthly provision of sanitary materials (sanitary pads, underwear, soap) for up to 5,000 girls and women of reproductive age
<p>Shelter and Infrastructure</p>	<ul style="list-style-type: none"> - Construct 500 emergency shelters for 2,500 vulnerable refugees - Distribute shelter kits and material tool kits for 5,000 households - Construct community infrastructure (1 registration structure, 1 hangar of restoration, 4 blocks of sanitary latrines, 1 community kitchen, 1 meeting area, 1 hangar for medical screening) - Undertake gender sensitive site planning - Construct, repair and maintain roads

Water, Sanitation and Hygiene (WASH)

- Construct or rehabilitate 10 water points (boreholes, wells, springs) for 10,000 new refugees
- Construct permanent water system in the Lusenda camp
- Support to construct 4,000 household sanitary latrines and 4,000 showers
- Purchase of sensitization and hygiene education materials and conduct community sensitization and hygiene promotion activities
- Construct sanitary facilities in health centres and educational facilities that could also be accessed by the host communities
- Organize a vector control and waste management campaign
- Monitor water quality regularly and distribute water treatment tablets for the new arrivals

Financial Requirements Summary – DRC

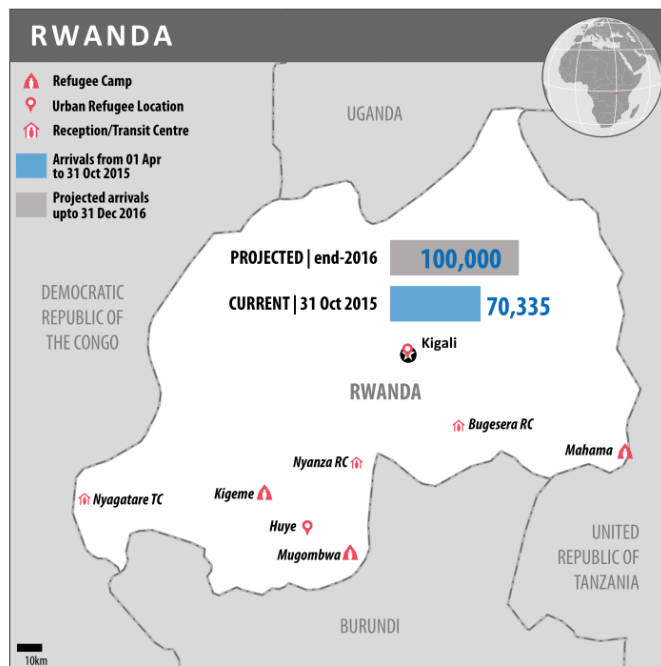
Financial requirements by agency (in US dollars)

Organization	Total
FAO Food and Agriculture Organization of the United Nations	565,600
UNFPA United Nations Population Fund	818,371
UNHCR United Nations High Commissioner for Refugees	6,999,654
UNICEF United Nations Children's Fund	2,095,605
WFP World Food Programme	12,938,000
Total	23,417,230

Financial requirements by sector (in US dollars)

Sector	Total
Protection	2,782,482
Education	654,542
Food	13,069,946
Health and Nutrition	3,459,008
Livelihoods	583,986
Shelter and Non-Food Items	1,395,556
WASH	555,057
Operational Support	916,653
Total	23,417,230

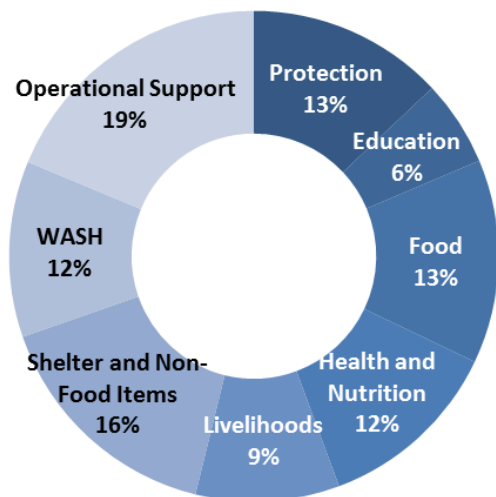
RWANDA RESPONSE PLAN



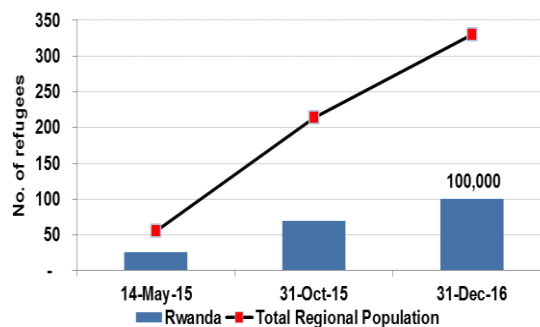
Sources: UNCS, UNHCR
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 18 Nov 2015

Financial Requirements (US dollars)

94,521,989



Population Trends



Background and Achievements

Beginning on 31 March 2015, Rwanda started to experience a sudden mass influx of refugees from Burundi, fleeing due to fear of election-related violence. Under the leadership and coordination of the Government of Rwanda Ministry for Disaster Management and Refugee Affairs (MIDIMAR) and the United Nations High Commissioner for Refugees (UNHCR), an interagency multi-sectoral response was initiated from the outset of the emergency, including participation from UN agencies and national and international non-governmental organizations (NGOs). As a result of the Government's open border policy, refugees fleeing Burundi have had unfettered access to asylum and have been recognised as refugees on a *prima facie* basis

Since the start of the emergency, over 76,000 Burundian refugees have been registered in Rwanda. However, 6,696 of these refugees did not show up during the relocation from reception centres to Mahama refugee camp in August 2015 and were therefore inactivated, leaving a total of some 70,335 Burundians refugees registered in Rwanda as of end-October 2015. These no-shows could be attributed to secondary movement to Uganda, where refugees have indicated that they first sought refuge in Rwanda; refugees deciding to move into urban areas rather than in the camp; or spontaneous return to Burundi. Out of the over 70,000 Burundian refugees, over 45,000 are living in Mahama refugee camps I and II while the remaining 25,000 are urban refugees living primarily in Kigali and Huye. New refugees continue to arrive in the country, at a rate of 30-40 per day on average during the month of October 2015.

Refugees are initially received in three transit facilities where refugee response actors set up emergency protection and assistance services since the first week of April. As the pace of the refugee influx intensified in mid-April, the Government designated a portion of land for a new refugee camp, Mahama — the country's sixth. Following an interagency multi-sectoral assessment of the site on 17 April, construction work immediately began, and the camp opened on 22 April with emergency shelter, WASH and health facilities up and running. The site has the capacity to host up to 60,000 refugees with potential for expansion should there be a new influx.

All Burundian refugees undergo regular registration procedures at the border entry points; as of end-October, over 2,500 unaccompanied and separated children have been identified. In this demographic context, family reunification, child protection and sexual and gender-based violence (SGBV) prevention and response mechanisms, including clinical management of rape, were established in both reception sites and in Mahama camp as an immediate priority. Advocacy, border monitoring and protection counselling are other key areas of protection intervention.

Basic services have been established in all sites including shelter, primary health care, vaccination, reproductive health services, etc., and access to water and sanitation facilities has been ensured. However, water presented a key challenge in Mahama Camp, where borehole drilling failed to yield adequate quantities of water to meet the needs of the growing refugee population. As such, expensive and ineffective water trucking had to be carried out until a durable solution was identified. Currently, a water treatment system for the nearby Akagera River is being set up. Transition from tents to semi-permanent shelter is a key ongoing priority for 2015, however the pace of the transition has been slow.

As the Government has a policy of integrating refugees into national health systems, refugees are referred to local health facilities for secondary and tertiary referrals. Nutrition screening and management of moderate and uncomplicated severe acute malnutrition (SAM) among children under age five year were carried out at Mahama camp from the start of the emergency, and children with complicated SAM in need of nutrition rehabilitation are referred to Government hospitals. The same policy of integration applies for education, so refugee response partners are building capacity of the

local school system in order to accommodate Burundian refugees in 2016. As no formal education for Burundian refugees was available in 2015, refugees could only attend orientation classes. Meanwhile, Early Childhood Development (ECD) services are being provided to children in the camp as well as orientation classes to prepare them for the Rwanda curriculum they will follow in primary and secondary education in 2016.

Achievements

- **Access to territory**

As a result of the Government's open border policy, refugees fleeing Burundi have had unhindered access to asylum, on a prima facie basis, and benefit from unrestricted access to host country territory.

- **Establishment and expansion of refugee reception centres and Mahama Camp**

Thanks to Government engagement and the early establishment of refugee response coordination structures at capital and field levels, there was a rapid establishment of emergency reception facilities, where refugees are initially received following transport from the border, which included access to basic multi-sectoral services. The Government designated land for Mahama Camp and the set-up of emergency facilities in Mahama Camp occurred within five days of the interagency site assessment, including shelter, health, and WASH.

- **Protection and registration**

Level II biometric registration is conducted for all Burundian refugees in Mahama Camp since May 2015, and for all urban Burundian refugees since June 2015. A high proportion of unaccompanied and separated children was identified among the refugee population during registration, so child protection and family reunification mechanisms were established at the outset and already 680 children have been reunited with their families. With a high proportion of girls and women, SGBV response and prevention systems were also set up from the start and in the latter half of 2015 the emphasis has been on boosting community based systems. Protection advocacy and capacity building for the Government and other actors has also been a main focus.

- **Upgrading multi-sectoral services**

In 2015, transportation of up to 1,000 refugees per day in convoys from the border to the reception facilities and onwards to Mahama Camp was being conducted. Upon arrival in the camp, in addition to protection interventions, refugees have had access to the full provision of multi-sectoral services, including health and reproductive health, access to water and sanitation, firewood for cooking and other non-food items, and shelter. The crude mortality rate and under five mortality rate both remained better than UNHCR and SPHERE standards throughout the emergency. Over 96 per cent of deliveries were conducted at health care facilities with the support of skilled health care professionals, and no maternal mortalities were reported in Mahama camp. A strong, timely response to malnutrition among new arrivals seen during April 2015 led to reduction of the global acute malnutrition rate from 10.3 per cent to 6.6 per cent among children under age five year by October 2015. Additionally, as the Government has a policy of integration into national services for refugees, local hospitals and education facilities are being supported by the refugee response in order to accommodate the refugee needs.

Humanitarian Needs and Vulnerabilities

At the end of October 2015, the Burundian refugee population in Rwanda stands at 70,335 registered refugees, and new arrivals continue to enter the country at a pace of 30-40 per day on average (month of October). On the basis of the slow and steady continuation of the influx, as well as from regular country of origin information and feedback from diplomatic and humanitarian actors in Burundi, the interagency planning scenario is based on a population of 100,000 Burundian refugees in Rwanda by end-2016, and facilitated return is not envisaged. Maintaining the civilian nature and humanitarian character of asylum will be a key priority, to avoid infiltration of armed groups in the camps.

During registration, specific needs and other vulnerabilities are identified, as well as basic age and gender breakdowns. During the first two months of the influx the refugees were predominantly women and children (85 per cent), however the gender gap has since narrowed and the demographic breakdown includes 76 per cent women and children. The population also has a substantial proportion of people with specific needs, notably UASCs, adolescents, child-headed households, female-headed households, persons living with HIV/AIDS, and elderly persons—all of which will require continuation or scaling up of targeted programmes and/or staffing. Overcrowding of shelters, traditional gender attitudes as well as separation of family members contributes to a risk of SGBV. This risk is being mitigated by ongoing community-mobilization around SGBV prevention and related issues, however such activities must be scaled up, and sexual and reproductive health programmes are key including family planning, as the proportion of women of reproductive age also increased from 24.2 per cent to 27.7 per cent. As of September, over 7 per cent were confirmed to be pregnant. Based on the planning figure of 100,000 refugees by end-2016, there will be an estimated 27,700 women of childbearing age, 5,000 pregnancies within 12 months. Fifty women will require caesarean section and 4,155 will need to use family planning methods.

It should also be highlighted that while the health situation in Mahama camp is now stable, many newly arriving refugees reach Rwanda in a very poor state of nutrition, requiring strong systems for screening, referral, and treatment of malnutrition. Additionally, the presence of such a large number of refugees is also exerting pressure on the host community in terms of food availability in an area of the country where malnutrition and food insecurity already exists. Refugees arriving tend to come from rural areas and often have a limited knowledge of health related issues: HIV, sexually transmitted infections and unwanted pregnancies may all represent a health risk.

Due to the inadequate quantities of water in Mahama Camp, the risk of WASH-related diseases remains, requiring monitoring until the water treatment system is fully operational. Additionally, the topography of Mahama Camp is characterised by undulated terrain near a river; the possibility of water stagnation is very high, and it could worsen during the rainy season. An insect-infested, swampy area, there are inherent hazards to young children and pregnant women, with infestation of hazardous insects including anopheles mosquitos with high possibility of malaria infestation and other endemic tropical diseases.

Should the number of refugees exceed the capacity of Mahama's two sites (Mahama I and Mahama II), new land will have to be identified to create a third site for Burundian refugees. In terms of shelter and infrastructure, communal shelters have been erected in Mahama camp for refugees' initial accommodation until they are moved into family tents. 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 host communities surrounding the reception centres and camps are the first to take on the burden of a refugee influx during an emergency. The arrival of refugees puts pressure on already overstretched basic service infrastructures and general food availability, which can generate tensions among different communities. Humanitarian actors 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.

Some 35 per cent of urban refugees were largely self-sufficient during the initial months of the emergency and were using savings or revenues from business back in Burundi to sustain themselves in the cities. However, it is expected that, as their stay in asylum endures beyond six months, many of these urban refugees will rely increasingly on support from humanitarian actors, as their savings become depleted and the ongoing tensions in Burundi affect the economic situation there.

Response Strategy and Priorities

Key strategic areas for the 2016 refugee response include:

- Continue to ensure protection and assistance, however shifting from emergency facilities and services to semi-permanent structures (including shelter and WASH facilities) and capacity building of Government and local partners.
- Develop a more permanent water treatment plant and supply system for Mahama.
- Expand Mahama camp into two sites (Mahama I and Mahama II) and prepare for the possible development of a third site.
- Reinforce protection and assistance programmes for urban refugees.
- Improve protection for refugees by linking them to self-reliance opportunities.
- In line with GoR policy, further integration of refugees into national systems, including building of capacity for local health and education facilities, and, building on orientation classes provided in 2015, allow refugees to attend local primary and secondary schools.

The Rwanda Refugee Response Plan main strategy for 2016 is to build upon the gains achieved in 2015 and to shift away from emergency services to more durable facilities and interventions, in light of the planning outlook which does not foresee organized return in 2016 (though a minimal number of spontaneous returns or onward movements to third countries could take place). Camp facilities, structures and infrastructures will need to be upgraded in order to continue providing protection and basic services in a dignified living environment for refugees who are expected to remain in Rwanda through the end of 2016. This transition involves infrastructural interventions such as construction of semi-permanent shelters and dischargeable latrines, but also interventions such as building the capacity of the local education facilities so that refugees can be integrated into the national system alongside Rwandan students, and scaling up refugee leadership structures and community participation in all areas of intervention.

A key element of the transition from the emergency is also to expand Mahama Camp into two sites, in order to facilitate camp management and delivery of services according to a division of labour among humanitarian actors.

Given the high proportion of urban refugees, it is also important to address the needs of this group of people, which can only be expected to grow in 2016 as the economic situation for urban Burundian refugees deteriorates. The urban refugee strategy developed in 2015 focuses on specific pillars of intervention which will need to be implemented in 2016.

Under these three strategic areas, the refugee response will continue to maintain, upgrade and repair facilities established in 2015, and continue protection and multi-sectoral assistance interventions through a community-based approach, in which the active participation and mobilisation of refugee and host community women, men and children will be sought and encouraged. Given that it is expected that the substantial majority of Burundian refugees who flee to Rwanda will remain in the country through end-2016, exploring self-reliance opportunities for them through market assessment and partnerships in the private sector will be an important new intervention.

Partnership and Coordination

The refugee response in Rwanda is led and coordinated by the Government (MIDIMAR) and UNHCR, at the capital and field levels, and includes a multitude of UN and NGO partners including local civil society organizations. Refugee coordination meetings are held at the capital and field levels, and sector meetings are also held at capital and field levels. Seven UN agencies and 13 NGO partners are currently contributing to the Burundi refugee response. Interagency, multi-sectoral assessments were conducted at the start of the emergency during the initial site identification and planning process, and since then, sector-level assessments on issues such as food and nutrition, sexual and gender-based violence, education, and other areas have been undertaken.

Prior to the Burundi refugee emergency, Rwanda was already hosting over 74,000 Congolese refugees who fled in successive waves since the 1990s. These refugees are living in five refugee camps in different parts of the country. At the onset of the Burundi refugee influx, MIDIMAR and UNHCR took a decision to immediately deploy those existing refugee response actors working in the Congolese operation, based on their operational capacity and expertise, to respond to the Burundian refugees' emergency. This enabled the very swift set-up of the reception centres and the refugee camp, the prompt delivery of emergency services, and the prevention of disasters relating to health, protection or other issues.

However, due to the continuing influx of refugees and the need to enlarge Mahama camp into two sites, a decision was taken to engage additional partners. The 2016 Burundi RRP for Rwanda will involve seven new partners in addition to those engaged in the 2015 Burundi RRP.

The interagency response will also seek to engage with private sector partners and development actors and partners for further mainstreaming refugees into national programmes.

Age, gender and diversity (AGD) approach

The AGD approach will be applied in all aspects of the Burundi refugee response. To ensure that protection issues are raised, the participatory assessment is essential to voice the refugees' concerns through consultations at the early stage of the crisis. The findings and identified needs are to feed into refugee community mobilization and strengthen outreach activities aiming at community based protection ownership. A key principle will be regular, two-way communication between humanitarian actors and different groups within the refugee and host communities to ensure that perspectives and feedback of all refugees and host populations, and their different capacities and vulnerabilities, are effectively identified and/or programmed into the operational response. This will be achieved by regular participatory assessments and focus group discussions as well as through day-to-day interaction with refugees and host populations in all sites. The response plan will continue to mainstream protection and gender concerns across all interventions, with the overarching principle of equitable and non-discriminatory availability of and access to protection and assistance for women, girls, boys and men, while prioritizing the needs of the most vulnerable. The progressive inclusion of refugees within the local economy, infrastructure, national social protection and service delivery will also be pursued in order to eventually transform them into sustainable settlements.

Planned Response

Protection

- Register and document all new arriving refugees including identification and referral of persons with specific needs (PWSN)
- Ensure issuance of refugee documentation (Proof of Registration, ID card) to refugee population in cooperation with the Government of Rwanda
- Provide training to Government officials on human rights and international refugee protection, and civilian character of asylum
- Manage reception centres and refugee camps jointly with Government including supporting inclusive refugee leadership structures
- Address violence against women, men and girls and boys in emergency sites through clear social and behaviour-change communication and community engagement strategies, as well as community policing
- Strengthen the capacity of service providers and refugee women, men, girls and boys to identify and refer cases of SGBV and child protection camp managers to identify, support and refer survivors of SGBV for appropriate services
- Provide appropriate case management services to SGBV survivors including medical, psychosocial counselling legal aid and other services in accordance with relevant SGBV guidelines and key principles
- Develop youth and adolescent-led organizations able to empower youth and reduce protection risks for adolescent youth
- Establish a help line for protection cases
- Identify UASC and other at risk children and improve interagency coordination in supporting them through regular monitoring and reporting
- Carry out Best Interest Assessment and Determination (BIA/BID) for all UASC starting with most vulnerable, as well as other children at risk in order to provide appropriate protection and assistance and, whenever needed, identify and implement solutions such as family reunification or alternative care
- 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
- Establish and strengthen community based community child protection structures to support children in need of monitoring, psychosocial support, or other interventions
- Provide child protection training for partners, staff and key stakeholders
- Ensure access to birth registration, including provision of birth certificates to all new-born refugees
- Community follow up and support mechanism for PWSN is set up amongst the refugee community, including for the elderly, persons with disabilities, pregnant mothers, people living with chronic illnesses and persons with mental health and psychosocial needs, to have equal access to basic and inclusive services including community-based socio-therapy
- Increase social cohesion between refugees and host community by organizing community works in the camp and host community

Education

- Ensure access to early childhood development services (ECD) and pre-primary education for children aged 0-6
 - Implement home-based and centre-based early childhood development (ECD) adapted to refugee camp context
 - Provide recreation, communication and learning materials for ECD facilities
 - Recruit and train caregivers and mother leaders
 - Transition from temporary to permanent structure for 4 ECD centres (30 classrooms for 3-4 year old children)
 - Construct 22 permanent classrooms in local school for pre-primary (5-6 year old children)
 - Ensure continuous access to basic education for children aged 6-20 year while maintaining a link with the culture of the country of origin
 - Strengthen capacity of local schools that are providing basic education for refugee students, including classroom construction, educational facilities and teacher training
 - Provide teaching, academic materials and equipment (desks, tables and benches) for local school and camp-based school
 - Continue to provide classes for lower primary students in the camp as a transitional measure before integrating into local school
 - Transition from temporary camp-based to integration into local school for lower primary students (construct 17 permanent classrooms)
 - Integrate upper primary and secondary students into local school (112 classrooms are being constructed)
 - Provide educational support for school going children (scholastic materials, uniforms and school-related costs) in the camp and in the local school next to the camp, as well as for refugees in urban areas (Kigali and Huye)
 - Provide school feeding programme for ECD, primary and secondary students in camp-based schools, in the local school next to the camp and in urban areas
 - Identify children with special education needs and support their access to inclusive education
 - Provide psychosocial support to refugee learners
 - Sensitization of parents and communities on inclusive education and ECD
 - Design and implement Education Management Information System (EMIS) for refugees at national level.
 - Improve the quality of education for refugee and host community children in Mahama camp and local schools:
 - Training and monitoring of teachers in the local school and in the camp based schools
 - Training of teachers, parents and communities on special needs education
 - Monitoring, mentoring and supervision of caregivers and teachers
 - Capacity building of school leaders on effective leadership and school management
 - Ensure that refugee adolescents and youth are mobilized and engaged in activities that enhance community cohesion, positive coping mechanism and conflict resolution in Mahama refugee camp:
 - Provide accelerated learning programme for literacy, numeracy, and life skills training for out of school children
 - Provide technical and vocational training for youth
 - Conduct out-of-school (OOSC) assessment and implement OOSC activities for urban refugees
 - Establish classrooms for OOSC activities in the camp
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- Teach English as a second language for university level students
- Advocate with universities to provide access to tertiary education for refugee students

Energy and Environment

- Distribute firewood to refugees on monthly basis
- Ensure that households have access to energy saving equipment
- Provide households with sustainable source of lighting energy, such as solar lanterns
- Conduct risk-mapping sessions in all camps and host community and provide community awareness on associated camp environmental and related protection risks (including SGBV risks relating to firewood collection)

Food

- Procure adequate food items on time
- Provide general food assistance to all refugees in camps
- Train and sensitize vulnerable households on good nutritional and hygiene practices
- Conduct food security and vulnerability assessment from time to time
- Conduct Joint Assessment Mission and market assessment in consultation with concerned partners, when necessary
- Implement school feeding for pupils including ECDs

Health and Nutrition

- Maintain and expand health post and nutrition centre in Mahama camp staffed with medical doctors, nurses, midwives, nutrition officers, clinical psychologists, sexual and reproductive health coordinator and program manager
- Install WASH facilities and a cholera treatment unit for Mahama health post
- Provide Vitamin A, multiple micronutrient supplementation (MNPs) and deworming to improve the nutritional status of refugee children
- Conduct nutrition assessments in Mahama camp to monitor the overall nutrition situation in the camp, identify gaps and adapt nutrition services accordingly.
- Screen refugees for malnutrition and conduct assessments, treat malnutrition and provide curative therapeutic and supplementary feeding to children under five years of age with severe and moderate acute malnutrition and to persons living with HIV on antiretroviral treatment and tuberculosis patients
- Continue to provide necessary referral for SGBV survivors including timely clinical management of rape including provision of PEP kits
- Conduct growth monitoring and promotion, reinforcing nutrition counselling and health education on hygiene and feeding practices
- Provide blanket supplementary nutritional food assistance to all young children Under-Two and pregnant and nursing mothers
- Provide constant supplies of medicines, equipment, test and reagents, vaccines, bed nets and medical devices for emergency health centre and pharmaceutical staff to support provision of medicines to refugees
- Provide routine immunization service and strengthen the cold chain system
- Conduct social and behaviour change communication and health education to reduce malnutrition, hygiene-related diseases,

	<p>morbidity and to prevent mortality, including mother-to-mother support groups</p> <ul style="list-style-type: none"> - Maintain and expand to new sites the Health Information System in reception centres and camps for health data management - Train health staff and mobilize and train community health care workers among refugees including on CBHFA (community-based health and first aid) - Continue referral mechanism to make necessary primary, secondary and tertiary referrals for life saving emergencies and MCH cases - HIV and tuberculosis prevention, infection control and hygiene practices, vector borne disease-cholera and diarrheal diseases including training health service providers and community workers in integrated sexual and reproductive health, family planning, and HIV prevention - Maintain accessible reproductive health services incl. access to safe delivery care, emergency obstetric care and post-rape treatment - Provide necessary assistance to the Ministry of Health to distribute Anti-retroviral treatment and PMTCT to refugees - Establish comprehensive services for children, through case management of conditions with a high impact on neonatal and child survival, such as pneumonia, diarrhoea and malaria - Establish mental care/psycho-social medical services (incl. recruitment of a psychiatrist, psychiatric nurse and social worker) - Disease surveillance, preparedness and response, and prevention and management of communicable and non-communicable diseases - Procure hygiene kits, emergency reproductive health kits and dignity kits for pregnant, vulnerable women and vulnerable adolescents, as well as family planning materials and medications - Set up adolescents and youth friendly corners - Community sensitization and awareness campaign on SRH/FP, HIV/AIDS and safe motherhood including mass information materials
<p>Logistics and Transport</p>	<ul style="list-style-type: none"> - Transport newly arriving refugees from border to transit centres (TCs) to camp - Provide medical screening for refugees at TCs before departure to camp - Hire trucks, buses and luggage trucks for refugee transfers with provisions for special transport for persons with specific needs - Procure light vehicles, pickups, motorcycles, cargo and tipper trucks, as well as spare parts - Install fuel storage and dispensing facilities
<p>Non-Food Items (NFI)</p>	<ul style="list-style-type: none"> - Procure and distribute standard basic core-relief items (CRI) kits for all new arrivals, including jerrycans, soap, mosquito net, mat, synthetic sleeping, kitchen set, plastic, tarpaulins, stove, blanket, sanitary pads and plastic buckets
<p>Shelter and Infrastructure</p>	<ul style="list-style-type: none"> - Preposition emergency shelter in case of new influx - Ensure that refugees are received in conditions of safety and dignity in reception/transit centres - Upgrade refugee families living in Mahama from emergency tents

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- to semi-permanent shelter
 - Maintain and/or construct communal shelter in transit centres and reception centres
 - Improve access roads, in-camp roads and security parameter roads
 - Construct semi-permanent administrative infrastructures currently based in tents, to ensure refugees enjoy basic human rights including physical safety and rights to services

Water, Sanitation and Hygiene (WASH)

- Continue to ensure access to safe water and improved sanitation and hygiene services to refugees to minimize the risk of outbreak of WASH related diseases
- Ensure availability of minimum safe drinking water supply through construction of permanent water treatment plant; expansion and upgrading of water supply system, and operation, monitoring and maintenance of water treatment and supply systems
- Construct dischargeable male/female latrines to replace emergency pit latrines
- Dislodge and clean latrines to ensure hygiene in the camp
- Ensure vectors/pests control services are provided to reduce the risk of malaria and other insect-borne illnesses
- Maintain/repair existing male/female showers
- Set up one mobile garbage bin per block of 8 family shelters
- Train refugee and community volunteers
- Conduct hygiene promotion and environmental campaigns in the camps
- Maintain hygiene and sanitation basic facilities at entry point (mobile latrines, hand-washing facilities, waste bins)
- Gender-segregated WASH facilities in schools accessible for children with disabilities in both camp-based and local schools, equipped with a hand-washing station

Livelihoods

- Baseline assessment and subsequent monitoring and evaluation of livelihoods of refugees
 - Market assessment to determine best programming interventions and possible value chain analysis and development
 - Referral of vulnerable refugee women and other targeted refugees for technical and vocational training and entrepreneurship skills
 - Sensitize and partner with private sector, particularly in urban areas, to ensure that refugees with skills are matched with suitable employers
 - Partner with local and international social enterprises
 - Operational partnerships with private sector stakeholders, including social enterprises, to develop markets in and around Mahama camp
 - Explore possibilities to mainstream refugees into existing livelihoods and development programmes run by Rwandan authorities or international development organizations
 - Improve resilience of refugees and host communities through access to agricultural and other livelihood opportunities.
 - Prevent and mitigate a spread of transboundary animal disease
 - Humanitarian Remittance program
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Financial Requirements Summary – Rwanda

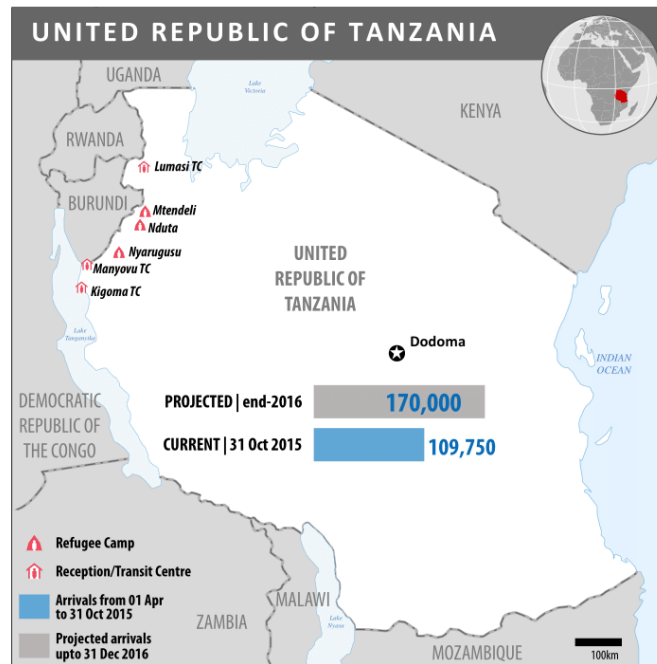
Financial requirements by agency (in US dollars)

Organization	Total
ADRA Adventist Development and Relief Agency	878,245
AHA African Humanitarian Action	351,647
ARC American Refugee Council	656,000
CARE	213,292
CONCERN	552,609
FAO Food and Agriculture Organization	960,000
FSDS Fondation Saint Dominique Savio	360,450
Handicap International	433,760
IOM International Organization for Migration	1,050,000
Legal Aid Forum	388,123
OXFAM	970,000
PAJER Parlement des Jeunes Rwandais	169,686
PLAN International	505,000
Protect Rwanda	344,549
SCI Save the Children International	1,350,000
UN Women	800,000
UNFPA United Nations Population Fund	1,946,000
UNHCR United Nations High Commissioner for Refugees	63,543,897
UNICEF United Nations Children's Fund	3,433,000
WFP World Food Programme	15,115,731
WHO World Health Organization	500,000
Total	94,521,989

Financial requirements by sector (in US dollars)

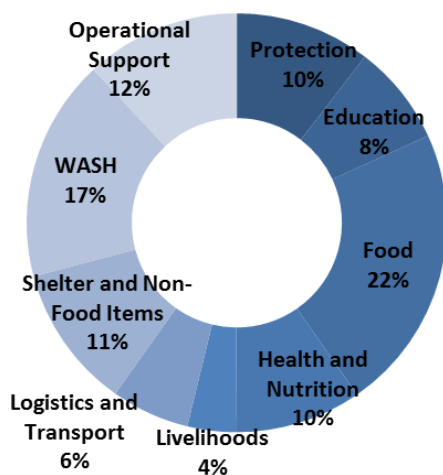
Sector	Total
Protection	12,275,512
Education	5,342,684
Food	12,704,614
Health and Nutrition	11,589,434
Livelihoods	8,979,282
Shelter and Non-Food Items	14,959,842
WASH	10,963,795
Operational Support	17,706,826
Total	94,521,989

TANZANIA RESPONSE PLAN

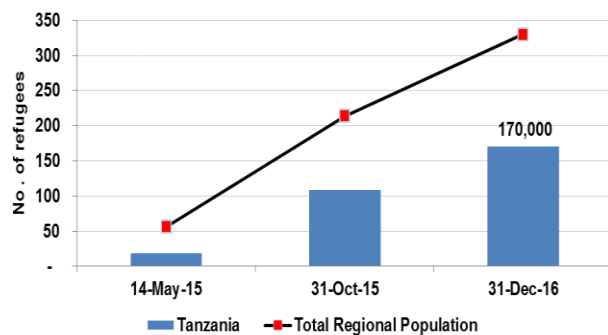


Sources: UNCS, UNHCR
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 18 Nov 2015

Financial Requirements (US dollars) 174,104,114



Population Trends



Background and Achievements

The Government of Tanzania is fully committed to its international legal obligations to protect refugees and asylum seekers, in particular to observe the 1951 Geneva Convention and the principle of *non-refoulement*. It has displayed good faith in doing so by hosting hundreds of thousands of refugees for decades, primarily from Burundi and the Democratic Republic of the Congo (DRC). The Tanzanian Refugee Policy and 1998 Refugee Act confine refugees to camps and curtail livelihood opportunities. However, the Government has started to relax this policy and has recently shown signs of willingness to review it.

Due to the recent tensions in Burundi, from April to 16 October 2015, up to 106,977 refugees and asylum seekers have fled to Tanzania, mainly for reasons due to pre-electoral violence, abduction, arrest, detention and retaliation for refusal to give allegiance to the ruling party. The influx of refugees into Tanzania has been steady averaging 500 per day. In 2016, it is expected that the arrival rate will decrease slightly, to around 4,300 per month; the total number of refugees and asylum seekers is therefore expected to be 170,000 at the end of 2016.

For the first months of the influx, refugees were hosted at Nyarugusu camp in the Northern region of Kigoma. However, the continuous flow of new arrivals made it imperative to look into new sites to accommodate the growing refugee population and decongest Nyarugusu camp. Thus, in 2016, refugees will be accommodated in five camps: Nyarugusu (20,000), Nduta (35,000), Mtendeli (25,000), Karago (55,000) and 35,000 in a new camp to be approved by the Government in 2016.

Achievements

UN agencies and NGO partners have been closely coordinating with the Government of Tanzania (GoT), particularly the Refugee Services Department (RSD) of the Ministry of Home Affairs (MoHA), to ensure the required liaison is undertaken with other Government departments, including the President's and the Prime Minister's offices.

The Kigoma Regional Commissioner, after demarches by UNHCR's High Commissioner and the personal intervention of the President of Tanzania, allocated three new camps to accommodate refugees, since Nyarugusu had exceeded its capacity, hosting over 172,699 refugees (including 65,722 mainly Congolese refugees); the limited space and insufficient provision of basic services generated tensions between the Congolese and Burundian communities. To decongest Nyurugusu, a majority of Burundian refugees will be transferred to the three new camps currently under development and to one new camp yet to be identified by the GoT in 2016. Relocation of refugees from Nyarugusu to Nduta refugee camp and the parallel transportation of all new arrivals to Nduta started in early October 2015.

Protection

All refugees fleeing from Burundi to Tanzania benefit from unrestricted access and asylum on a *prima facie* basis. In addition, all refugees are biometrically registered. Community-based protection has been strengthened, ensuring outreach, identification, prevention, support and monitoring. Referral pathways and case management systems have been developed allowing identification of persons with specific needs (including children at risk and SGBV survivors). Access to justice for refugees is being addressed. Procedures and mechanisms for processing family reunification of separated people among the refugee community have been put in place. Training of police and immigration officers on refugee protection has been conducted. The civilian character of asylum is being monitored.

On-going interagency multi-sector response

Ready-to-eat food is provided to refugees in transit. Upon encampment, refugees are provided a two-week dry ration and thereafter are included in monthly general food distributions. At the height of the emergency, the majority of refugees were accommodated in schools, churches and even the Kigoma stadium was used as a temporary transit centre. They have since been moved to mass shelters and family tents in Nyarugusu and Nduta refugee camps. They receive non-food item (NFIs) kits, dignity kits for expecting mothers, basic health care provisions, including vaccinations and access to WASH services. Health/nutrition screening is continuous and refugees with chronic diseases and malnourished children are treated. Temporary learning and recreation spaces have been established so that refugee boys and girls are not idle and benefit from the reduced stress from positive stimulation after their traumatic journey.

Relocation to new refugee camps

Nduta, Mtendeli and Karago refugee camps are currently being developed. While refugees are already relocated to Nduta, Mtendeli and Karago camps are expected to be operational by the end of 2015. All new arrivals are taken directly to the new camps upon arrival at the entry border points. As at 19 October 2015, the population of Nduta is 9,717 (4,383 relocated from Nyarugusu and 5,334 new arrivals). An estimated 87,000 people are expected to be relocated from Nyarugusu to the four new camps by the end of December 2016.

Humanitarian Needs and Vulnerabilities

Current statistics show that 50 per cent of new Burundian refugees are female, 60 per cent are boys and girls (under 18 years of age) and 2 per cent are elderly (over 60 years of age).¹ To date, 1,376 unaccompanied (498 girls and 889 boys) and 2,028 separated children (962 girls and 166 boys) have been identified. Many of the refugees arrive with very little or no belongings.

The evolution of the situation in Burundi has led to a shift in the reasons for individuals to flee the country: while at the beginning people undertook preventive flight for fear of possible escalation of political tensions, once the elections were over individuals fled for risk of individual persecution for refusing or suspected refuse to give allegiance to the ruling party. The civilian character of asylum and of camps also needs to be closely monitored as the situation in Burundi evolves.

The overcrowding of Nyarugusu camp had severe negative consequences on living conditions, dignity, and protection of refugees and has exacerbated tensions between the pre-existing refugee population and the new arrivals. Insufficient space and shelters, lack of NFIs, poor WASH conditions and insufficient learning and play spaces for children, created great psychological distress, particularly for children. Children without their parents or caregivers are at higher risk of abuse, neglect, exploitation and violence. Overcrowding of shelters, traditional attitudes on gender, insufficient lighting in the camps, risky firewood collection conditions, lack of employment opportunities, lack of youth engagement activities, lack of privacy, as well as reduced protection of people separated from their families, may lead to greater risks of Sexual and Gender Based Violence (SGBV). There is a need to ensure that all services and infrastructures in the camps are designed to be accessible by all refugees, including by persons with specific needs such as the elder persons, persons with disabilities or mentally challenged.

The relocation of the Burundian refugees to the new refugee camps identified by the Government started in October 2015. This process entails heavy logistic challenges, amid the rainy season, further complicating the delivery of assistance. Moreover, refugees have limited knowledge of health related

¹ Based on level II registration as of 16th October 2015

issues such as malaria prevention and treatment, cholera, HIV, sexually transmitted infections, gender-based violence and unwanted pregnancies.

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

UNHCR will continue to closely cooperate with the authorities to ensure access to the territory, safety for refugees and asylum seekers in the camps, respect of the civilian and humanitarian character of asylum and will support the Government in its review of the refugee legal framework. Individual biometric registration will continue for new arrivals and, in collaboration with the Government, individual documentation of refugees, including issuance of birth certificates. Border and protection monitoring will continue to be enhanced to mitigate associated security risks.

The need for legal aid will be assessed, and where warranted, intervention in judicial cases on behalf of refugees will take place. Prison visits to monitor detention facilities and conditions will be undertaken. Working relations with law enforcement and judicial authorities will be established. The protection needs of persons belonging to minority groups will be assessed and monitored. Various capacity building trainings on refugee protection thematic areas will be conducted for local authorities, police and immigration officers, camp partners and UNHCR staff.

Engaging with refugee/host communities to ensure their active participation will be prioritized. People with Specific Needs (PWSNs) will be systematically identified and documented to inform appropriate programme design and assistance consistent with their vulnerabilities. Participating Agencies will work collaboratively to ensure effective joint coordination that recognises the dignity and wellbeing of PWSNs and that Core Humanitarian Standards are met, including through effective consultation, participation and meaningful engagement. Life-saving responses will be age-friendly and will recognise physical and structural barriers that hinder PWSN's access to essential humanitarian services.

Sexual and Gender Based Violence

An interagency SGBV strategy and work plan to reduce risks and mitigate consequences of exposure to SGBV experienced by women, men, boys and girls, including adolescents, will be implemented. There will be a focus on provision of quality comprehensive case management services to survivors of SGBV, including facilitating access to legal assistance, psychosocial support, health and medical services, including clinical management of rape and provision of PEP and safety and security services. In the new refugee camps, focus will be on establishing and strengthening effective coordination and referral mechanisms and increasing quality response services while ensuring minimum standards.

A key focus in 2016 will be to ensure quality prevention activities with a specific focus of engaging men and male youth in psychosocial support activities. Innovative prevention activities focusing on identified thematic priorities will be developed building on the assessments and analysis conducted in 2015. A key component of the prevention strategy will aim at creating community-led protection

mechanisms and identification and development of long-term alternatives to firewood such as fuel. Humanitarian actors will enhance the capacity of community, partners and police officers, who will be trained on SGBV including safe identification and referral.

Child Protection

Refugee girls and boys will receive appropriate protection, education and care in the new refugee camps. Their best interest and their participation will be mainstreamed into a broader child protection framework, as the guiding principle for the design and implementation of interventions. All children with specific needs, including unaccompanied and separated children, will undergo Best Interest Assessments (BIAs) to determine the appropriate course of action to address their protection concerns. Priority will be given to the most vulnerable amongst the high number of unaccompanied children among the refugee population. Potential foster families will be identified and trained to host and care for unaccompanied children in the camps. Proof of birth registration will be provided to all children pending provision of birth certificates. Child friendly spaces will be set-up, equipped and maintained. Volunteers/facilitators will be recruited and trained to carry out recreational activities to ensure the mental development and psychosocial well-being of children.

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. In addition, focused attention will be provided to strengthening the response capacity of the municipality and adjoining communities to protect them against the health consequences of potential disease outbreaks.

To meet the essential health needs, rehabilitation of the existing health facilities in the four new camps and construction of four new health posts as per the SPHERE STANDARDS² will be undertaken. Health centres with a capacity of at least 100 beds each, with the capacity to perform comprehensive emergency obstetric and neonatal care (CEMONC), including caesarean section and minor surgeries, will be established. Other services in the camps will include comprehensive primary health care and inpatient care. Procurement of medicine and supplies for 170,000 refugees as well as medical equipment and furniture for health centres will be undertaken. Collaboration with Ministry of Health officials, including regular meetings with district and regional medical officers will be pursued so to increase Government support in the health response. Prevention and mitigation of outbreaks of malaria, cholera and other diseases will continue to be strengthened in light of the forecast for El Nino rains.

To build resilience in view of future refugee influx, stress on existing infrastructure and likely outbreak of diseases and infections, support will be provided to strengthen the surveillance capacity of the health team for timely case identification, contact-tracing and reporting. The capacity of Community Health Workers (CHW) and the Community Owned Resource Persons (CORPs) shall be strengthened on emergency preparedness, alert and response; laboratory capacities will be enhanced through training on analytical methods, provision of equipment and reagents for timely case detection and treatment and/or referrals of cases.

Infant and young child feeding (IYCF) programmes targeting children aged 0-24 months, pregnant and lactating women will be established and maintained. Community management of acute malnutrition programs will be strengthened. A strategy to address anaemia and other micronutrient deficiencies as well as functional nutritional screening system will be designed and put in place: this

² The SPHERE Project developed internationally agreed minimum standards for humanitarian interventions, which aim to enhance the quality and accountability of humanitarian assistance.

will include blanket supplementary feeding programmes (BSFP) for 6-59 month old children. Vitamin A supplementation and deworming for all eligible children will be ensured.

Post-SGBV treatment will be provided including post-exposure prophylaxis (PEP) kits. HIV/AIDS prevention activities will be paramount considering that Burundi has a high prevalence of HIV/AIDS and the host population also has a high infection occurrence. Further prevention efforts with emphasis on prevention of mother-to-child transmission (PMTCT), pre-exposure prophylaxis (PrEP) and trend analysis will be carried out. A list of patients with chronic illnesses (HIV, tuberculosis, diabetics, hypertension, respiratory infection, arthritis and other conditions) and mental health, including post-traumatic stress disorder, will be prepared for further follow up. Anti-retroviral treatment (ARTs) and anti-tuberculosis drugs will be distributed to ensure uninterrupted care. The UNHCR Health Information System (HIS) will be used and maintained in all camps.

Water, Sanitation and Hygiene (WASH)

Partners in the response will ensure that refugees have access to safe and adequate water that meets WHO standards, improved sanitation and hygiene services and minimize the risk of outbreak of WASH related diseases in camps and host communities. Partners will ensure that schools, child friendly spaces and medical facilities have safe drinking water. Following internationally recognized Sphere Standards, safe water supply at a minimum of 15 litres per person per 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 one latrine for every 50 people with clear separation of female and male facilities. Similarly, shower blocks for every 80 people, with a clear separation of female and male facilities, will be constructed. Mitigation measures will be implemented to organize proper rain water harvesting and management in camps. Behaviour change communication will accompany these inputs to ensure that families benefit from access to water and sanitation by improving their hygiene and sanitation behaviour.

Food

New arrivals at reception centres receive prepared food (wet feeding) while waiting to be taken to the camps and receive high energy biscuits to meet their nutrition needs on the way to the camp. New arrivals at the camp also receive prepared food for one or more days until they complete the registration exercise. At this time they are also provided with dry rations, and are thereafter included in general food distributions (GFD) and selective feeding programmes.

Blanket and targeted supplementary feeding for all moderately malnourished children between 6 and 59 months and food support to PLW and HIV patients on ART have been established. Children aged 6-59 months with severe acute malnutrition (SAM) are treated in the therapeutic feeding programme. The refugees and the surrounding hosting communities may also benefit from short cycle crops such as vegetables, 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 damages to the natural environment surrounding the camp areas, refugees will be trained to manufacture and use energy efficient stoves which will result in better protection of refugee women and girls.

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 way 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. To enhance income generating opportunities for refugees, UNHCR will advocate and work with the Government to change the 1998 Refugee Act that prevents refugees from freely leaving the camps. This will further encourage the refugees and the host community to trade with each other, creating market linkages for agricultural produces. Active involvement of youth adolescents, and women willing to take up commercial farming activities will also be encouraged.

Production of orange flesh sweet potatoes will also be promoted to compliment the provision of Vitamin A which is currently provided as supplements. The host community will also be supported in terms of food production and productivity so that any food requirements by the refugee community could be sourced from the host community.

Shelter and Non-Food Items (NFIs)

The shelter needs of the planned 170,000 refugees require five refugee camps: 20,000 will remain in Nyarugusu, and the rest will be accommodated in Nduta (35,000), Mtendeli (25,000), Karago (55,000) and 35,000 in a new camp to be approved by the Government in 2016. Two main reception centres have been established: Manyovu in Kigoma region and Ngara in Kagera region. Other reception centres will be established based on the patterns of flight.

The ultimate objective is to provide all new arrivals with adequate critical relief items (buckets, blankets, sleeping mats, soap, etc) and suitable shelter. Transit shelters will be set up using plastic sheets and poles in addition to the family shelters that have already been and continue to be erected. All shelters 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 have been and will continue to be established. Camp management systems, including women adolescents 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, initially, the curriculum from country of origin. However, advocacy with the Government has started to ensure a transition towards the use of the curriculum of the country of asylum and, if agreed, an orientation programme will be initiated. 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. A programme for out-of school children and youth will also continue and be extended to all camps.

Transportation

The relocation of refugees and their luggage will be carried out. Dignified transportation of refugees from all reception and transit centres and relocation from Nyarugusu to the new camps will be provided taking due attention to refugee women, men, girls and boys with specific needs. For all the travelling refugees, fit-to-travel (FTT) checks will be carried out, with medical escorts and care provided as needed.

Partnership and Coordination

The Government of Tanzania and the UN Country Team (UNCT) has compiled a Contingency Plan for a 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 interagency / inter-governmental coordination mechanism already in place, such as the coordination structure provided through the UN Reform (Delivering as One) initiative.

UNHCR leads the interagency delivery of protection and assistance for Burundian refugees in Tanzania, in close coordination with the office of the UN Resident Co-ordinator. 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. 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, interagency meetings on appropriate sectorial interventions are held regularly both in the field and in the capital. At field level, UNHCR Sub-Office Kasulu, Field Unit Kigoma and the newly established Sub-office in Kibondo manage refugee protection and assistance and are at the forefront for any new population influx from Burundi.

Interagency coordination

The emergency response centres have been established at four locations – Dar Es Salam, Kigoma, Kasulu and Kibondo, 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 have been developed. An interagency refugee Information Management Working Group for the purposes of coordinating information management products and sharing interagency information has been established.

Communicating with communities

Agencies will ensure that mass information campaigns target newly arriving refugees within the reception facilities. In addition, key messages per sector will continue to be updated and shared with all refugees in camps to ensure that they are well informed of their rights and of the available services in the camps. All partners 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, in a manner they can understand them and which take into consideration all groups of refugees, including those with specific needs. Consulting and reporting back to refugees to understand on their intentions, aspirations, concerns and suggestions through focus group discussions will be an opportunity to promote information sharing and enhance accountability. Community volunteers are already supporting the diffusion of information and are providing guidance on improving the channels of this two-way process.

Planned Response

Protection (including SGBV, PSNs and Child protection)

- Biometrically register and document all new arriving refugees.
- Monitor borders (surveillance of official entry points and identification of new possible entry points)
- Support the Government to conduct fair and efficient refugee status determination for individuals not recognized on a *prima facie* basis.
- Support enhancement of Government security for transit centres and refugee camps and support community watch teams.
- Advocate for and support the Government to maintain the civilian character of asylum.
- Protection monitoring and individual case management for those identified as most vulnerable
- Capacity building of stakeholders in various protection areas (code of conduct, civilian character of asylum, CP and GBV, etc.)
- Provide information to communities about services and camp management in an age and gender-sensitive manner.
- Provide legal aid to refugees and monitor detention facilities.
- Undertake protection screening to identify SGBV and CP cases and persons with protection or specific needs.
- Develop community based protection structures for Child Protection, GBV survivors and women, elder persons and persons with specific needs
- Engage men and male youth in psycho-social support activities.
- Enhance cross-sectoral coordination and collaboration on SGBV prevention and response activities.
- Roll out prevention from sexual exploitation and abuse (PSEA) Task Force and work plan.
- Conduct a joint needs assessment on GBV and Child Protection and enhance data collection.
- Distribute culturally-accepted and specific dignity kits to women and girls.
- Provide coordinated case management services for SGBV survivors.
- Share information using the Gender-Based Violence Information Management System (GBVIMS) to inform programming and advocacy.
- Identify and support children at risk, including unaccompanied and separated children (UASC), and provide family tracing and reunification when feasible.
- Carry out Best Interest Assessment and Determination (BIA/BID) for children at risk including UASC.
- Strengthen child protection systems through case management, community based psychosocial support, alternative or community-based care and protection in an age, gender and diversity sensitive manner.
- Promote community mechanisms, awareness and action in prevention and response to enhance protection of children. Establish CFS including life skills training, creative sessions, and recreational activities, and adolescents Youth centres including youth-to-youth activities, community outreach and vocational training/livelihood opportunities.
- Provide case management, referrals and psychosocial support services for persons with specific needs
- Support People with Special Needs (PWSN) to have equal access to basic services, and provide direct materials support (age and disability sensitive NFIs), including cash transfer to some PSN at most risk including livelihood support to build resilience, NFIs, firewood collection assistance, support to receive food rations, amendments to tents and dwellings.
- Establish and equip Community based rehabilitation (CBR) centres to conduct functional assessment and identify specific needs and provide tailored support including physiotherapy, mobility aids and orthopaedics appliance/assistive devices
- Mobilise and train volunteer home-based care providers to conduct home visits, identify people needing services and follow-up those requiring longer term care

	including physiotherapy, counselling and follow up services
Education	<ul style="list-style-type: none"> - Procure and reproduce Burundi curriculum text books. - Construction/Rehabilitation of inclusive educational facilities. - Establish child-friendly learning spaces for children. - Identify children of pre-primary, primary and secondary school age including those with special education needs. - Support emergency education and distribute school kits to children in pre-primary, primary and secondary schools. - Identify and train volunteer educators in the refugee community. - Identify young children and families in need of early childhood development (ECD) services. - Support catch-up program for children who dropped out of school or never went to school - Enhance protective mechanisms within school to prevent sexual exploitation and abuse. - Identify and support local schools hosting refugee children by providing teaching and scholastic materials. - Introduction of English and Swahili lessons to prepare the transition of curriculum. - Initiate discussions with the Government of Tanzania for possible policy shift from country of origin to country of asylum curriculum
Energy and Environment	<ul style="list-style-type: none"> - Promote sustainable access to building materials, firewood and promote energy saving devices. - Distribute fuel wood/ stoves to PWSN. - Sensitize the refugee community to enhance environmental protection and provide awareness on associated camp environmental risk. - Establish and maintain tree nurseries and demark protected areas. - Establish energy saving device for communal lighting – schools, streets, Health Centres and staff accommodation. - Explore alternative long-term low cost water supply solutions e.g. solar powered pumps.
Food	<ul style="list-style-type: none"> - Provision of hot meals at reception and transit centres. Provision of ready-to-eat food items during transit. - Provision of complementary food items. - Conduct general food distributions (GFDs) and selective feeding activities for refugees in the camps.
Health (including HIV/AIDS) and Nutrition	<ul style="list-style-type: none"> - Establish emergency health posts and nutrition centres. - Provide constant supply of medicines and equipment, including emergency reproductive health and PEP kits. - Ensure systematic vaccination in TCs/RCs for children under 5. - Emergency supplies for disease outbreaks in transit and in the camps. - Implement the Minimum Initial Services Package (MISP) for RH in emergencies. - Review and increase HIV/AIDS services in the health centres. - Strengthen HIV prevention activities, including comprehensive Condom programming, in communities. - Address malnutrition, chronic and non-communicable diseases among older people. - Construct health posts and procure drugs and medical supplies. - Hire medical staff for primary health services. - 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. - Mobilize and train community health care workers for community health and nutrition activities. - Establish timely nutritional assessment and surveillance systems and effective malnutrition prevention response capabilities. - Ensure access to and management of children and women with acute malnutrition through nutrition screening and supplementary and therapeutic feeding. - Enhance sexual and reproductive health outreach to adolescents. - Ensure reproductive health and maternity services are available, including antenatal care (ANC), family planning, post abortion care (PAC), HIV prevention and clinical care for SGBV survivors. - Identify and support people with mental health and psychological issues through

	<p>referral to counselling services and treatment of acute mental health issues or post-traumatic stress disorder.</p> <ul style="list-style-type: none"> - Rapid assessment of the HIV/AIDS needs in the displaced populations and the immediate host communities. - Review and increase HIV/AIDS services in the health centres. - Strengthen HIV prevention activities in host communities - Monitor the trends of the old and incoming population groups - Develop programmes specifically for PMTCT and PreP - Support the development of comprehensive integration of HIV/AIDS prevention and RMNCH in the displaced population. - Ensure availability of ARTs and other drugs. - Increase technical support at municipal level to boost surveillance capacity for timely case identification, contact tracing and timely reporting in both refugee camps and host communities. - Built capacity of Community Health Workers (CHW) and Community Owned Resource Persons (CORPs) on Preparedness, Alert and Response system, to strengthen resilience against possible outbreaks of infections such as Cholera. - Strengthen laboratory capacity (manpower, equipment and reagents) for sample quality checks, timely case detection of infectious diseases and referrals.
<p>Transport (of people)</p> <p>Logistics and transport of goods</p>	<ul style="list-style-type: none"> - Safe and timely transport refugees prioritising pregnant mothers and children from border to RCs/TCs to camp. - Procure and maintain light vehicles, pickups, motorcycles, cargo and tipper trucks, as well as spare parts. - Install fuel storage, generator and dispensing facilities. - Manage and maintain warehouses. - Provide airlift operation support to emergency staff deployment. - Ensure proper transportation of humanitarian food and related NFIs from ports, airport and borders (imports). - Coordinate storage and handling of humanitarian food and related NFIs while in transshipment points like ports, airports, and depots. - Upgrade road access to enable smooth food distribution. - Establish additional food and NFIs storage facility at Nyarugusu EDP to accommodate additional number of refugees.
<p>Shelter and Non-Food Items (NFI)</p>	<ul style="list-style-type: none"> - Distribute standard non-food item kits for all new arrivals. The kit will include: solar lanterns, 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. - Surveying and demarcation of plots for shelter construction. - Construct mass and family shelters for new refugees. - Rehabilitate existing shelters and other buildings.
<p>Livelihoods</p>	<ul style="list-style-type: none"> - 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 new 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. - Identify and train women in sanitary pad production to facilitate income generation. - Establish Farmer Field Schools (FFS) groups for youth and adult refugees. - Establish and manage camp-based non-formal vocational training program for youth at risk. - Train refugees in labour market assessment, marketing, business plan development, local business culture, employer expectations, and processes for requesting business permits.

**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 shallow wells / drill boreholes.
- Ensure availability of minimum safe drinking water supply and sanitation facilities amongst refugees in camps and host communities, including in schools and child friendly spaces.
- 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. Ensure latrine waste safe disposal.
- 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.
- Construct and maintain proper drainage system in all camps.
- Increase refugee knowledge and management of menstrual hygiene through school and community education and sensitisation activities
- Ensure availability of safe drinking water in schools, child friendly spaces, medical facilities and reception centres that meets WHO standards

Financial Requirements Summary – Tanzania

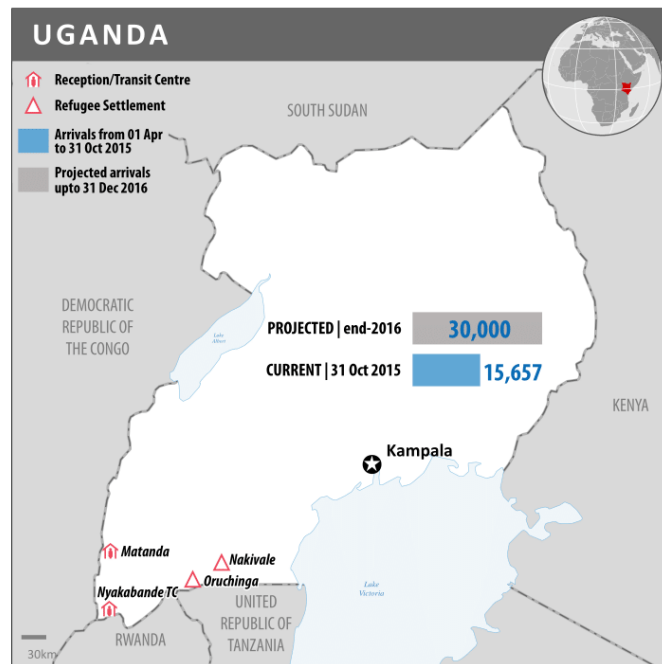
Financial requirements by agency (in US dollars)

Organization	Total
ADRA Adventist Development and Relief Agency	3,524,000
AIRD African Initiative for Relief & Development	2,000,000
CWS Church World Service	890,708
DRC Danish Refugee Council	6,902,000
FAO Food and Agriculture Organization of the United Nations	2,486,000
HelpAge International	742,095
IOM International Organization for Migration	2,300,000
IRC International Rescue Committee	3,825,000
OXFAM	8,601,076
PLAN International	3,150,000
REDESO Relief to Development Society	728,728
SCI Save the Children International	480,000
SI Solidarités International	4,600,000
TCRS Tanganyika Christian Refugee Service	1,593,816
TRCS Tanzania Red Cross Society	2,874,747
TWESA Tanzania Water and Environmental Sanitation	519,214
UN Women	1,000,000
UNAIDS	500,000
UNFPA United Nations Population Fund	2,614,800
UNHCR United Nations High Commissioner for Refugees	73,722,786
UNICEF United Nations Children's Fund	5,550,000
WFP World Food Programme	39,899,144
WHO World Health Organization	500,000
WM Water Mission	5,100,000
Total	174,104,114

Financial requirements by sector (in US dollars)

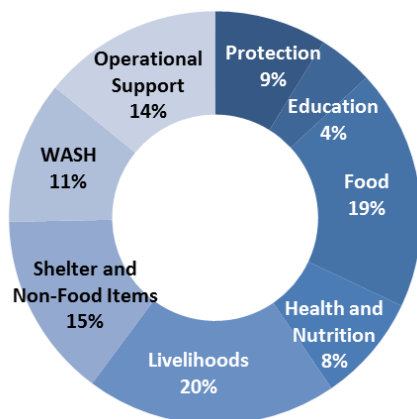
Sector	Total
Protection	18,156,290
Education	13,500,643
Food	38,514,130
Health and Nutrition	17,025,156
Livelihoods	6,452,910
Logistics and Transport	10,488,744
Shelter and Non-Food Items	19,261,747
WASH	29,893,660
Operational Support	20,810,834
Total	174,104,114

UGANDA RESPONSE PLAN

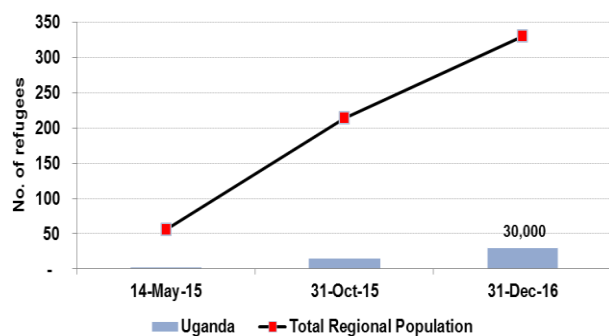


Sources: UNCS, UNHCR
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 17 Nov 2015

Financial Requirements (US dollars) 21,854,996



Population Trends



Background and Achievements

In 2015 Uganda has received over 15,000 Burundian refugees (as of end September 2015). The influx still takes place on a daily basis, a trend expected to continue through 2016, albeit in lower numbers. The response to the influx includes both life-saving emergency operations as well as efforts to stabilise the existing refugee population. The Burundian influx constitutes one of the three major refugee emergencies that Uganda is currently exposed to.

Uganda is host to over 495,000 refugees, the largest groups originating from the DRC, South Sudan, Somalia and Burundi. The country has a long tradition of providing asylum to refugees. Uganda maintains a very favourable protection environment for refugees, which facilitates a non-camp type of approach to protection and assistance. Refugees are integrated within the host communities and benefit from:

- access to the same services (e.g. health facilities, schools) as nationals,
- the right to work and establish businesses,
- freedom of movement,
- access to documentation,
- the allocation of large plots of land for settlement and agricultural use.

Uganda's refugee legislation (the 2006 Refugees Act) promotes refugees' self-reliance and clearly favours a development-based approach to refugee assistance. This has been emphasized further by the 2010 Refugee Regulations, which provide a pathway for refugees to become self-reliant.

This enabling environment forms the basis for an increasingly developmental and solutions oriented response programme for Burundian refugees. The Government has made refugee hosting areas a priority through the inclusion of the Settlement Transformative Agenda (STA) in the National Development Plan (NDP II), which will also be supported through the refugee and host population empowerment (ReHoPE) approach endorsed by the UN country team. ReHoPE focuses on progressively enhancing social service delivery in refugee hosting areas, with a view to integrating services with local government systems, and on economic empowerment of refugee hosting areas.

The majority of Burundian refugees are hosted on gazetted land in South-west Uganda. Some choose to live in urban areas, which is the case for about 21% of all new arrivals. The emergency response system is focussed on rural settlement areas, where the most vulnerable refugees are living, while refugees in urban areas can access Government services and targeted support for persons with specific needs.

New arrivals are registered by the Government in the new Refugee Information Management System (RIMS). Asylum seekers are temporarily accommodated at the reception centres in Nakivale and Oruchinga settlements (the same settlements also host newly arriving DRC refugees). They are provided with food, non-food items (NFIs) and basic services. They are then provided with plots of land within the settlement, household items, shelter kits and farming implements. Since the start of the current influx, different partners have contributed to increased protection responses through services for family tracing, alternative care arrangements for unaccompanied children, increased capacity in primary education to accommodate the large number of children arriving, and to put up and train community based structured to improve their capacity to undertake protection prevention and response activities. Education support includes supporting refugee children with adjusting to the new school curriculum. Local government has been involved in the design of both school facilities and teacher trainings, ensuring that the arrangements within the settlement mirror the existing structures present in the host communities.

Challenges faced include the need to decongest reception and transit centres. For Burundian refugees, the availability of land and the development of infrastructure, particularly WASH, remain critical issues. Also, language barriers affect access to education.

Achievements

Throughout 2015 Uganda has been affected by three parallel refugee emergency influxes. Thereby, the operation has had to respond to the new influx whilst simultaneously stabilising the pre-existing refugee population. In this complex environment, major achievements include:

- Continued access to asylum,
- The provision of life-saving emergency support at borders and reception centres,
- The continued allocation of community owned land by the hosting community, shelter support, NFI provision and food rations,
- The start of integrated service delivery with District Local Government (DLG) systems, in particular in the health and education sectors,
- Strengthened child protection and SGBV referral systems,
- Livelihood support from the onset, and gradual socio-economic empowerment of long-stayers,
- The integration of refugee management and protection into the National Development Plan II.

Since March 2015, the registration of refugees is directly carried out by the Government of Uganda through the Office of the Prime Minister (OPM). Refugees are now registered in RIMS. This constitutes a major shift towards strengthened Government capacity to manage refugee protection and assistance.

On a sectoral level, there are many achievements, and challenges, which could be highlighted, reflecting improvements in nutrition, SGBV support, shelter support, livelihoods, infrastructure, and access to primary education.

- **Protection** has been ensured, with 100 per cent of the refugees registered upon arrivals and no cases of *refoulement* known or reported. Concerning **SGBV and child protection**, Government officials, partners and UNHCR staff have received training on international protection, SGBV, child protection and registration. Unaccompanied and separated children are identified and supported through provision of alternative care and family tracing as required. Eleven Refugee Welfare Committees and eleven Child Protection Committees were formed and members received refresher training on their roles and responsibilities. An SGBV referral pathway has been established.
- In terms of **WASH**, access to potable water exceeds the standards with 16.9 litres per person per day (against the standard of >15 litres per person per day) with an increase from 7 litres per person per day at the beginning of the influx. Water access for the new arrivals improved from a walking distance to water points of 1.2 kilometres to 40 metres through various interventions, including installation of eight 10,000 litres tanks in four villages for water trucking.
- In the **health** sector, the crude and the under-5 mortality rates have been reported at 0.04 and 0.08 respectively. New arrivals enjoyed full access to existing health facilities, which continue to be improved through provision of medicine, services including family planning and equipping health facilities with essential reproductive health (ERH) kits, and trained staff.

- **Nutrition**-wise, the severe and moderate acute malnutrition recovery rates were at 77 and 84 per cent respectively; the recovery rates continue to improve as a result of better health screening upon arrival and at the health facilities.
- All the registered new arrivals have been allocated plots of land and have been provided with standard **shelter kits** and required **NFIs**.
- With **education** remaining a priority, 5,368 children within school going age were registered, of which 58 per cent are enrolled in primary school. At least 29 per cent of pre-primary school age children have access to early childhood development centres.

Humanitarian Needs and Vulnerabilities

In 2016, it is expected that refugees will continue to arrive from Burundi. Whilst the rate of arrivals has decreased from the peak of the influx in mid-2015, arrivals continue to be received and it is not expected that the situation in Burundi will improve in the near future. An estimated 10,000 new arrivals are expected in 2016, bringing the total population planning figure to 30,000 Burundian refugees in Uganda by end of 2016.

Voluntary return intentions will continuously be monitored, although so far no significant return movements have been reported from Uganda. Should this trend change, the assistance programme will be adjusted accordingly, in line with the principles of voluntary return in safety and dignity.

The emergency shelter approach, based on the distribution of wooden poles, has had high impact on the environment, and the durability of the structures has not been strong. To address these issues, and to enhance protection and support livelihood efforts, a new transitional shelter strategy is required. This will increase shelter costs initially, but provides livelihood opportunities, durability of structures, lessen the negative impact on the environment, and will overall improve the protection of refugees.

Protection screening, to ensure availability of reliable disaggregated data based on demographic elements (age, sex, ability, and health/HIV), including in view of child protection and SGBV, is critical upon arrival, to have a solid profile of the population for planning purposes and ensure that refugees with specific needs receive the services they need. The OPM has recently launched RIMS, which now constitutes the principal refugee registration system in Uganda. With the increasing population, technical and material support continues to be required in support of OPM to ensure that effective registration continues.

The reception centres in Nakivale and Oruchinga refugee settlements require substantial renovation to cope with the increasing arrivals. The registration centre in Nakivale settlement in particular also requires improvements in infrastructure to allow for smooth procedures, reduced waiting periods and sufficient attention to persons who need specific consideration, including pregnant women, persons with disabilities, young people and children, during the registration process. There is sufficient space within Nakivale and Oruchinga to accommodate the projected refugee population, however, new settlement areas within these vast settlements need to be opened, made accessible and serviced to ensure basic survival is possible. It is assumed that not all new arrivals will live in rural settlements, some will live in urban areas. This requires capital intensive interventions to establish and/or stabilise basic service provision in all sectors, in close cooperation with District Local Government authorities. Construction of access and feeder roads, safe drinking water and health facilities are among the priorities. Early childhood development centres and schools will also be required in the new settlement areas to ensure that refugee children are not cut off from primary education. The

settlements continue to be managed by OPM. The establishment and strengthening of refugee self-management structures and community engagement requires continued support. All settlements also fall within the administrative responsibility of respective District Local Government authorities and efforts to improve the linkages between districts and refugee settlements, to improve service delivery and strengthen national systems at the local level, will continue.

Access to water is a critical issue in the operational area, and requires a set of priority interventions. Initial service provision is taking place through water trucking, which is costly and not sustainable. More water pipelines need to be laid to service the new settlement areas with safe water for household use.

Access to health care services constitutes a critical issue. There is need to boost the human resources for health, especially midwives, to ensure improved access to emergency obstetric and neonatal care, build the capacity of health facilities with emergency reproductive health equipment and supplies, and build the capacity of service providers to be able to provide emergency obstetric care, child friendly services, respond to and prevent GBV and provide integrated SRH/HIV/FP services to people in the settlements.

The transit centre in Kisoro District (Nyakabande) is used for both refugee arrivals from the DRC and Burundi. The structure currently is very temporary and in urgent need of renovation to cope with the protracted influx from both the DRC and Burundi. It needs to be upgraded to semi-permanent structures to allow for the necessary minimum reception conditions for newly arriving refugees.

Response Strategy and Priorities

Strategic priorities for 2016 will look at developing service delivery capacity in health and education in particular, improved infrastructure especially in WASH, and enhanced socio-economic empowerment with a focus on improved livelihoods of refugees and host communities alike. The programme will also ensure gender sensitive programming address the existing gender inequalities that ensure women, girls, boys and men have equal access to protection and that all humanitarian interventions take care of their needs and vulnerabilities.

Overview

Uganda has a very specific favourable protection environment for refugees, which facilitates a non-camp type of approach to protection and assistance. The progressive Uganda Refugee Act (2006) and Refugee Regulations (2010) allow refugees freedom of movement, the right to work, the right to own a business and to own property, access to Ugandan primary education and health care, and implicitly refugees have access to secondary education (Uganda's universal secondary education policy was introduced after the Refugees Act was passed). Upon arrival, refugees are allocated plots of land for agricultural activities. Uganda also has favourable laws and policies that ensure access to services for both women, men, boys and girls.

This enabling environment forms the basis for an increasingly developmental and solutions oriented response programme for Burundian refugees.

Goals and objectives

In 2016, the Burundi refugee response operation will pursue three overall goals:

1. **Emergency service provision** in line with Sphere standards;
2. **Transition from care and maintenance to solutions oriented mode**, with a view to maintaining the asylum space and providing the best possible type of interventions in the context of a non-camp refugee policy, towards the full enjoyment of refugees' rights;

3. **Graduating refugees and host communities to self-sufficiency**, by combining consumption support (basic needs) with increased interventions promoting livelihoods, towards **strengthening resilience** against external shocks; refugee and host communities should become resilient enough to not fall back into requiring humanitarian emergency assistance.

All operations within the Refugee Response Plan work towards the following priority strategic objectives:

Strategic Objective 1: Protection including emergency response

Preserve equal and unhindered access to territory and protection space and promote the full enjoyment of rights, while maintaining the civilian character of asylum. This objective includes continued emergency protection and response operations in line with SPHERE standards for recent and newly arriving refugees.

Strategic Objective 2: Peaceful co-existence with local communities promoted

Refugees live in safety, dignity and harmony with host communities, and together protect their natural environment while contributing to social cohesion.

Strategic Objective 3: Sustainable livelihoods improved

All partners will work with the Government to foster economic self-reliance for refugees and host communities, and thereby contribute to socio-economic empowerment of refugee hosting areas.

Strategic Objective 4: Social service delivery is integrated with local governments

All partners progressively enhance basic and social service delivery capacity in refugee-hosting areas, with a view to integrating services with local government systems, in line with the Uganda Government's rural development standards.

Strategic Objective 5: Preparing for durable solutions

All partners contribute to preparing Burundi refugees for durable solutions – if and when feasible – in particular voluntary repatriation in safety and dignity, by progressively moving away from dependency towards increased resilience, sustainable self-reliance and development.

Operational markers

Sectoral response activities in Uganda are guided by a set of operational markers which contribute towards meeting the above mentioned goals and objectives, and inform the programming decisions:

Protection

- Ensuring access to refugee documents, as well as civil registration (birth certificates, marriage, death registration etc.).
- Services tailored towards specific needs, in particular children.
- Prevention and response to sexual and gender based violence.
- Strengthening of refugee and host community leadership and self-management structures to enhance their capacity to identify and effectively respond to protection cases in their communities.
- Strengthening enjoyment of their rights, through in particular support to their access to justice.

Education

- Set up early childhood development (ECDs) centres.
- Improvement of primary school retention rates.
- Introduction of more post-primary education support.
- Full Integration with Ministry of Education, including addressing the challenge of the language barrier for Burundian new arrivals.

Health

- Full integration of health services with the national health system.
- Provision of minimum health service package (incl. vaccinations) for new refugee arrivals.
- Improvement of health service uptake among refugees.
- Ensuring timely and adequate post exposure treatment to SGBV survivors.
- Respond to disease outbreaks by prepositioning of diarrhoea kits and training of health workers.
- Support functionality of the cold chain at facility level.

Livelihoods

- Livelihood support with an emphasis on agricultural activities, but also including non-agricultural livelihoods, in both rural and urban areas.
- Formation of village savings and loan associations (VSLAs) and savings and credit cooperatives (SACCOs).

WASH

- Integration with government water, hygiene and solid waste management systems.
- Sustainable WASH Infrastructure development in refugee hosting areas, including at schools.

Food

- In-kind and cash based interventions – with increased consideration for cash based interventions.
- Setting up food distribution point (FDP) infrastructure in new villages.

Energy and environment

- Energy efficient stoves.
- Increased use of alternative energy sources such as solar and eco-briquettes.

Shelter and infrastructure

- Transitional shelter solutions oriented measures, such as an improvement of the shelter and NFI package.
- Community centres.

Logistics, transport and NFIs

- Continued emergency preparedness through effective supply chain and logistics systems.
- NFIs: in-kind and cash based interventions – possibly the introduction of cash based interventions.
- Tools supporting agricultural activities.

Partnership and Coordination

The response to the refugee influx from Burundi is led and coordinated by the OPM with UNHCR, in broad consultation with UN and NGO partners involved in the response. This coordination arrangement is oriented towards achieving an effective integrated response involving members of refugee and host communities, government capacities as well as UN and national and international NGOs. The integration of national and external capacities in one response is particularly important in view of the non-camp settlement policy in Uganda, and the inclusion of refugee hosting areas in the National Development Plan (NDP II).

At Kampala level, the interagency coordination meeting is taking place on a monthly basis, co-chaired by OPM and UNHCR, in addition to regular sector coordination meetings. The frequency of the Kampala-level meeting is adjusted as warranted by the situation. Regular interagency coordination meetings and sectoral meetings take place at the regional and settlement levels.

Together with the OPM, UNHCR supports 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, working closely with UN and NGO partners supplementing government efforts. As of October 2015, the Burundi refugee response in Uganda involves some 24 partners, including OPM, six UN agencies/international organizations (UNHCR, UNICEF, UNFPA, WFP, WHO and IOM) and 17 NGOs, listed here below:

African Initiative for Relief and Development (AIRD), American Refugee Council (ARC), Agency for Cooperation and Research in Development (ACORD), Danish Refugee Council (DRC), Finnish Refugee Council (FRC), Humanitarian Initiative Just Relief Aid (HIJRA), Lutheran World Federation (LWF), Medical Teams International (MTI), Nsamizi Training Institute of Social Development (Nsamizi), Reproductive Health Uganda (RHU), Right to Play (RtP), Samaritan's Purse (SP), Save the Children (SCI), Trauma Counselling (TUTAPONA), Ugandan Red Cross Society (URCS), Welthungerhilfe (WHH) and Windle Trust Uganda (WTU).

In view of the increased emphasis on the Settlement Transformative Agenda (STA) and the Refugee and Host Population Empowerment (ReHoPE) framework, the coordination structure will be reviewed towards strengthening the transition towards solutions oriented programming, and linkages with development frameworks.

Planned Response

Protection

- Ensure asylum space and full enjoyment of rights through:
- Individually biometrically register all refugees.
- Provision of identity cards to refugees.
- Enhancing access to civil documentation including birth, marriage and death certificate.
- Implement early identification, response and documentation of persons with specific needs including male and female SGBV survivors.
- Services tailored towards specific needs, in particular boys and girls.
- Prevention and response to sexual and gender based violence.
- Strengthening of refugee and host community leadership and self-management structures to enhance their capacity to identify and effectively attend protection cases in their communities.
- Enhancing identification and submission of resettlement cases.
- Facilitation of voluntary repatriation if and when feasible.
- Strengthening the individual case management and filing system.
- Provide training to Government officials on refugee protection.
- Regular protection coordination meetings including all partners.
- Reception conditions improved in TC/ RC including provision of communal shelter & sanitation, cooked food and access to safe water through TC/RC management.
- Early screening at first point of arrival to identify SGBV survivors and others requiring urgent attention.
- Protection from crime strengthened in the settlement through establishment of community policing in the settlements; enhancing peaceful co-existence.
- Comprehensive support to persons with specific needs in the settlement including mental health and psychosocial support.
- Protection of children, including unaccompanied and separated (UASC) and other vulnerable children, in TC/RC and settlement (identification, BIA, child counselling, fostering or alternative care arrangements, and community child protection structures).

- Protection from crime strengthened through increased police presence in new settlement areas.
- Community dialogues with host communities and inclusion of host community representatives in training activities in the settlements.
- Risk of SGBV reduced & quality of response improved in TC/RC and settlement with SGBV survivors receiving medical assistance within the required timeline (72 hours) achieved through identification, counselling, training, sensitization, referral systems in place & community mobilization, SGBV task force, staffing support, training of health staff, other key stakeholders and SGBV case management.
- Procurement and distribution of post rape treatment kits and training of health personnel about the attention to SGBV survivors.
- Identification of refugees with legal needs and effective referral to appropriate legal representation.
- Ongoing protection training for other sectors and mainstreaming of protection responses including SGBV, gender sensitive approaches and psychosocial assistance to survivors
- Capacity building of police (staffing, posts, training) and establishment of Refugee Settlement Police Protection Unit.

Education

- Set up Early Childhood Development (ECDs) Centres;
- Improvement of primary school retention rates;
- Full integration with Ministry of Education, including addressing challenge of language barrier for Burundian new arrivals.
- Construction of schools, latrines, classrooms and teacher accommodation to meet the required standards in relation to population numbers.
- Construction of adequate WASH facilities at ECD centres and schools.
- Provide education materials to children aged 6-17.
- Establishment of at least 2 accelerated learning centres for English language teaching.
- Recruitment and training of adequate number of teachers.
- Sensitisation of new arrivals on education system in Uganda and go-back-to-school campaigns.
- Support to secondary school through rehabilitation and construction of infrastructure, including dormitories.
- Establishment of Child Friendly Spaces (CFSs) and Early Childhood Development Centres (ECDs) in the settlement.
- Capacity building for ECD & CFS caregivers/teachers and school management committees.
- Learning material including laboratory/library provided to all primary schools.
- Scholarships provided to children with disabilities to attend special needs schools, as well as orphaned and vulnerable children.
- Provide school based services for children who have been exposed to GBV; legal services and referral for SGBV survivors
- Provide information and awareness to the refugees and host communities on GBV prevention and response

Environment and Livelihoods

- Non-agricultural and agricultural livelihood support;
- Formation of village savings and loan associations (VSLAs) and savings and credit cooperatives (SACCOs);
- Energy efficient stoves;
- Increased use of alternative energy sources such as solar and eco-briquettes.
- Promotion of alternative energy source e.g. briquettes & solar and bio-gas as pilot projects
- Training on energy efficient cooking practices provided to women.

- Establish energy saving device for communal lighting – schools, streets, Health Centres and staff accommodation.
- Establishment of school gardens and junior farmer schools.
- Development of community based environmental action plan and establish networking with stakeholders.
- Facilitate quarterly environment and livelihoods meeting among different stakeholders.
- Promote use of briquettes for communal kitchens, alongside piloting of Institutional biogas production.
- Establishment and maintenance of tree nurseries and demarcation of protected areas in/near the settlements.
- Establishment of waste management system at household level and institutional level.
- Establishment of community, agency and institutional woodlots with SOPs developed to ensure sustainable use.
- Create woodlots on institutional lands (school, health facilities)
- Fruit tree planting at household level (targeting 8 trees/HH)
- Scaling up of SAFE (safe access to fuel energy) project.
- Establishment of by- Laws and zonal Environment committees.
- Non-agricultural - skill training with start up to 1000 individuals, so that 1000 household will be benefited along with accounting and business training.
- Provision of livestock and improved high yielding seeds of maize and beans, and nutrient rich orange sweet potato and iron rich beans
- Provide cash for work and design cash transfer mechanism to encourage income generation activities.
- VSLA group formation and provision of support resources (20% general HH).
- Provision of entrepreneurship skills building (e.g. training, leadership and organization development skills, formation of association, business plan, basic numeracy, literacy, accounting and life skills training).
- Value chain additions (e.g. equipment and materials including maize milling machine, maize-sheller, rice thresher, packaging materials).
- Rapid market assessment
- Crop storage (communal) construction for post-harvest loss minimization
- Exchange visits among farmers' groups and research station visits
- Market space for IGA

Food

- In-kind and cash based interventions – with increased consideration for cash based interventions.
- Food distribution point (FDP) infrastructure in new villages set up.
- Monthly food distribution and monitoring in the settlements.
- Food security programmes with focus on agricultural inputs.
- Provision of water and snack/ High Energy Biscuits/ hot meal for refugees during the convoy movements.
- Provision of the communal hot meals at the TC and RC.
- Establish supplementary feeding through the health centres for malnourished cases/children.
- Establish therapeutic feeding through the health centres.
- School feeding programme to be initiated for ECDs by community with support of stakeholders.
- Construction of the food distribution shelters/infrastructure.
- Community management of Food distribution with support of the food management committees.

Health and Nutrition

- Full integration of health services with the national health system;
- Provision of minimum health service package (incl. vaccinations) for new refugee arrivals;
- Ensure access to appropriate support and medical services for survivors of sexual and gender based violence.
- Joint rapid assessment for new sites to be conducted.
- Increased supplies of medicines and medical supplies for the emergency for all the health centres in the settlement including RH emergency kits.
- Long lasting insecticide treated mosquito nets (LLITNs) provided.
- Provision of a light vehicle for Mobile Medical outreach services
- Staffing support to health centres increased.
- Staff accommodation blocks in all health centres renovated.
- Construction and equipment of a permanent isolation unit designed to suit outbreaks/diseases of PH potential concern in the settlement.
- Strengthening the medical referral systems
- Procurement and distribution of dignity kits for pregnant women.
- Procurement of nutrition supplies and equipment.
- Establish and train emergency health workers on nutrition screening centres and set up Community Management of Acute Malnutrition.
- Provision of systematic vaccination in RC for children U5.
- Support social mobilization for micronutrient supplementation and immunization services for women and children.
- Review disease preparedness plan of district (including procurement of cholera kit for new sites).
- Establishment/strengthening of Village Health Team on community health and nutrition in the new sites
- Strengthening disease surveillance activities at community and health facility level through training of health worker and community volunteers and provision of surveillance tools.
- Review and increase reproductive health services capacity in the Health Centres serving the refugees including Adolescent Sexual Reproductive Health.
- Provide cervical cancer screening and management services in the settlement
- Support the provision of the Minimum initial service package (MISP) for Reproductive Health (including ASRH) including access to HIV/AIDS services.
- Capacity building of Health workers and Village Health Teams on Family Planning
- Supplementary feeding programmes for malnourished children for treatment of MAM
- Blanket supplementary feeding for children 6 – 23 months
- Maternal and child health and nutrition (MCHN) for pregnant and lactating women
- Procurement of anthropometric equipment

Logistics and Transport

- Continued emergency preparedness through effective supply chain and logistics systems;
- Ensure timely and dignified transport of refugees from reception centre to their allocated plots
- Warehouse management with harmonised systems and controls
- Procurement of 15 light vehicles, 10 motorcycles, 2 4-wheel drive trucks and tippers, one 30-carrier coaster and maintenance
- Installation/ management of Fuel storage and dispensing facilities.

Non-Food Items (NFI)

- NFIs: In-kind and cash based interventions – possibly the introduction of cash based interventions;
- Tools supporting agricultural activities.
- Distribute standard non-food item kits
- Procurement and distribution of standard basic core relief items (CRI) kit in transit.
- Procurement and distribution of standard core relief items (CRI) package in the settlements

Shelter and Infrastructure

- Transitional shelter solutions oriented measures, such as an improvement of the shelter and NFI package;
- Community centres;
- Set up 3,456 emergency shelters
- Construct: reception centre, partner operating offices and staff accommodation at base camp, police posts and offices
- Rehabilitation of base camp facilities
- Distribute family tents to vulnerable families; Community mobilisation for construction of PSN/EVI shelters
- Procurement and distribution of standard shelter (housing) kits
- Assessment and design planning of new refugee villages within settlements; Plot verification, demarcation and allocation
- 50km of road needs to be systematically opened and maintained

Water, Sanitation and Hygiene (WASH)

- Gradual integration with government water, hygiene and solid waste management systems;
- Sustainable WASH Infrastructure development in refugee hosting areas;
- Water trucking and water tank installation in new settlements
- Borehole maintenance, rehabilitation/ drilling and/or establishing alternative water source.
- Explore other alternative long term low cost water supply solutions e.g. spring fed gravity flow systems.
- Motorization of high yield boreholes (solar/generator hybrid system) in settlements with high population density, at Health centres III, and at institutions in high population density areas.
- Construction of Valley tanks/earth dams for catchment Rain water harvesting for other water supply needs, beyond domestic use.
- Establishment of water committees
- Procurement and provision of HH sanitation kit and communal latrine excavation tool kits.
- Promotion of the modified Community Led Total Sanitation (CLTS) methodology
- Construction of drainable latrines and temporary latrines in TC/RC and institutions.
- Construction of emergency communal temporary latrines in the new refugee villages within the settlements according to SPHERE standards.
- Decommissioning of communal temporary latrines in older settlements, following construction of household latrines
- Vector-borne diseases control and prevention activities.
- Construction of: bathing shelter, refuse pits and laundry area at TC and RC; communal dumping site
- Procurement and provision of hygiene materials, including soap, water storage containers, hand washing containers, children's potty and scoop.
- Production and dissemination of IEC materials for hygiene education
- Improvement of water and sanitation facilities at schools in refugee hosting areas.

Financial Requirements Summary – Uganda

Financial requirements by agency (in US dollars)

Organization	Total
DRC Danish Refugee Council	535,000
FAO Food and Agriculture Organization of the United Nations	2,669,864
IOM International Organization for Migration	768,394
UNFPA United Nations Population Fund	784,534
UNHCR United Nations High Commissioner for Refugees	9,790,763
UNICEF United Nations Children's Fund	1,524,500
WFP World Food Programme	5,345,869
WHO World Health Organization	436,072
Total	21,854,996

Financial requirements by sector (in US dollars)

Sector	Total
Protection	1,929,250
Education	937,642
Food	4,128,066
Health and Nutrition	1,845,381
Livelihoods	4,311,388
Shelter and Non-Food Items	3,170,323
WASH	2,442,787
Operational Support	3,090,159
Total	21,854,996

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

Organization	DRC	Rwanda	Tanzania	Uganda	Total
Adventist Development and Relief Agency		878,245	3,524,000		4,402,245
African Humanitarian Action		351,647			351,647
African Initiative for Relief & Development			2,000,000		2,000,000
American Refugee Council		656,000			656,000
CARE		213,292			213,292
CONCERN		552,609			552,609
Church World Service			890,708		890,708
Danish Refugee Council			6,902,000	535,000	7,437,000
Food and Agriculture Organization of the United Nations	565,600	960,000	2,486,000	2,669,864	6,681,464
Fondation Saint Dominique Savio		360,450			360,450
Handicap International		433,760			433,760
HelpAge International			742,095		742,095
International Organization for Migration		1,050,000	2,300,000	768,394	4,118,394
International Rescue Committee			3,825,000		3,825,000
Legal Aid Forum		388,123			388,123
OXFAM		970,000	8,601,076		9,571,076
PAJER Parlement des Jeunes Rwandais		169,686			169,686
PLAN International		505,000	3,150,000		3,655,000
Protect Rwanda		344,549			344,549
Relief to Development Society			728,728		728,728
Save the Children International		1,350,000	480,000		1,830,000
Solidarités International			4,600,000		4,600,000
Tanganyika Christian Refugee Service			1,593,816		1,593,816
Tanzania Red Cross Society			2,874,747		2,874,747
Tanzania Water and Environmental Sanitation			519,214		519,214
UN Women		800,000	1,000,000		1,800,000
UNAIDS			500,000		500,000
United Nations Population Fund	818,371	1,946,000	2,614,800	784,534	6,163,705
United Nations High Commissioner for Refugees	6,999,654	63,543,897	73,722,786	9,790,763	154,057,100
United Nations Children's Fund	2,095,605	3,433,000	5,550,000	1,524,500	12,603,105
World Food Programme	12,938,000	15,115,731	39,899,144	5,345,869	73,298,744
World Health Organization		500,000	500,000	436,072	1,436,072
Water Mission			5,100,000		5,100,000
Total	23,417,230	94,521,989	174,104,114	21,854,996	313,898,329

Annex 2: Financial Requirements by Country and Sector (US Dollars)

Sector	DRC	Rwanda	Tanzania	Uganda	Total
Protection	2,782,482	12,275,512	18,156,290	1,929,250	35,143,534
Education	654,542	5,342,684	13,500,643	937,642	20,435,511
Food	13,069,946	12,704,614	38,514,130	4,128,066	68,416,756
Health and Nutrition	3,459,008	11,589,434	17,025,156	1,845,381	33,918,979
Livelihoods	583,986	8,979,282	6,452,910	4,311,388	20,327,566
Logistics and Transport			10,488,744		10,488,744
Shelter and NFIs	1,395,556	14,959,842	19,261,747	3,170,323	37,702,818
WASH	555,057	10,963,795	29,893,660	2,442,787	44,939,949
Operational Support	916,653	17,706,826	20,810,834	3,090,159	42,524,472
Total	23,417,230	94,521,989	174,104,114	21,854,996	313,898,329

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Total
DRC	2,782,482	654,542	13,069,946	3,459,008	583,986		1,395,556	555,057	916,653	23,417,230
FAO			565,600							565,600
UNFPA				818,371						818,371
UNHCR	2,782,482	331,711	123,346	489,863	404,986		1,395,556	555,057	916,653	6,999,654
UNICEF		64,831		2,030,774						2,095,605
WFP		258,000	12,381,000	120,000	179,000					12,938,000
Rwanda	12,275,512	5,342,684	12,704,614	11,589,434	8,979,282		14,959,842	10,963,795	17,706,826	94,521,989
ADRA		545,790							332,455	878,245
AHA				351,647						351,647
ARC				250,000	141,000		65,000		200,000	656,000
CARE	213,292									213,292
CONCERN				552,609						552,609
FAO					960,000					960,000
FSDS					345,450				15,000	360,450
Handicap International	433,760									433,760
IOM					1,050,000					1,050,000
Legal Aid Forum	388,123									388,123
OXFAM								850,000	120,000	970,000
PAJER								94,350	75,336	169,686
PLAN	400,000								105,000	505,000
Protect Rwanda	344,549									344,549

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Total
SCI	300,000	600,000		250,000					200,000	1,350,000
UN Women	100,000				700,000					800,000
UNFPA				1,946,000						1,946,000
UNHCR	9,135,788	3,796,894		4,295,061	5,782,832		14,894,842	9,519,445	16,119,035	63,543,897
UNICEF	960,000	400,000		1,033,000				500,000	540,000	3,433,000
WFP			12,704,614	2,411,117						15,115,731
WHO				500,000						500,000
Tanzania	18,156,290	13,500,643	38,514,130	17,025,156	6,452,910	10,488,744	19,261,747	29,893,660	20,810,834	174,104,114
ADRA		1,174,000						2,350,000		3,524,000
AIRD						1,000,000	1,000,000			2,000,000
CWS					890,708					890,708
DRC	114,000				40,000		4,854,000		1,894,000	6,902,000
FAO					2,486,000					2,486,000
HelpAge International	64,700						485,000		192,395	742,095
IOM						2,300,000				2,300,000
IRC	2,295,000	1,530,000								3,825,000
OXFAM					325,944			5,694,809	2,580,323	8,601,076
PLAN	2,362,500								787,500	3,150,000
REDESO		209,752		241,265	166,796		110,915			728,728
SCI	288,000	192,000								480,000
SI								3,450,000	1,150,000	4,600,000
T CRS	93,848					164,177	317,775	775,183	242,833	1,593,816
TRCS				2,728,806					145,941	2,874,747

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Total
TWESA			39,461				134,088	148,349	197,316	519,214
UN Women	1,000,000									1,000,000
UNAIDS				500,000						500,000
UNFPA	784,440			1,830,360						2,614,800
UNHCR	10,303,802	9,294,891		7,750,250	2,543,462	7,024,567	12,359,969	11,275,319	13,170,526	73,722,786
UNICEF	850,000	1,100,000		2,200,000				1,000,000	400,000	5,550,000
WFP			38,474,669	1,424,475						39,899,144
WHO				350,000				100,000	50,000	500,000
WM								5,100,000		5,100,000
Uganda	1,929,250	937,642	4,128,066	1,845,381	4,311,388		3,170,323	2,442,787	3,090,159	21,854,996
DRC					300,000		200,000		35,000	535,000
FAO					2,669,864					2,669,864
IOM					434,063			284,063	50,268	768,394
UNFPA	349,800			202,620					232,114	784,534
UNHCR	1,429,450	437,642		588,893	907,461		2,970,323	1,958,724	1,498,270	9,790,763
UNICEF	150,000	500,000		324,500				200,000	350,000	1,524,500
WFP			4,128,066	293,296					924,507	5,345,869
WHO				436,072						436,072
Total	35,143,534	20,435,511	68,416,756	33,918,979	20,327,566	10,488,744	38,787,468	43,855,299	42,524,472	313,898,329