## BURUNDI REGIONAL REFUGEE RESPONSE PLAN

January — December 2018

#### CREDITS:

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All statistics are provisional and subject to change.

For more information on the Burundi crisis go to: Burundi Information Sharing Portal

#### FRONT COVER PHOTOGRAPH:

Refugees walk along an access road at Mahama refugee camp in Rwanda's Eastern province on a day when UNHCR-chartered buses had arrived with more refugees from a transit camp at Nyanza in the southern province who had recently fled neighbouring Burundi. UNHCR / Tony Karumba;

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## Foreword

As the Burundi refugee crisis enters its fourth year, some 430,000 Burundian refugees are being hosted across the region by the governments and people of Tanzania, Rwanda, the Democratic Republic of the Congo, and Uganda. Although the spectre of mass violence in Burundi has receded, with the political situation still unresolved and the persistence of significant human rights concerns, refugee arrivals are expected to continue in 2018, albeit at lower levels than in previous years.



At the same time, some refugees have decided to return home, and are seeking to re-establish their lives in Burundian communities that are facing considerable economic pressures and food insecurity. While UNHCR and partners are not promoting or encouraging refugee returns to Burundi in the current context, we are working with the governments involved to assist those who indicate they have made a free and informed choice to return voluntarily to do so in safety and dignity.

Still the fact remains that the majority of Burundian refugees continue to need international protection. And yet their situation seems at risk of being forgotten in a crowded global landscape of crises. At the time of writing, the 2017 Burundi Regional Refugee Response Plan had only received dedicated funds to cover 17 percent of the needs, making it one of the most underfunded in the world.

I extend sincere thanks to the staff of the 27 partner agencies and government counterparts who are nevertheless working each day – without enough resources – to provide food, shelter, water, health, education and other basic services, finding innovative ways to do so. UNHCR and all RRP partners thank those donors who have supported these efforts, while urging them and others to demonstrate even greater solidarity through increased contributions.

In 2018, per the principles and goals of the Comprehensive Refugee Response Framework (CRRF), the inter-agency response will continue to support the four main host governments to provide protection and humanitarian assistance to refugees, seeking to anchor the response in national systems wherever possible, with an emphasis on integrated service delivery with host communities, and promoting livelihoods and self-reliance through socio-economic inclusion.

The international community must stay engaged in the pursuit of a genuine and lasting resolution to the Burundi crisis. In the meantime, I appeal to Burundi's neighbours to continue to uphold their international responsibilities and commitments to receive asylum-seekers at their borders and afford protection to those who need it. Under no circumstances should recognized refugees be compelled to return to Burundi against their will.

Catherine Wiesner

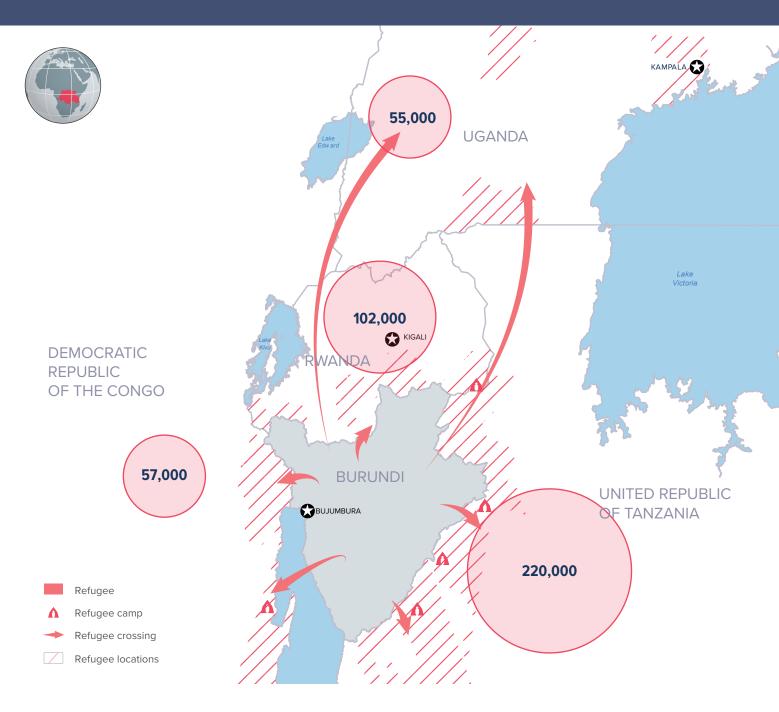
Thank you for your interest in Burundian refugees,

uttaces Vare

UNHCR Regional Refugee Coordinator and CRRF Champion for the Burundi Situation **2018 PLANNED RESPONSE** 

**434,000** PROJECTED REFUGEE POPULATION US\$ 387.6M REQUIREMENTS

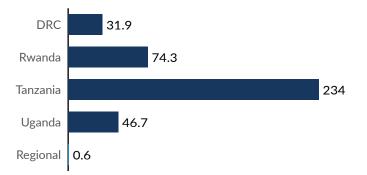
**27** PARTNERS INVOLVED







Requirements | in millions US\$



## **Regional Overview**

### Introduction

The political crisis and related security and humanitarian conditions in Burundi have led to the outflow since April 2015 of more than 400,000 Burundian refugees to neighbouring countries and beyond over the past two and a half years. This response plan includes an additional 37,000 Burundi refugees who were already present in the Democratic Republic of the Congo (the DRC), Rwanda, Tanzania, and Uganda. Tanzania is the largest host of Burundian refugees in the region with 256,000 refugees as of October 31, 2017 (of whom 236,000 are camp based). In Rwanda, there are 88,000 Burundian refugees mostly hosted in Mahama camp, with others residing in urban areas. The DRC hosts 45,000 Burundian refugees, predominantly in Lusenda camp in South Kivu, with the remaining families in transit centres or hosted by communities in Katanga, Maniema and North Kivu provinces. In Uganda, there are 39,000 Burundian refugees, hosted in the previously existing Nakivale settlement. In 2016, the total number of arrivals of Burundian refugees in the four major countries of asylum came to 123,000. During 2017, the Burundian refugee population increased by 61,000 as of 31 October 2017. Regionally, 86 per cent of Burundian refugees are hosted in camps, with 14 per cent living in urban areas.

The political situation in Burundi remains unresolved, with external mediation efforts in deadlock, including the Inter-Burundian Dialogue convened under the auspices of the East African Community (EAC) and its appointed facilitator, former Tanzanian president Benjamin Mkapa. The human rights situation remains of significant concern, with the most recent report of the UN Commission of Inquiry on Burundi finding reasonable grounds to believe that crimes against humanity have been committed in Burundi. Recent refugee arrivals report facing pressure and violent harassment from local level officials to join and contribute financially to the ruling party, as well as continued surveillance by Imbonerakure militia of exit routes out of the country.

The prevailing socio-economic crisis continues to put pressure on the population in Burundi. Humanitarian reports indicate that 2.6 million people in Burundi were projected to be food insecure from October 2017. The International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) findings show that 198,000 people inside Burundi (roughly 2 per cent of the population), are internally displaced, 35 percent of whom have cited socio-political issues as the reason for the displacement, while the remainder have been displaced by natural disasters. A malaria epidemic is severely affecting the country, with over 6.6 million cases, including 2,875 deaths, reported as of October 2017. Poor access to water and sanitation also increase the risk of communicable diseases. Women and girls have endured particular hardships, including violence, insecurity, negative coping mechanisms (e.g. "survival sex"), and bear additional domestic and livelihoods responsibilities.

With the political situation predicted to remain at *status quo* and the socio-economic situation of the country projected to continue to decline, the outflow of Burundian refugees – mostly to neighbouring countries – is expected to continue in 2018, albeit at a lower level than in previous years. The Burundian refugee population in the region is anticipated to grow by some 56,000 in 2018, including approximately 38,400 new arrivals and estimated population growth of 17,600. At the same time, over 60,000 assisted and self-organized returns to Burundi are anticipated. UNHCR and partners are not encouraging or promoting refugee returns to Burundi in the current context, but will assist those refugees who indicate they have made a free and informed choice to return voluntarily to do so in safety and dignity. Registered refugees and asylum-seekers, who request help to return to Burundi will be assisted to do so while those who choose to return on their own will also benefit from individual and community based reintegration support in Burundi, where the UN country team and partners have developed a Joint Response Plan - Burundian Refugees Voluntary Return, September 2017-December 2018 that is aligned with this Burundi Regional Refugee Response Plan (RRP).

Taking all factors into account, the total population of Burundian refugees covered by the Burundi Regional Refugee Response Plan (RRP) is projected to be 434,000 by the end of 2018. This number may be adjusted as population verification exercises are carried out. While this RRP focuses on the four largest host countries of Tanzania, Rwanda, the DRC and Uganda, smaller numbers of refugees have also fled to other countries including Kenya, Malawi and Zambia. As the crisis enters its fourth year, the main focus of the response will be to ensure access to asylum for those still leaving Burundi while supporting host countries to continue to provide protection and humanitarian assistance to refugees, prioritizing livelihoods and self-reliance in a whole of society approach that promotes socio-economic inclusion in host communities and national systems.

|          | Refugee<br>Population<br>31 Oct. 2017 | Projected<br>Refugee<br>Population<br>31 Dec. 2017 | AnticipatedAnticipatednew arrivals inpopulation2018growth in20182018 |        | Anticipated<br>returns in<br>2018 | Projected<br>Refugee<br>Population<br>31 Dec. 2018 |
|----------|---------------------------------------|--|--|--------|-----------------------------------|--|
| DRC      | 44,859                                | 50,000   | 8,000  | 2,000  | 3,000                             | 57,000   |
| Rwanda   | 87,922                                | 90,000   | 11,000   | 4,000  | 3,000                             | 102,000  |
| Tanzania | 255,714                               | 258,000  | 6,000  | 10,000 | 54,000                            | 220,000  |
| Uganda   | 39,289                                | 40,000   | 13,400   | 1,600  | 0                                 | 55,000   |
| Total    | 427,784                               | 438,000  | 38,400   | 17,600 | 60,000                            | 434,000  |

### **Projected Burundi Refugee Population**



### **Regional Protection & Humanitarian Needs**

Political, security and related humanitarian conditions in Burundi will likely lead to a continued, albeit reduced, outflow of asylum-seekers in 2018. Any significant deterioration in the security situation in Burundi, if coupled with greater ease of access to neighbouring territories for asylum-seekers, may lead to an increase of new arrivals. Difficultly crossing the border and accessing asylum in Tanzania could lead to greater numbers of arrivals in Rwanda, whereas increased pressure for return from Tanzania could lead to secondary movements to Uganda, Rwanda, or elsewhere in the region.

In 2016 and 2017, some refugees began to return to Burundi by their own means, predominantly from Tanzania as well as Rwanda. An informal UNHCR verification in 2016 indicated more than 8,000 registered refugees had undertaken to return to the country. A ministerial tripartite meeting was held between the Governments of Burundi and Tanzania with UNHCR at the end of August 2017 where modalities were put in place to assist an estimated 12,000 Burundian refugees to return to Burundi from Tanzania in the last guarter of 2017. As of 31 October 2017, over 6,800 refugees had been assisted to repatriate from Tanzania. Returnee protection monitoring and reintegration plans have been established by UNHCR and inter-agency partners in Burundi as part of the Joint Response Plan. Nevertheless, conditions for large-scale organized repatriation under conditions of safety and dignity are not yet in place. While informal intention surveys in 2017 indicated that the vast majority of Burundian refugees in countries of asylum were not yet planning to return, follow-up surveys will be conducted in 2018 along with population verification exercises to help determine how many refugees may have already gone back to Burundi by their own means.

Chronic underfunding for the 2017 Burundi Regional RRP – funded at only 17 percent by the end of October 2017 – has severely hampered the humanitarian response and negatively affected the quality of protection rendered by host countries. Provision of assistance has not yet reached acceptable standards throughout the region despite the efforts of UNHCR and partners since the beginning of the emergency. Impacts of underfunding can be found in all sectors, including food cuts, dilapidated shelters, overcrowded classrooms, limited capacity to respond to SGBV, insufficient investment in integrated social services, minimal livelihood opportunities, limited support to environmental protection and restoration, and inability to carry out population verifications, provide documentation, and train government officials on refugee status determination. Some returnees have indicated that hardship in countries of asylum particularly reduced food rations in Tanzania and the lack of opportunity to supplement household income - has contributed to their decision to return to Burundi. The response in the coming year will also need to take into account the extent to which initial coping mechanisms for refugees have eroded.

As one of the key features of the protection environment, access to territorial asylum for Burundian asylum-seekers and refugees is jeopardized by a combination of factors including attempts to politicize the act of granting asylum, incidents of *refoulement*, threats to the civilian character of camps by armed groups, and declining support by the international community to address the Burundian refugee crisis. During the course of 2017, Tanzania, Uganda, and the DRC all stopped granting refugee status on a *prima facie* basis, while Rwanda continues to do so. In the DRC, the protection environment for Burundian refugees deteriorated sharply, most dramatically when the national army (FARDC) opened fire on a group of Burundian refugees in Kamanyola (South Kivu) in September 2017.

Major protection gaps exist with regard to child protection, Sexual and Gender Based Violence (SGBV) and assistance to Persons with Specific Needs (PSNs), including limited services and safe spaces for these at-risk groups. 54 per cent of the refugee population are children, of whom over 9,000 (4 per cent) have been identified as Unaccompanied and Separated Children (UASC) since the start of the influx. Burundian refugee youth (15 to 24 years of age) constitute 28 per cent of the refugees in the region. Family separation, early marriage, teenage pregnancy, child neglect, child labour, domestic violence, SGBV, forced recruitment, and psycho-social distress have been identified as common child protection concerns in the region.

Refugees, especially women and girls, are exposed to a heightened risk of SGBV as a result of overcrowding of shelters, traditional gender attitudes, and separation of family members. Survivors continue to face challenges in accessing adequate services due to limited knowledge of existing procedures and insufficient prevention and response structures in and outside of camps.

Shelter remains a pressing issue for refugees hosted in Tanzania, Rwanda and the DRC, due to lack of camp space and deteriorating conditions of emergency shelters. New Water, and Sanitation (WASH) facilities need to be established for new arrivals while temporary latrines and showers need upgrading. Communal shelters need major improvements to ensure privacy and reduce SGBV risks.

Limited education infrastructure and lack of teachers and school equipment are negatively impacting child school attendance and subsequent learning. Classrooms are overcrowded and the need for additional camp space and funding to decongest educational infrastructure is high.

Poor shelter and WASH conditions compounded by an insufficient number of health facilities render Burundian refugees vulnerable to communicable diseases including malaria and acute watery diarrhoea. There is an urgent need to expand the availability and quality of health services, including the creation of new structures, hiring of well-trained staff, and procurement of equipment and medical supplies. A strong epidemic preparedness and response mechanism is needed to prevent and control communicable diseases in the camps. Further, reproductive health interventions and maternal health care and facilities need to be enhanced to complement SGBV response; as well as HIV prevention and response interventions.

Due to funding shortfalls in 2017, food cuts have already been implemented in Tanzania and are anticipated in Rwanda, Uganda, and the DRC. Additional support will be required to ensure access to sufficient food on a daily basis for all refugees, including through transitioning to cash-based interventions where feasible.

As the Burundi refugee situation becomes protracted, access to livelihoods is key. Limited access to livelihood opportunities, including agricultural inputs, vocational training, financial services, and participation in local economics are obstructing Burundian refugees from achieving self-reliance. At the same time, enhancing the productive capacities and coping mechanisms of the host populations are critical to peaceful co-existence and safeguarding asylum space for refugees in host countries.

The presence of refugees has placed considerable strain on the already stretched natural resources of vulnerable host communities. Deforestation, water shortages and other environmental problems in refugeehosting areas have led to tensions between refugees and host communities and have the potential to further undermine peaceful co-existence.

Feasibility studies and experience in all four asylum countries have indicated that a portion of humanitarian needs may be effectively addressed through cash transfers, with local capacities (market, transfer mechanisms), local acceptance, and risks that vary depending on the area of intervention. In some cases, and also depending on the sectors, cash transfers can represent the most appropriate, efficient and effective approach, usually provided in combination with other modalities of interventions.

## **Regional Response Strategy & Priorities**

The regional refugee response works with host governments to provide protection and multi-sectoral assistance to Burundian refugees. In 2018, partners will increase the focus on building refugees' self-reliance and resilience. Comprehensive solutions that include the communities hosting refugees will be developed in cooperation with a wide range of partners in line with the Comprehensive Refugee Response Framework (see box on Page 17).

As a cross cutting theme, partners will identify opportunities to increase the use of cash based interventions to address the basic needs of beneficiaries, either through multipurpose cash grants or sector specific approaches. Building on experience, feasibility studies, and response analysis, strategies will be developed to support the most appropriate modalities of intervention, leveraging synergies between programmes in the interest of cost efficiency and effectiveness. It is expected that the benefits of cash transfers will not only support refugees and enhance their self-reliance, but also have a multiplier effect whitin the host community.

Country level objectives and activities in the four main refugee hosting countries support the following overarching regional objectives:  Preserve equal and unhindered access to territorial asylum and protection, promote the full enjoyment of rights, and maintain the civilian character of asylum.

Advocacy and capacity building will be continued with all governments to uphold their commitments to keep borders open to Burundian asylum-seekers. Biometric registration of asylum-seekers will continue to be strengthened, including through targeted capacity building of government partners. The issuance of refugee identity cards, birth registration and documentation will be a high priority to counteract risks of harassment and arbitrary detention. Regular sensitization of security forces on refugee rights and obligations will be conducted to ensure the civilian and humanitarian nature of refugee camps. For persons with specific needs, existing systems will be strengthened for early identification, registration, and support services.

 Achieve minimum standards in the provision of multi-sector assistance and protection with a view to anchor the response in government systems, protection policies, and development plans, with integrated services wherever possible.

In line with findings of participatory assessments, the response will seek to strengthen community-based

mechanisms to prevent and respond to SGBV, including setting up of appropriate infrastructure, as well as enhancing community awareness/sensitization. The provision of medical, social, material, and legal support to SGBV will be strengthened, as well as capacities for SGBV reporting and information management. SGBV mainstreaming across sectors is critical, especially in the livelihoods sector both in terms of prevention and response.

In light of the serious impact of the crisis on Burundian refugee children, child protection partners have come together to jointly agree on a Regional Plan of Action for the Protection of Refugee Children for the period July 2017- December 2018. The Regional Plan of Action sets a common vision for the protection of Burundian refugee children and outlines three regional priority areas for child protection: (i) protection of adolescents; (ii) children in need of alternative care receive appropriate care, and iii) support and effective case management services are provided to at-risk children. This plan will help interagency partners move towards a more systematic and coherent response and will seek to link with government child protection policies and systems wherever possible.

Providing education to school-aged children is a priority in all refugee sites. The goal is to promote access to primary education for all refugee children by integrating them into national education systems wherever feasible. Uganda and Rwanda have made international commitments to do so. Efforts will be focused on building up capacity of local schools to absorb refugees while supporting early childhood education in camps. The construction of schools and semi-permanent classrooms that benefit refugee and host community children will have positive effects on the protection environment.

Refugees' access to food is crucial, not only to meet their nutritional needs, but also to allow them to have the energy to go to school, work, and build up levels of resistance to common diseases. Increased financial support is required to ensure that a growing refugee population has access to adequate food, preventing food insecurity and malnutrition levels from rising. In Rwanda, the response will focus on transitioning from direct food assistance to providing cash-based interventions, which will help increase access to livelihood activities and reduce dependency on food aid. In Uganda, promotion of agricultural livelihoods and improvement of income earning opportunities through agricultural inputs will supplement the food assistance response.

Health and nutrition efforts across host countries will be focused on maintaining the Crude Mortality Rate under the emergency threshold of less than one death per 10,000 persons per day and the prevalence of the Global Acute Malnutrition below 5 per cent of the population. The priority across the region will be to ensure access to primary health care, implementing minimum health services ranging from vaccination, nutrition screening, emergency referrals and provision of life-saving primary health care services. To enable this, it is crucial to prioritize construction and equipment of camp health facilities while staffing them with qualified health workers. The ultimate goal is to ensure full integration of comprehensive primary health care service delivery for refugees into national and local government systems, to benefit both refugees and host communities. In addition, dedicated efforts focusing on nutrition surveillance, supplementary feeding programmes, mental health and psychosocial services, and sexual, HIV and reproductive health services will also be prioritized.

Shelter assistance, either in-kind or through cash transfers will focus on converting existing emergency structures to more durable facilities to accommodate those still living in sub-standard shelter. Non-Food Items (NFI) will continue to be provided to incoming refugees, which include kitchen sets, buckets, soap, and hygiene kits for women.

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

interventions will aim to ensure safe access to sufficient clean water for drinking, cooking and personal hygiene, improving sanitation infrastructure, and promoting hygiene awareness and education. The focus will be on sustainable water supply systems and rehabilitating existing water systems. A priority will be to adapt services to ensure gender sensitivity and access to persons with specific needs. The move away from emergency pit latrines to dischargeable latrines will be continued.

### Ensure peaceful co-existence and social cohesion between host communities and refugees, including through protection of the natural environment.

Partners have extended their protection and service provision to benefit local populations and promote peaceful coexistence and peacebuilding initiatives among the different communities in recognition that refugees place a considerable burden on their hosting communities. This is especially evident in relation to natural resources, which are becoming scarcer as the refugee population grows, a challenge that may undermine peaceful co-existence and social cohesion within refugee communities as well as between host communities and refugees. Thus, it is crucial that humanitarian partners mainstream environmental sustainability considerations in their programmatic interventions with a view to minimize the negative impact of refugees and humanitarian assistance on natural resources. At the same time, dedicated programmes to encourage the protection of the local environment also need to be prioritized.

In Tanzania, the host communities in the region of Kigoma are among the most vulnerable populations in the country and the presence of refugees has placed considerable pressure on the already over-stretched natural resources. The implementation of a comprehensive energy and environment strategy, which includes the distribution of solar lanterns to all families, development of energy efficient cooking practices and providing access to alternative cooking fuels, continued reforestation activities, and the development of campwide energy management plans will continue to be implemented.

In Uganda, an environmental health strategy is under development and will encompass a wide range of interventions including but not limited to management of wastewater and storm water, waste management and energy-efficient cooking, as well as land and air pollution mitigation measures.

In the DRC, the livelihoods strategy promotes sustainable livelihoods in a context of extreme poverty. The response will prioritize access to firewood and alternative energy, support refugees to increase food consumption by addressing agricultural inputs and training, and help to diversify income through entrepreneurship and business training.

In Rwanda, efforts are underway to address deforestation in refugee hosting areas by introducing a clean cooking solution and transitioning to cash assistance that will allow refugees to purchase according to their needs. Livelihood activities are similarly geared at supporting socio-economic development for both refugees and host communities.

 Foster economic self-reliance for refugees and host communities, reducing dependency on aid and promoting socio-economic growth in line with national development plans. As the crisis enters its fourth year, and refugee coping strategies are further eroded, livelihood activities will be emphasized in the 2018 response.

In Tanzania, advocacy on freedom of movement and work, and access to land and financial services will be highlighted as a precursor to enable livelihood opportunities. The livelihoods response will promote financial inclusion through formation of informal saving groups and building the capacity of refugees and host communities through strengthening agricultural, vocational and business skills.

In Rwanda, a joint Government-UNHCR strategy on livelihoods will continue to be rolled out, to ensure that all refugees and neighbouring communities are able to fulfill their productive potential and contribute to the economic development of their host districts. When possible, this will be done through cash-based interventions to enhance flexibility and autonomy of choice in the purchase of equipment, materials and services.

In Uganda, partners will seek to enhance refugees' self-reliance and resilience through agricultural and non-agricultural livelihood interventions, with a focus to support new arrivals as well as PSNs to help them maintain adequate nutritional levels. This includes, production of high-value crops, fish farming, apiculture and livestock farming (mainly small ruminants). Non-farm economic opportunities, especially for women and youth, will be initiated to promote self-employment and reduce exposure to negative coping mechanisms, including through CBI mechanisms. Transfer to cash-based food assistance will be implemented whenever appropriate (currently implemented in the DRC and previously piloted in Tanzania), allowing refugees to receive dignified assistance to buy food they choose, while strengthening livelihood opportunities.

## 5. Ensure refugees have access to durable solutions where available.

In 2018, assistance to voluntary repatriation will continue with an emphasis on ensuring a free and informed choice to return voluntarily. Surveys and other forms of assessment will be undertaken in all countries of asylum to identify and verify refugees' intentions to return. Efforts will be made to sensitize refugees about options for voluntary repatriation while assuring them of the commitments made to continued international protection by hosting countries. Regional information sharing and coordination will be further enhanced to link with UNHCR and partners who will monitor protection conditions in return areas and work to expand reintegration programming in Burundi in line with the "Joint Response Plan - Burundian Refugees Voluntary Return".



### COMPREHENSIVE REFUGEE RESPONSE FRAMEWORKS (CRRF) & REFUGEE SELF-RELIANCE

The New York Declaration, adopted by all 193 Member States of the United Nations in September 2016, sets out the elements of a comprehensive refugee response framework (CRRF). The CRRF is designed to ensure rapid and well-supported reception and admission measures; support for immediate and ongoing needs; assistance to national/local institutions and communities receiving refugees; investment in the resilience capacities of refugees and local communities; and, expanded opportunities for durable solutions. Tanzania and Uganda have officially agreed to apply the CRRF, whereas Rwanda and DRC have adopted approaches in line with the CRRF and are considering to more formally apply the framework.

At the UN Summits on refugees and migrants in 2016, Tanzania pledged to continue to receive people fleeing war, political instability and persecution; review the 1998 Refugees Act and the 2003 National Refugee Policy to ensure refugee protection is in line with international law and current realities; provide durable solutions to the remaining 1972 Burundian refugees who were allowed to apply for Tanzanian citizenship but have not been naturalized; strengthen refugee protection by enhancing access to education and employment; and support the global compact on refugees, once adopted. The CRRF roll-out in Tanzania is guided by broad partnerships in-country with a wide range of humanitarian and development actors. The CRRF National Steering Committee (NSC) has been established with the aim of ensuring a comprehensive refugee response through policy, oversight, coordination, and resource mobilization.

Uganda upholds an inclusive CRRF approach, granting refugees freedom of movement, the right to seek employment and establish businesses, and access to public services such as education and health, on par with nationals. Uganda introduced measures aimed at strengthening resilience of refugees by integrating their needs in national development plans. This was achieved through incorporating refugees into the Second National Development Plan through the Settlement Transformative Agenda (STA). The rights of refugees are also enshrined in domestic law through the 2006 Refugee Act and the 2010 regulations. The CRRF is being applied in five areas which include: admission and rights; emergency and ongoing needs; resilience and self-reliance; expanded solutions; and voluntary repatriation. The focus for the CRRF will be the main refugee hosting districts, where the operational implementation of the response will be in close alignment with District Development Plans (DDPs).

At the Leaders' Summit on Refugees, Rwanda pledged to promote the inclusion of refugees through the Joint Government-UNHCR Strategy on Livelihoods and Economic Inclusion of Refugees (2016-2020). This will form the basis for all livelihoods interventions and focuses on graduating camp-based refugees out of assistance programmes and increasing formal access to work. The strategy ensures that refugees and host communities can fulfill their productive potential, as self-reliant members of Rwandan society, contributing to the economic development of host districts. Rwanda's other commitments to promote refugee integration by issuing identity cards and travel documents to improve freedom of movement and employability, to let urban refugees' access national health insurance, and to integrate refugees into the Rwandan school system, are all in line with CRRF goals.

In the Democratic Republic of the Congo, while current government policy only permits refugees living within refugee camps or sites to receive assistance, efforts are being made to promote opportunities for self-reliance to reduce dependence on humanitarian assistance, through income-generating activities, especially agriculturally based, and micro-credits using cash based interventions. The new Mulongwe site is being developed to maximize interventions that benefit refugees and host communities – including water, rehabilitation of schools, building additional classrooms, and supporting existing health centres.

As the Burundian situation gradually enters a solutions phase, including some initial voluntary returns to Burundi, UNHCR and partners are advocating for increased support to ensure Burundian refugees and their host countries can benefit from a regional CRRF approach, which could promote harmonized approaches to refugee policies and program management, enable refugees to enjoy labour mobility as an alternative pathway to admission, and realize other benefits of regional economic integration.

## **Regional Coordination**

Under the Refugee Coordination Model (RCM), UNHCR leads and coordinates the response to the Burundi refugee emergency in each affected country in close collaboration with governments. Technical meetings are organized by sector at the local level and also in the respective capitals.

The Regional Child Protection Network (RCPN), coordinated by UNHCR, and the Education in Emergencies Network (EiEN), coordinated by UNICEF, are interagency networks convened in Nairobi with partners who are working across the region, to support cohesive, interagency child protection and education responses at the field-level through technical support, capacity building, promotion of learning, joint analysis, and advocacy.

The coordination of cash transfers in each country will proceed through joint assessment, monitoring, and a dedicated working group to determine the best transfer mechanisms and ensure that linkages with different sectors are ensured.

The United Nations High Commissioner for Refugees appointed a Regional Refugee Coordinator (RRC)/ Comprehensive Refugee Response Framework Champion for the Burundi situation to work with UNHCR Representatives in Burundi, Tanzania, Rwanda, Uganda, and the DRC to ensure an overarching vision and coherent inter-agency engagement across the region in pursuit of protection and solutions for Burundian refugees. In so doing the RRC works at the regional level to facilitate strategic, planning, and operational synergies and collaboration with Governmental, UN system, Non-Governmental Organizations, donors, civil society partners, private sector, and other stakeholders.

The RRC is based at UNHCR's Regional Support Centre in Kenya and also draws upon the resources available from a host of sector technical experts who provide support to country offices in the East and Horn of Africa region, including those engaged in the Burundi response.

Joint advocacy and resource mobilization will be areas of focus for the RRC with inter-agency partners in 2018.

### REGIONAL RRP PARTNERS

- Adventist Development and Relief Agency
- African Initiatives for Relief & Development
- American Refugee
  Committee
- CARITAS The Catholic Diocese of Kigoma
- Church World
  Service
- Community Environmental

- Management and Development Organization
- Danish Refugee
  Council
- Food and Agriculture Organisation
- Good Neigbours Tanzania
- HelpAge International
- International Organisation for Migration
- International Rescue

### Committee

- IsraAID Uganda
- Norwegian Refugee
  Council
- OXFAM
- Plan International
- Relief to
  Development Society
- Save the Children International
- Tanganyika Christian
  Refugee Service
- Tanzania Red Cross Society

Tutapona

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- UN Women
- United Nations Children's Fund
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- World Food Programme
- World Health Organisation

**@UNHCR/ Tony KARUMBA** 

# **Financial Requirements**

## By Organization & Country

| ORGANIZATION                              | DRC        | RWANDA     | TANZANIA    | UGANDA     | TOTAL        |
|---|------------|------------|-------------|------------|--------------|
| ADRA                                      |            |            | 3,240,000   |            | 3,240,000    |
| AIRD                                      |            |            | 7,268,338   |            | 7,268,338    |
| ARC                                       |            |            |             | 497,717    | 497,717      |
| CARITAS The Catholic Diocese of<br>Kigoma |            |            | 200,000     |            | 200,000      |
| CEMDO                                     |            |            | 650,000     |            | 650,000      |
| CWS                                       |            |            | 330,000     |            | 330,000      |
| DRC                                       |            |            | 7,915,750   |            | 7,915,750    |
| FAO                                       | 2,069,738  |            | 5,977,875   |            | 8,047,613    |
| GNT                                       |            |            | 785,000     |            | 785,000      |
| HAI                                       |            |            | 858,216     |            | 858,216      |
| ЮМ  |            | 200,000    | 2,025,000   |            | 2,225,000    |
| IRC                                       |            |            | 5,162,673   |            | 5,162,673    |
| IsraAID                                   |            |            |             | 44,124     | 44,124       |
| NRC                                       |            |            | 6,239,000   | 64,000     | 6,303,000    |
| OXFAM                                     |            | 800,000    | 2,612,700   |            | 3,412,700    |
| PI  |            |            | 4,450,000   |            | 4,450,000    |
| REDESO                                    |            |            | 650,000     |            | 650,000      |
| SCI                                       |            | 650,000    | 6,100,000   |            | 6,750,000    |
| TCRS                                      |            |            | 2,700,200   |            | 2,700,200    |
| TRCS                                      |            |            | 400,000     |            | 400,000      |
| Tutapona                                  |            |            |             | 22,861     | 22,861       |
| UN Women                                  |            | 300,000    |             |            | 300,000      |
| UNFPA                                     | 1,262,294  | 680,000    | 1,353,452   | 533,762    | 3,829,508    |
| UNHCR                                     | 13,504,713 | 56,226,581 | 88,261,976  | 33,746,607 | 192,339,877* |
| UNICEF                                    | 1,290,708  | 1,837,000  | 4,660,000   | 4,193,176  | 11,980,884   |
| WFP                                       | 13,825,533 | 13,342,379 | 82,000,000  | 7,203,014  | 116,370,926  |
| WHO                                       |            | 250,000    | 200,000     | 431,680    | 881,680      |
| TOTAL                                     | 31,952,986 | 74,285,960 | 234,040,180 | 46,736,941 | 387,616,067  |

\* This includes regional financial requirements of 600,000 USD

## By Sector & Country

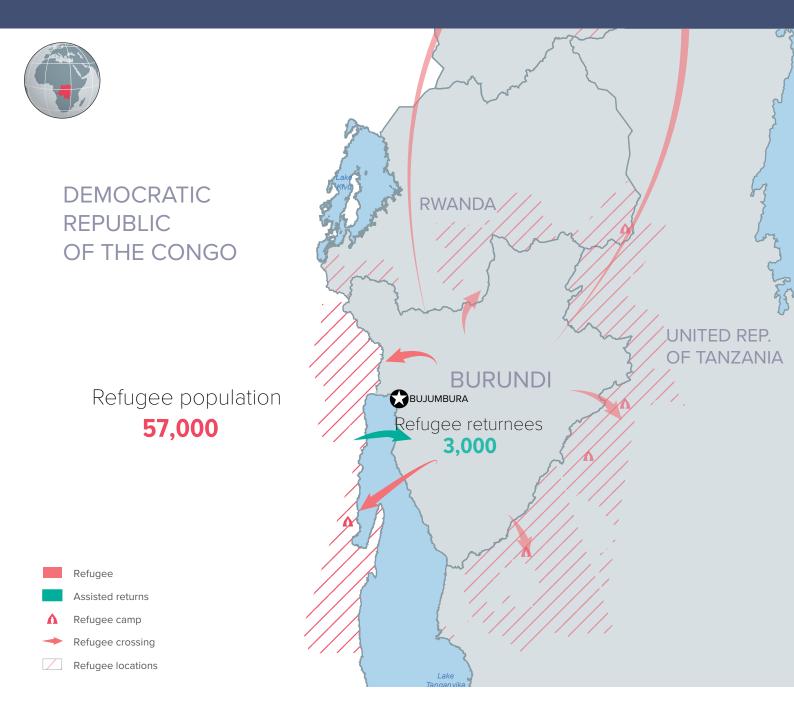
| SECTOR             | DRC        | RWANDA     | TANZANIA    | UGANDA     | TOTAL         |
|--------------------|------------|------------|-------------|------------|---------------|
| Protection         | 5,770,686  | 15,697,677 | 36,705,745  | 11,529,771 | 69,703,878    |
| Education          | 2,816,895  | 9,610,242  | 16,066,101  | 4,096,317  | 32,589,555    |
| Food               | 12,396,960 | 12,707,464 | 81,361,020  | 6,544,278  | 113,009,722   |
| Health & Nutrition | 4,042,948  | 11,793,808 | 18,848,228  | 8,508,445  | 43,193,429    |
| Livelihoods        | 4,276,295  | 5,752,981  | 24,053,675  | 2,013,208  | 36,096,159    |
| Shelter & NFIs     | 1,957,107  | 10,321,524 | 36,275,861  | 7,772,688  | 56,327,180    |
| WASH               | 692,095    | 8,402,264  | 20,729,550  | 6,272,235  | 36,096,144    |
| TOTAL              | 31,952,986 | 74,285,960 | 234,040,180 | 46,736,941 | 387,616,067 * |

\* This includes regional financial requirements of 600,000 USD

## DEMOCRATIC REPUBLIC OF THE CONGO REFUGEE RESPONSE PLAN

**2018 PLANNED RESPONSE** 

**57,000** PROJECTED REFUGEE POPULATION US\$ 31.9M REQUIREMENTS 5 PARTNERS INVOLVED



### **Refugee Population Trends**

60,000

47,500

### Protection 5.8 Education 2.8 Food Livelihoods 4.3

Health & Nutrition

Shelter & NFIs

WASH

Requirements | in millions US\$

4

1.9

0.7

12.4



## **Country Overview**

### Introduction

At the end of October 2017, the Democratic Republic of the Congo (the DRC) hosted close to 45,000 Burundian refugees, out of whom 42,000 reside in the province of South Kivu, including 31,700 in Lusenda Camp, 9,000 residing with host families, 1,080 in transit centres and 245 living in Bukavu town. In addition, 2,860 Burundian refugees are living with host communities in Katanga, Maniema, Tanganyika and North Kivu provinces.

Burundian refugees mainly enter the DRC through Uvira and Fizi territories in South Kivu province, crossing one of the 22 formal or informal border entry points. After a peak of new arrivals in February and March 2017, the number of new arrivals stabilized in the second and third quarters of the year. A small number of refugees returned voluntarily to Burundi from the DRC in 2017. 70 refugees were assisted to repatriate and additional numbers, still to be verified, are assumed to have returned on their own. In 2018, up to an estimated 3,000 refugees may return. However, most refugees are unwilling to return to Burundi in the foreseeable future, expressing concern that they will not be able to live there in freedom, safety and dignity.

The DRC has thus far maintained an open-door policy for refugees. Freedom of movement is guaranteed and refugees are issued certificates upon registration. The security situation in South Kivu is volatile due to the presence of armed groups causing considerable internal displacement. The reported presence of the *Forces Républicaines Burundaises* (FOREBU) constitutes a threat for the safety of Burundian refugees, both because of risk of forced recruitment and because it can lead to harassment and hostility against refugees from local populations and the state security apparatus due to perceived association. The overall protection environment deteriorated sharply in September 2017 when the national army (FARDC) opened fire on a group of Burundian refugees in Kamanyola, who were protesting the arrest of several individuals, and killed 38 people including women and children.

Also in September, fighting broke out between the Mayi Mayi armed group and FARDC near Lusenda refugee camp and the surrounding area, during which the rebels took control for a short period, halting ongoing refugee response activities. The FARDC subsequently regained control of the area allowing humanitarian actors to resume their presence.

Based on the Government's decision that assistance should only be provided for refugees living in a camp setting, a site was opened in Lusenda in 2014. The camp is located in the territory of Fizi in South-Kivu province. As a result of the growing population, the camp now has four extensions - Lulinda, Katungulu I, Katungulu II and Katungulu III - where multi-sector assistance is provided through a community-based approach.

Initially planned for a maximum of 20,000 refugees, Lusenda camp and its extensions are overcrowded, putting significant pressure on the provision of basic and essential services. A new refugee site, which will encourage self-reliance and co-existence with local communities from the start, was planned to open in October 2017 in Mulongwe. This new site, originally planned for 30,000, is likely to become home to 15,000 refugees relocated from communities and transit centres by early 2018. Clashes between FARDC and armed groups in the area have created some delays in site preparation and the relocation of Burundian asylumseekers from the overcrowded transit centres in Lusenda to Mulongwe. However, with the FARDC now back in control of the area, site preparations have resumed and plans are in place to start transfers in November 2017.

With the exception of those who manage to get access to land to cultivate, refugees have few economic resources to meet their survival needs. Dwindling resources are a growing cause for concern in maintaining peaceful co-existence between refugees and their hosts, increasing tensions as a result of competition over already stretched resources and the environment. The situation of refugees living among host communities is of particular concern in this regard. The 2018 Burundi Regional RRP anticipates that the DRC will host a total of 57,000 Burundian refugees by 31 December 2018. This projection takes into account a planning figure of 50,000 Burundian refugees to be registered by the end of 2017, including approximately 4,000 asylum-seekers currently in the DRC but yet to be registered, as well as new arrivals in the final months of the year. Partners anticipate an increase of 10,000 refugees in 2018, including some 8,000 new arrivals and 2,000 from population growth. At the same time, an estimated 3,000 refugees may choose to return to Burundi. Should the situation inside Burundi change dramatically in 2018 and affect either the rate of new refugee arrivals or the rate of return, the Response Plan will be adjusted accordingly.



### **Needs & Vulnerabilities**

Burundian refugees are located mostly in South Kivu province, which has a complex security environment and also hosts more than 545,000 internally displaced persons from previous crises in the same communities as refugees. As a result, there are multiple protection risks, including various forms of harassment and the risk of forced recruitment by active armed groups.

Risk of refoulement and arbitrary detention persist. Refugees are issued with certificates that are often not renewed, or renewed late, putting them at greater risk of harassment from the state security apparatus wherever they go. The lack of adequate documentation and the need to issue refugee cards remains a pressing priority. Until late 2017, refugee ID cards could not be delivered due to lack of funding. Lack of access due to the security situation has been an additional constraint.

Women are particularly at risk of sexual abuse and exploitation, with a high number of reported incidents of sexual and gender-based violence (SGBV). Deeply entrenched societal norms make SGBV prevention and reduction especially hard to tackle. Survivors continue to face challenges in accessing services due to limited knowledge about existing procedures, limited to no access to justice and insufficient community support structures. SGBV prevention and response activities remain insufficient to respond to the needs encountered in and outside the camp. There is a critical need to promote the empowerment of women, through selfreliance and livelihood interventions, as well as activities to promote peaceful co-existence between refugee and local women.

About 60 per cent of new arrivals are children. Among these children, some have been exposed to violence. A significant proportion corresponding to 5.3 per cent of the total population of registered persons with specific needs (7,298) are separated (322) and unaccompanied (67) children in need of alternative care, however all are placed in host families. Boys and young men are particularly at risk of forced recruitment by armed actors. The lack of sufficient case workers to provide immediate individual assistance and follow up for children with high protection risks is a major gap in the provision of adequate services and can lead to increased exposure to abuse and violence.

While some vulnerable and at-risk refugees have been relocated to designated sites where they receive multi-sector assistance, not enough is known about the situation of refugees living in host communities. Of particular concern is the situation of women and children in these areas. Dwindling resources in communities require a comprehensive response for host communities and refugees.

Critical gaps remain in the established refugee site of Lusenda, particularly in health care, hygiene, education, women's empowerment, peaceful co-existence and self-reliance. With the gradual improvement in security conditions, the new site at Mulongwe will open, allowing refugees to relocate there, and access services and facilities that will promote peaceful co-existence and support self-reliance.

It is estimated that there are about 10,000 women of child-bearing age in the refugee population, including 2,000 pregnant women who may need specialised care before and during child-birth.

Long stays in transit centres have increased the risk of malnutrition among children, since they are entirely depended on food rations, as well as cholera and other diseases that are endemic in South Kivu. The existing education infrastructure is insufficient and there are not enough classrooms or teachers. Additional construction is required in coordination with the Ministry of Education to ensure compliance with government standards. Basic school equipment and learning materials are also needed.

Considering the longer-term perspective, it will be important to transition from emergency to semipermanent shelters to provide more dignified and sustainable housing. Existing shelters and structures will need to be maintained and repaired. To meet the increased number of arrivals, more latrines and shelters will need to be added.

There are very limited livelihood opportunities and vocational training needs to be strengthened. There is also a need to diversify local food production by providing agricultural technology and improved agricultural practises to refugee households and host communities to produce their own food quickly. In addition, refugees would benefit from training on climate smart agricultural techniques. In order to cope with the deterioration of the environment, energy-saving stoves will be distributed and local trees (ecotypes) will be planted in order to promote reforestation and carbon sequestration. A pilot project to make *bio-briquettes* from compressed organic materials, is being tested in Lusenda with the hope that it can be expanded to the new Mulongwe facilities. These activities will benefit both refugee communities and host communities, promote better relations, and avoid escalating tensions between groups. To ensure self-reliance, it will also be necessary to invest in agricultural projects for community empowerment.

Cash-Based Initiatives (CBI) feasibility studies were undertaken in both the Lusenda camp and new Mulongwe site and concluded that cash transfers were a feasible and relevant approach to respond to basic needs, support self-reliance activities, and enhance protection, while creating a multiplier effect for the local economy and host population.

## **Response Strategy & Priorities**

The overarching goal is to facilitate a comprehensive protection environment with a focus on physical protection, access to fair procedures and basic services, and promoting peaceful co-existence. Empowerment of women, protection of children, youth and adolescents will also be given priority, together with identification and referral of persons – including children – with specific needs. Self-reliance will be supported and comprehensive solutions, including for host communities, will be developed in cooperation with a wide range of partners, from the beginning of the relocation to Mulongwe and progressively also in Lusenda.

The overarching objective of the response will be to promote legal and physical protection of Burundian refugees by state actors, including through maintaining the civilian character of asylum. In addition the response will:

- 1. Promote access to education for all refugee children by integrating them into the national education system as a priority;
- 2. Enhance access to safe water for drinking and domestic use;

- Continue efforts to transition from emergency shelters towards more durable solutions using local building practices; and
- Increase access to provisioning, protection and promotion of livelihoods to vulnerable persons in a sequenced manner to ensure access to basic needs, social services and access to wage or selfemployment, finance, and markets.

The overall strategy to respond to the needs of Burundian refugees in the DRC will focus on:

- Promotion of legal and physical protection (including guaranteeing civilian character of asylum) by state actors;
- Registration and documentation, including issuance of refugee cards for all refugees, including those in communities;
- 3. Support to education with the aim to include refugee children in the national primary education system, especially around the new Mulongwe site;
- Prevention and reduction of SGBV risks for in and out of camps in coordination with state actors and other partners;
- 5. Establishment of child protection systems for prevention, identification and referral of children at protection risks to appropriate services including through community based protection mechanisms;
- Provision of basic services including shelter, food, medical care, water, hygiene promotion and sanitation for vulnerable refugees accommodated in the camps (Lusenda and Mulongwe) while promoting self-reliance;
- Opportunities for partnerships with development actors and relevant government institutions to promote durable solutions, including resettlement or voluntary repatriation; promote sustainable development through support to professional and vocations skills, and appropriate technology and;
- 8. Expansion of the use of cash transfers wherever appropriate, based on feasibility studies and response analysis to identify the best response option.

### Partnership & Coordination

UNHCR leads the refugee response in partnership with the Government of the DRC, through its National Commission for Refugees (CNR). The Refugee Coordination Model is utilized to optimize and strengthen management, coordination and operational support. In addition to organising the collective action of humanitarian partners to deliver protection and assistance in the two refugee camps of Lusenda and Mulongwe, the response will seek to expand coordination with other actors, including development partners in and around the local communities hosting refugees.

Efforts will be made to maximise synergies between refugee and IDP responses, in particular in Fizi territory. The participation of refugees and local communities in the development of projects aiming at peaceful co-existence and self-reliance will be further strengthened, with a focus on the participation of women and youth. The coordination of cash assistance for Burundian refugees will focus on common transfer arrangements and joint monitoring.

### RRP PARTNERS

- Food and Agriculture Organization
- United Nations Children's Fund
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- World Food Programme

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## **Planned Response**

## Protection

Regular sensitization of government authorities (security and defence forces, border authorities, CNR, etc.) about refugee rights and obligations, including their right to move freely and to work, will be prioritized. Further capacity building of the National Refugee Commission (CNR) will be conducted and specifically focused on exclusion triggers and the nexus between International Refugee Law and International Criminal Law. UNHCR will continue monitoring detention centres to identify Burundians in need of international protection. A stronger emphasis will be put on protection monitoring and response through the community based networks. Support will be provided to strengthen social and protection networks within the communities, with a focus on women and youth empowerment and engagement. Provision of refugee identity cards is a high priority to counter the risks of harassment and arbitrary detention. A continuous registration mechanism will be established jointly with CNR to take into account changes in the population demography (including births and deaths) and registration of new arrivals.

Child protection programmes currently include specialized case management and community based child protection networks and mechanisms. These will be reinforced to ensure that children at risk are systematically identified and have access to appropriate services. Emphasis will be placed on increased protection of adolescents and youth to counteract the risks of forced recruitment and sexual exploitation. For children in need of alternative care, arrangements will continue to be provided in collaboration with partners and specialized government institutions. Alternative care options that suit older teenagers will be explored, as well as mechanisms to strengthen follow-up, support foster families, and further align alternative care procedures for refugees with national alternative care policies. Promoting refugee youth participation in community activities and supporting them to develop their own initiatives will be an important element in enhancing youth programming. These objectives and activities are in line with the priorities identified in the inter-agency Regional Action Plan for the protection of Burundian refugee children.

Prevention and reduction of SGBV for men, women, girls and boys is a priority. While standard operating procedures and referral mechanisms are in place, the response remains insufficient to meet the magnitude of the needs. To mitigate the risks, community-based initiatives will constitute a core part of the response in collaboration with the host population. Response partners will work to reduce the risk of SGBV, particularly for persons with specific needs. Women's empowerment, including through livelihood and cashbased interventions, as well as peaceful co-existence between local and refugee women will be supported.

### **OBJECTIVE 1:**

Ensure and improve access to the territory and reduce risk of refoulement

10,000 persons have access to RSD procedures

3 advocacy interventions made to promote access to entry points and detention centres

10,000 refugees and asylum-seekers relocated away from the borders to new refugee settlements

2,110 border authorities referring asylum-seekers to competent authorities

**OBJECTIVE 2:** Improve quality of registration and profiling

10,000 refugees registered and documented on an individual basis

### **OBJECTIVE 3:**

Strengthen protection for children

100 children with specific needs receiving specialised protection services

389 UASC in appropriate interim or long term alternative care arrangements

900 children registered and issued documentation

#### **OBJECTIVE 4:**

Reduce the risk of SGBV and improve the quality of response

50 identified SGBV survivors assisted with appropriate support

2 community-based groups working on SGBV prevention and response

### **OBJECTIVE 5:**

Strengthen protection from crime

145 police in camp/communities

285 security packages including enhanced policing implemented

2 refugee security committees put in place

### Education

Primary education is provided to all children of school age in the camp and secondary education opportunities will be encouraged as a mitigating measure against the risk of forced recruitment and sexual exploitation. Additional classrooms, procuring equipment and school materials will be prioritized to ensure that minimum standards in primary education are met. Support to schools in the Mulongwe area will increase as refugees are transferred from Lusenda. Partners will work closely with schools and teachers in the design and administrative structures such as salaries for additional teachers to encourage greater ownership by the school and inclusion of refugee children in the school system. Efforts will be made to encourage relevant actors to map and respond to the education gaps in host communities. Partners will pay the school fees of refugee children in lieu of paying additional teachers as has been the previous practice. This should result in better involvement of parents in the schooling of their children. The rate of the school fees to be paid will be established by agreement between the school managers and the parents' committees, which include the refugees.

### **OBJECTIVE 1:**

Ensure refugee population has optimal access to education

84,000 primary school-aged children enrolled in school/ temporary learning spaces

10 educational facilities constructed or improved



General food assistance is provided in the transit camps, the Lusenda refugee camp, and the new camp at Mulongwe. To address possible supply delays, direct purchase will be made in the local market pending the delivery of new stock. For those in camps, support will also be provided on a monthly basis through a food fair, which offers refugees the opportunity to choose between varieties of food from traders. Payment will be through electronic vouchers with a monthly and per person ration that corresponds to 15 USD (according to market study). Food security assistance will target populations with special needs and at risk of negative coping mechanisms through the provision of food aid using also cash-based interventions (CBI), accompanied by agricultural training and activities promoting environmental protection. In addition, RRP partners will advocate for access to agricultural land to enable families to establish group farms, participate in rearing small livestock and engage in other agricultural-based income-generating activities.

Conditional cash grants and trainings will be given to support the development of professional and vocational skills matched to market needs that will provide refugees access to decent wage employment or create self-employment opportunities. Training in entrepreneurship and coaching will also be progressively expanded to support income diversification and savings, with the objective of achieving greater food security and self-reliance.

### **OBJECTIVE 1:** Improve Food security

45,000 refugees received food assistance on a monthly basis

45,000 refugees received food vouchers on a monthly basis

19,800 refugees received cash for food on a monthly basis





The epidemiological profile in the DRC includes malaria, acute respiratory infections, diarrhoea and epidemicprone diseases (cholera, measles). As many new arrivals arrive in a poor nutritional state with low vaccination coverage, RRP partners will prioritize access to health care, with a view to reducing mortality and morbidity through community-based health and self-reliance approaches. Activities will be implemented to improve access to quality primary and secondary health care; Expanded Program on Immunization (EPI); improving access to comprehensive reproductive and HIV services; prevention and management of malnutrition; capacity building and creating a referral health center in the new Mulongwe camp which will serve both refugees and the local population. While health care actors will continue efforts to increase refugee health status and reduce dependence on health assistance, the weak capacity of the national health system remains a challenge. The response for the nutritional well-being of refugees will focus on: prevention, detection, and referral of malnourished cases to the nutrition programme in the refugee camps, as well as provision of treatment for

Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases, nutritional support to persons living with HIV and support and promotion of Infant Young Child Feeding (IYCF) practices.

### OBJECTIVE 1:

Improve health status of the refugee population

50,000 malaria cases confirmed rapid diagnostic test positive

2,280 identified cases of AWD (Acute Watery Diarrhoea)

48,500 malaria cases treated

28,500 insecticide treated nets distributed

### **OBJECTIVE 2:** Improve nutritional well being

1,100 children admitted into MAM treatments

585 children admitted into SAM treatments

### **OBJECTIVE 3:**

Ensure refugee population has optimal access to reproductive health and HIV Services

2,266 clean deliveries assisted by qualified personnel

280 refugees receiving anti-retroviral therapy

### 🕙 Livelihoods & Environment

In 2018, the response will seek to advance the refugee livelihoods strategy that promotes sustainable livelihoods in the context of extreme poverty. Priorities will include ensuring populations have sufficient access to energy; natural resources and shared environments are supported; and self-reliance and livelihoods are promoted through initiatives to provide entrepreneurial/ business skills and agricultural inputs and training, so as to enhance refugees' socio-economic development. Partners will undertake proper market analysis, participatory assessments, post distribution surveys, before and after harvest surveys, and household profiling. Depending on the type of income generating activities implemented by participating households, start-up cash grants, in lieu of in-kind kits, will be provided to enhance flexibility and autonomy of choice in the purchase of equipment, materials and services needed to run businesses.

#### **OBJECTIVE 1:**

Ensure refugee population has sufficient access to energy

9,900 households receive fuel, energy saving stove and equipment

22% of household using alternative and/or renewable energy

### **OBJECTIVE 2:**

Enhance the protection of natural resources and shared environment

9,900 tree seedlings planted

#### **OBJECTIVE 3:**

Improve self-reliance and livelihoods for refugee population

45,000 refugees receiving production kits or inputs for agriculture, livestock and fisheries activities

17,500 refugees provided with entrepreneurship /business/ training



The implementation of the shelter response will be pursued through a three-pronged approach:

- 1. Shelter interventions built on a community-based approach and self-construction by refugees.
- 2. Shelter committees formed, sensitized and trained to support construction activities.

Cash-Based Interventions (CBI) will be used to cover either the manpower or the purchase of construction materials.

These provisions will aim at enhancing refugee autonomy and empowerment, reducing logistical costs for the supply of construction materials and fostering ownership and self-care and maintenance. In Lusenda camp, where the majority of refugees still live in emergency shelters, families will be assisted through shelter kits to upgrade existing shelter conditions until more durable shelters are received. In Mulongwe camp, partners will ensure that refugee families have access to adequate semi-durable shelters from the start. Cash transfers will be provided to refugees to give them access to hygiene and other non-food items, which are available in local markets.

### **OBJECTIVE 1:**

Establish, improve and maintain shelter and Infrastructure

5, 820 households benefiting from shelter interventions (shelter kit, emergency shelter, etc)

5,820 households receiving sectoral (shelter) cash grants

### **OBJECTIVE 2:**

Ensure refugee population has sufficient basic and domestic items

4,500 households receiving non-food items

4,500 households receiving cash grants or vouchers (for NFI)

## 🐂 WASH

Access to safe water for drinking and domestic use will be enhanced. Further improvements will be made to the water treatment distribution systems in Lusenda and Mulongwe to ensure that the population has access to clean drinking water above minimum Sphere humanitarian standards. In both Lusenda and Mulongwe, self-construction of family latrines and showers by refugees will be supported with conditional cash grants to cover either labour or the purchase of construction materials. Waste management will be further reinforced to mitigate negative impact on the environment and prevent the outbreak of diseases. WASH committees will be established and/or enhanced and trained to support the ongoing awareness-raising efforts, encourage good hygiene practices, and to ensure good management and maintenance of WASH facilities, which is critical in this cholera-endemic area. Given the high mobility of individuals and displacement and insecurity in the area, coordinated awareness and information campaigns are key for a sustainable response.

#### **OBJECTIVE 1:**

Increase and maintain the supply of potable water for refugee population

Average 20 litres of potable water available per person per day

57,000 refugees served by water system

#### **OBJECTIVE 2:**

Ensure refugee population lives in satisfactory conditions of sanitation and hygiene

6,400 household sanitary facilities constructed/improved

57,000 refugees reached by environmental health and hygiene campaigns

### **CASH BASED INTERVENTIONS (CBI)**

Multi-sectoral cash assistance will be provided to Burundian refugees relocated to the new Mulongwe site. A mix of unconditional and conditional cash transfers will be used to support self-construction of semi-durable shelters and family latrines, access to food, NFIs, school uniforms and supplies, and enable the start of income generating activities. In Lusenda camp, cash transfers will continue to be used to support shelter rehabilitation and reinforcement and will progressively expand to other sectoral assistance, such as providing access to NFIs and income generating activities.

To address various needs, a cash delivery arrangement will be established with a financial service provider, aimed at providing a common platform for all cash assistance for Burundian refugees in the two sites.

# **Financial Requirements**

## By Organization & Sector

| ORGANIZATION | PROTECTION | EDUCATION | FOOD<br>SECURITY | HEALTH &<br>NUTRITION | LIVELIHOODS<br>& ENVIRON-<br>MENT | SHELTER<br>& NFIS | WASH    | TOTAL      |
|--------------|------------|-----------|------------------|-----------------------|-----------------------------------|-------------------|---------|------------|
| FAO          |            |           |                  |                       | 2,069,738                         |                   |         | 2,069,738  |
| UNFPA        | 205,000    |           |                  | 1,057,294             |                                   |                   |         | 1,262,294  |
| UNHCR        | 5,565,686  | 2,442,316 |                  | 1,443,689             | 1,403,820                         | 1,957,107         | 692,095 | 13,504,713 |
| UNICEF       |            |           |                  | 1,290,708             |                                   |                   |         | 1,290,708  |
| WFP          |            | 374,579   | 12,396,960       | 251,257               | 802,737                           |                   |         | 13,825,533 |
| TOTAL        | 5,770,686  | 2,816,895 | 12,396,960       | 4,042,948             | 4,276,295                         | 1,957,107         | 692,095 | 31,952,986 |

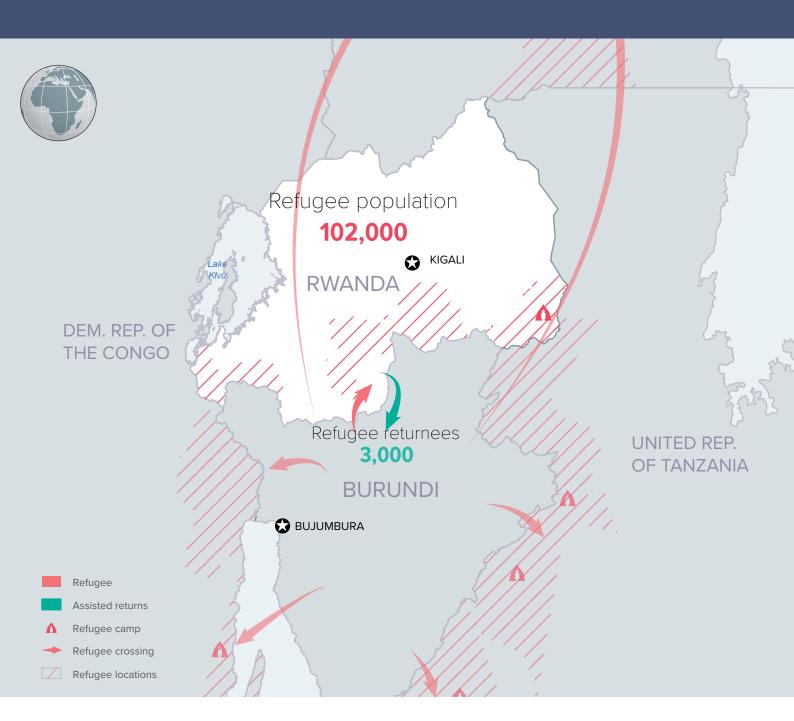


# RWANDA REFUGEE RESPONSE PLAN

**2018 PLANNED RESPONSE** 

**102,000** PROJECTED REFUGEE POPULATION US\$ 74.3M REQUIREMENTS

9 PARTNERS INVOLVED



### **Refugee Population Trends**

#### 110,000 Protection 15.7 Education 9.6 92,500 .. Food 12.7 75,000 .. Livelihoods 5.8 Health & Nutrition 11.8 57,500 Shelter & NFIs 10.3 40,000 -WASH 8.4 Oct. 2015 Oct. 2016 Oct. 2017 Dec. 2018

Requirements | in millions US\$

# **Country Overview**

### Introduction

As of end-March 2015 Rwanda began to experience an influx of refugees from Burundi, fleeing election-related violence. Under the leadership and coordination of the Government of Rwanda, Ministry of Disaster Management and Refugee Affairs (MIDIMAR), and UNHCR an interagency multi-sector response was established. As of 31 October 2017, there were 88,000 Burundian refugees in Rwanda with approximately 150 people continuing to arrive each week.

Refugees are received in four reception facilities and then transferred to Mahama Camp, established in April 2015 to accommodate Burundian refugees. Mahama Camp comprises two sites and is home to more than 55,200 Burundian refugees. An additional 32,000 Burundian refugees live mostly in urban areas (mainly in Kigali and Huye). Improving shelter conditions for families was a key strategic focus in 2016-17. Refugee families were transferred from emergency tents to semi-permanent structures, which necessitated improving the sanitation infrastructure, constructing a permanent water treatment plant and opening two health centres.

Refugees fleeing Burundi and declaring themselves at the border undergo registration procedures and have unrestricted access to asylum through prima facie refugee status and enjoy freedom of movement in Rwanda. Key protection interventions such as advocacy to maintain the civilian character of camps, border and protection monitoring, birth registration, and protection counselling are in place. Prevention and response mechanisms to address SGBV, child abuse and specific needs have been strengthened in the last year. All camp-based refugees have access to basic services including shelter, sanitation, and primary health care, as well as vaccination and reproductive health services. In addition, access to water has been ensured through the construction of a water plant, which treats water from a nearby river. Currently refugees receive blanket food rations, with enriched and fortified food supplements also incorporated into the general distribution food basket to address malnutrition. Supplementary feeding is provided to all children under-five years and other vulnerable groups. Due to critical funding shortages humanitarian agencies plan to profile the refugee population, to establish targeted assistance and graduate out of blanket food rations.

Primary health services are provided by humanitarian actors in the camp and refugees are referred to local health facilities for secondary and tertiary services. Notably, the capacity of local schools was expanded to accommodate refugee students and some 19,300 Burundian refugee students are now integrated in the national school system in primary and secondary school alongside host community students. In 2018, livelihoods interventions and further inclusion of refugees in national systems will be prioritized in line with the <u>UNHCR 2030 Strategic Vision</u> and Multi-Year Multi-Partner Protection and Solutions Strategy (2018-2023). The 2018 Burundi Regional RRP anticipates that Rwanda will host a total of 102,000 Burundian refugees by 31 December 2018. This projection takes into account a planning figure of 90,000 Burundian refugees registered by the end of 2017. Partners anticipate an increase of 15,000 new refugees including new arrivals either directly from Burundi or from potential secondary movement from other asylum countries. Planning figures include a potential 3,000 returns during 2018, although most refugees are not yet willing to return to Burundi. Should the situation inside Burundi change dramatically in 2018 and affect either the rate of new refugee arrivals or the rate of return, the Response Plan will be adjusted accordingly.

### **Needs & Vulnerabilities**

During registration, specific needs and other vulnerabilities are identified, including age and gender information. There is a substantial proportion (8.8%) of persons with specific needs, notably child-headed households, female-headed households, persons living with HIV/AIDS, persons with disabilities, older persons and persons with mental disorders. In addition, overcrowding of shelters, traditional gender attitudes, and separation of family members contribute to a risk of SGBV.

Registration and community based protection monitoring have revealed a notable proportion of unaccompanied and separated children. As of 30 June 2017, the number of registered unaccompanied and separated children was 1,998. Consequently, family tracing and reunification are critical interventions along with the provision of alternative care. By 30 June, 73 unaccompanied and separated children (UASC), have been reunited with their parents/customary caregivers or relatives. Among 7,543 children aged 3-6 years, 2,541 still lack access to early childhood development interventions.

Though the health situation in Mahama Camp is now stable, cases of communicable diseases including typhoid fever, malaria, watery diarrhea, and bloody diarrhea are reported. A strong epidemic preparedness and response mechanism is needed to prevent and control communicable diseases in the camp. Though improvements have been observed in the past two years, major indicators for malnutrition still remain close to critical levels and pose a risk of deterioration. Global Acute Malnutrition (GAM) and stunting among children 6-59 months of age are at 4.5 per cent and 42.1 per cent respectively.

Refugees arriving come largely from rural areas and often have a limited knowledge of health-related issues such as healthy nutrition and eating practices, sexually transmitted diseases such as HIV, reproductive health issues and communicable illnesses. In addition, referral medical care has been prioritized, without which a significant number of refugee patients with serious medical conditions could not be fully supported through the existing refugee health assistance program. Due to Mahama's location in an insect-infested and swampy area, there are inherent hazards particularly for young children and pregnant women, with a high possibility of contracting malaria and other endemic tropical diseases. In order to finalize the transition from emergency to semi-permanent shelter, additional land needs to be allocated.

The host communities surrounding the reception centres and camps continue to shoulder the burden of the refugee influx. The arrival of more refugees has placed pressure on an already overstretched basic service infrastructure, shared natural resources, and general food availability, and can risk generating tensions between different communities. Partners have extended their protection activities and service provision to benefit local populations, and promote peaceful coexistence and peace-building initiatives among the different communities.

37 per cent of urban refugees have been self-sufficient, and use savings or revenues from businesses back in Burundi to sustain themselves in Rwanda's cities. However, the longer their displacement, refugees may increasingly rely on support from refugee response actors as their savings deplete and the ongoing tensions in Burundi have negative effects on the economic situation there. Since the start of 2017 a number of refugee families have requested to be transferred to the camp because they can no longer manage on their own.

### **Response Strategy & Priorities**

After two years of intervention the emergency situation has stabilized and most emergency facilities have been upgraded to more sustainable structures and systems. Key strategic areas for the 2018 refugee response are:

- 1. Continue to ensure comprehensive, community-based protection for all Burundian refugees, with greater inclusion of refugee community based protection mechanisms into national systems;
- 2. In line with Government policy, continue the integration of refugees into national social systems, in particular health and education and
- 3. Aim to increase refugee livelihood opportunities through targeted assistance based on needs, vulnerabilities and capacities.

In order to avoid a protracted encampment situation and a culture of dependency on humanitarian aid, a key focus will be to promote socio-economic growth and access to livelihoods opportunities especially in urban areas, and strengthen partnerships with the private sector. Assistance will be targeted based on needs, vulnerabilities and capacities of refugees, rather than the provision of blanket assistance. A key avenue to provide refugees with greater choice in meeting their self-identified needs will be shifting to cash-based interventions for food assistance in 2018.

Cash transfers will be expanded whenever it is suitable and appropriate to address the basic needs of refugees, through sectoral or multipurpose assistance. This will be done based on feasibility studies and response analysis, with the objective of making gains in efficiency, effectiveness and refugee self-reliance, while assessing the impact on local markets and communities and mitigating protection risks.

In line with the Government policy of integration of refugees into national systems, a key priority will be to ensure integration of services for refugees within the host community, especially at the district level. Interventions will be designed to avoid parallel systems, and respond to the needs of both the host community and refugees.

Building on the spontaneous settlement of one third of the Burundi population in urban areas, livelihoods will be prioritized to empower self-reliant refugees to sustain themselves outside camp settings.

### Partnership & 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, local civil society organizations, and private sector partners including social enterprises. The broad partnership strategy reflects the ambition to work by facilitating innovative partnerships beyond traditional implementation arrangements.

Refugee coordination meetings are held at the capital and field levels, as well as sector specific working group meetings. Inter-agency, multi-sectoral assessments were conducted in 2015 at the start of the emergency during the initial site identification and planning process. Since then inter-agency assessments on specific issues such as food and nutrition, gender, child protection, sexual and gender-based violence, education, inclusion of persons with disabilities, and other areas have been undertaken.

The inter-agency response will scale up engagement with private sector partners and development actors and partners to further mainstream refugees into national programs. The refugee response has also piloted procurement from private contractors for the construction of semi-permanent shelters, allowing for market-based employment opportunities for Burundian refugees that in turn improve refugee self-reliance.

The refugee response will be informed by UNHCR's Multi-Year Multi-Partner Protection and Solutions Strategy (2018-2023), its 2030 Strategic Vision on refugees, and aligned as much as possible to Rwanda's new development plan, the National Strategy for Transformation (2017-2024). Synergies with the ONE UN family will be ensured by cross-cutting references in the next UNDAP (mid 2018-mid 2023) with refugees mainstreamed across the plan's pillars.

Following the commitments of the Government of Rwanda at the 2016 Leaders' Summit on Refugees, inclusion of refugees is already taking place in the areas of education integration, access to national health insurance, documentation, and self-reliance.

As in the previous' years, the response plan has been prepared in consultation with the Government, UN Agencies and NGOs, and their inputs were incorporated in developing the 2018 Refugee Response Plan.

### **RRP PARTNERS**

- International Organisation for Migration
- OXFAM
- Save the Children International
- UN Women
- United Nations Children's Fund
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- World Food Programme
- World Health Organisation



# **Planned Response**

# Protection

Key protection priorities include: ensuring access to territory, registration and national documentation, mitigating tensions with host communities and promoting social cohesion, maintaining the principle of non-refoulement, and preserving the civilian and humanitarian character of asylum. These priorities will be pursued through advocacy, protection monitoring, capacity building for authorities and partners, and continued strengthening of community based protection networks in all refugee locations.

Child protection response will remain a priority and will be strengthened through the inclusion of refugee children and adolescents within national child protection systems and community based protection structures. Refugees' capacity will be built to prevent protection risks faced by refugee children, and support case management through identification and referral. Given the high proportion of unaccompanied and separated children, partners will continue to work to identify families who can foster or support UASC, in parallel to family tracing and reunification efforts.

Existing SGBV prevention and response activities will be enhanced through national SGBV systems and community networks. Material assistance, e.g. dignity kits for women, will be provided, and access to legal processes for survivors will be promoted, with ongoing awareness raising campaigns about SGBV prevention and response. Recommendations of the Interagency Gender Assessment conducted in 2016 will be implemented in line with national response systems. In 2018, partners will monitor the intentions of refugees, and ensure that self-organized returns are conducted on a voluntary basis, and in a safe and dignified manner. Returnees will be provided with information, counselling, and logistical support up to border crossing points and advised how to access reintegration support in Burundi.

### **OBJECTIVE 1:**

Ensure registered refugees have access to services

15,000 refugees registered/documented on an individual basis

2,400 children registered and issued documentation under regular birth registration procedure

350 identified SGBV survivors assisted with appropriate support

#### **OBJECTIVE 2:**

Reduce the risk of SGBV and improve quality of response

40 community-based committees/groups engaged on SGBV prevention and response

195 service providers trained on SGBV prevention and response

1,000 SGBV survivors received dignity kits

5,000 men, women, boys and girls reached by the awareness raising activities on SGBV prevention and response

### **OBJECTIVE 3:**

Enhance the prevention of SGBV risks through livelihoods and leadership support to community

800 women, men, young girls and boys receive vocational training or leadership skills

200 women, men, young girls and boys provided with start-up capital

### **OBJECTIVE 4:**

Protection of children strengthened through national systems

250 children with specific needs receiving specialised protection services

500 UASC in appropriate interim or long term alternative care arrangements

5,000 adolescents participating in targeted child protection programmes

### **OBJECTIVE 5:**

Improve access to legal assistance and legal remedies

150 refugees receiving legal assistance

### Education

In line with the commitment of the Government to integrate refugees in the national education system, Burundian refugees are provided with orientation and back-to-school initiatives to prepare them for the Rwandan curriculum, and then enrolled in national schools where possible. The priority will be to build up the capacity of the national school system to absorb refugees and ensure quality primary and secondary education that supports learning. Further protective education and life skills activities will be provided for children and youth both in and out of school, including library-based literacy and numeracy programs. Partners will also continue to close the gap in the number of children who have access to early childhood development interventions, and provide early childhood education in the camp that will positively contribute to refugee children's future education and inclusion in national systems

#### **OBJECTIVE 1:**

Ensure all refugees in camp settings have access to education through the national education system

12,000 primary school-aged children enrolled in school/ temporary learning spaces

7,000 secondary school-aged children enrolled in school/ temporary learning spaces

### **OBJECTIVE 2:**

Ensure all refugees in camp settings have access to education through the national education system

3,500 children aged 3-5 years enrolled in early childhood education

2,100 targeted caregivers and parents reached with responsive care and positive parenting programme

#### **OBJECTIVE 3:**

Ensure all refugees in camp settings have access to education through the national education system

1,500 refugee boys and girls who graduate from the literacy and numeracy program in Mahama II



## Food security

Food security partners aim to ensure access to sufficient, safe, and nutritious food on a daily basis for all refugees. In 2018, blanket distribution of food assistance will transition to a targeted food assistance approach. Refugees identified as not in need of humanitarian assistance will receive a reduced ration or no ration, based on their socio-economic profile, vulnerabilities and capacities. Persons with specific needs or the most vulnerable will continue to receive full food rations and other support, including school feeding, according to needs. In parallel, the provision of in-kind food assistance will transition to cash-based interventions to promote nutritional diversity through a wider variety of food available in the market. New arrivals in reception/transit centres will continue to receive in-kind food support (high-energy biscuits for 2-4 days, or if longer hot meals) upon arrival and until relocation to Mahama camp. To prevent deterioration of the nutrition status of the population, nutrition education counselling will be conducted proactively.

### **OBJECTIVE 1:** Ensure the food needs of refugees are met

61,050 refugees receive food assistance on a monthly basis

25,625 school students and early childhood development (ECD) children receive school feeding

## 🕏 Health & Nutrition

In 2018 the response will prioritize integrated access to quality primary health care services for refugees and host community as well as improve camp-based primary health centres and government secondary and tertiary facilities near the camp. These interventions will help decrease morbidity from communicable diseases and epidemics and enhance prevention of under-nutrition and micronutrient deficiencies, including anemia, for both refugee and host communities. Partners will ensure that health care staff are adequately trained, and maintain sufficient quantities of medicine, vaccines and medical items for the camp and surrounding populations. Reproductive health and HIV care and treatment services will also be integrated. Activities tailored to prevent, control and manage communicable disease, particularly malaria, typhoid fever and diarrheal illnesses will be expanded. The nutrition response in Mahama camp will focus on prevention, screening/ detection, referral and treatment of acute malnutrition and micronutrient deficiencies, especially anemia through Community based Management of Acute Malnutrition (CMAM approach) along with support, promotion and protection of Infants and Young Child Feeding (IYCF) practices. Pregnant women and lactating mothers will receive nutritional support through blanket SFP, and children aged 6-23 months will be provided with preventive blanket SFP. Nutrition education and awareness raising for behavior change at the community level will be a continuous process. Nutrition programs will work in close collaboration with the health, WASH, education, protection, livelihood and agriculture sectors.

### **OBJECTIVE 1:**

### Improve the health status of the refugee population

40 health workers trained in collaboration with the Ministry of Health or other external partners

102,000 refugees have access to national/government primary health care facilities

102,000 refugees have access to secondary and tertiary health care

5 health facilities equipped/constructed/rehabilitated

### **OBJECTIVE 2:**

Improve the nutritional well-being of the refugee population

15,575 children under-five provided with routine immunization

25 children admitted to SAM treatments

358 children admitted into MAM treatments

2,900 children aged 6 - 23 months who received enrich fortified food to prevent chronic malnutrition

2,175 pregnant and lactating women who received enriched fortified food to prevent chronic malnutrition

### **OBJECTIVE 3:**

Improve the health status of the refugee population

150 adolescents and young people accessing sexual and reproductive health and information and services

100% refugees have access to comprehensive reproductive health services

250 obstetric emergencies referred to secondary or tertiary care

725 refugees receiving anti-retroviral treatment, care and support

## 襼 Livelihoods & Environment

The Joint Government-UNHCR Strategy on Livelihoods and Economic Inclusion of Refugees (2016-2020) will form the basis for all livelihoods interventions. The strategy aims to ensure that refugees and host communities can fulfill their productive potential, as self-reliant members of Rwandan society, contributing to the economic development of host districts. The existing response revolves around perceiving refugees as potential consumers, suppliers, and employees. In view of this, partnerships with 18 specialized livelihoods organizations are envisaged in the fields of: Entrepreneurship, Artisanal Value Chains, Financial Inclusion and Access to Finance, Nutrition and Gardening, Crowdfunding, Technical Vocational Education and Training, as well as Shelter Construction. In 2018, efforts to support refugees, who have the potential to be self-reliant, will be prioritized along with the right and access to work, in order for them to gradually move away from dependency on humanitarian aid. In line with the strategy, the introduction of cashbased interventions replacing in-kind support, will contribute towards a more enabling environment for refugee self-reliance. Interventions will be designed to alleviate environmental degradation and undertake specific activities that promote and protect natural resources shared by refugee and host communities in the village. Awareness and education on protecting the environment will be conducted, agro-forestry promoted, and trees planted to mitigate against soil erosion.

### **OBJECTIVE 1:**

### Ensure population has sufficient access to clean energy

50% of households have access to sustainable energy for cooking

667 public latrines equipped with lights

150 public places/street lights installed with solar renewable energy

10 common kitchens installed with clean energy systems

#### **OBJECTIVE 2:**

Enhance the protection of natural resources and shared environment

100,000 agro-forestry trees seedlings produced and planted

10 hectares of land covered (planted) with trees

90,000 refugees and host communities receiving environmental education

5 Ecological Model Villages established and fenced

10 km of bamboo planted for soil erosion and river pollution control

### **OBJECTIVE 3:**

Promote peaceful coexistence with local communities through livelihoods and environmental protection

90,000 refugees and host community members benefiting from environmental protection projects

10,000 refugees and host communities participating in peaceful coexistence activities

90,000 refugees and host communities reached through community awareness events/sensitization campaigns and environmental best practices

### **OBJECTIVE 4:**

Ensure population has sufficient access to clean energy

20% of refugee provided with access to financial services

5% of targeted refugees wage-employed on a (monthly or permanent/daily or non-permanent) basis in (formal/ informal) sector

## 🕋 Shelter & NFIs

By end of 2017, over 55,250 individuals will live in semi-permanent family shelters in Mahama camp. In 2018, the shelter response will prioritize finalizing the transition from emergency structures to more durable facilities to accommodate families who are still living in plastic communal shelters and provide adequate shelter for newly arrived refugees from the start. The transition will be complemented by improvements in public infrastructures within the camps i.e. drainage works, access roads, and other key facilities to ensure adequate conditions for sanitation, as well as the preservation and protection of the environment. In 2018 CBIs for Non-Food Items will be expanded to Mahama camp to cover the basic needs for non-food items, including soap and sanitary pads. The response will also prioritize 3,500 of 7,000 Burundian refugee women living in urban areas who are in need of sanitary materials.

### **OBJECTIVE 1:**

Establish, improve and maintain shelter and infrastructure

64,260 refugees living in permanent shelters

1,362 semi-permanent shelters constructed

1,717 shelters maintained/repaired

90 public structured maintained/rehabilitated (communal shelters, nutrition sites, registration shed, food distribution centre etc.)

10 km access road constructed (including Terracing works)

### **OBJECTIVE 2:**

Population has sufficient basic and domestic items

95% households whose needs for basic and domestic items are met

95% of targeted households whose basic needs are met with multi-purpose cash grants or vouchers

### CASH BASED INTERVENTIONS (CBI)

The vision is to establish a productive, long term link between the cash transfer for NFIs and the livelihoods activities being implemented for refugees to contribute to their self-reliance and eventual settlement outside camps. Following the roll-out of CBIs for NFIs in 2017 for Kigeme, Gihembe and Nyabiheke camps, in 2018 CBIs for Non-Food Items will be expanded to all the six camps in Rwanda including Mahama, Kiziba and Mugombwa. Some 31,750 households (approximately 127,000 individuals living in camps) will be targeted.

Cash assistance will be delivered to beneficiaries bank accounts who can purchase nonfood items directly from available merchants in camps or withdraw cash and prioritize the household's needs.



In 2018, the WASH response will include safe access to sufficient clean water for drinking, cooking, and personal hygiene in refugee camps; the improvement of sanitation infrastructure; to ensure the gender-segregation of sanitation facilities; and to promote good hygiene practices through education and awareness promotions. Adapting services to ensure access for persons with specific needs, children, elderly persons will be prioritized. Currently Mahama camp is being served by a permanent water treatment plant which supplies water, meeting humanitarian standards for both the refugees and the host community. A complete water supply connection has already been competed for the nearby Gatore reception centre. Moving from emergency pit latrines to more durable dischargeable latrines (688 latrine blocks) has improved the sanitation and hygiene conditions within the camp, however a substantial gap still remains. The water pipelines require upgrading to improve water pressure within the camp villages. Partners will ensure community participation and involvement in hygiene promotion as education and awareness raising activities are put in place

### **OBJECTIVE 1:**

Ensure refugees live in satisfactory sanitary conditions

100% households with access to improved/maintained sanitary facilities

358 communal sanitary facilities/latrines constructed

50 sanitary facilities adapted to persons with specific needs

10,000 refugees provided with prepositioned materials (squatting plates, water purification kits, portable water testing field test, hygiene material, water tanks)

### **OBJECTIVE 2:**

Ensure refugees live in satisfactory hygiene conditions

64,260 refugees reached by environmental health and hygiene campaigns

65 laundry slabs constructed

1,020 hand washing facilities /dustbins supplied and fixed

### **OBJECTIVE 3:**

Ensure refugees have access to sufficient and safe water

20 litres of potable water available per person per day

69,000 refugees and host community members served by water systems

7 water systems established

# **Financial Requirements**

## By Organization & Sector

| ORGANIZATION | PROTECTION | EDUCATION | FOOD<br>SECURITY | HEALTH &<br>NUTRITION | LIVELIHOODS<br>& ENVIRON-<br>MENT | SHELTER &<br>NFIS | WASH      | TOTAL      |
|--------------|------------|-----------|------------------|-----------------------|-----------------------------------|-------------------|-----------|------------|
| IOM          |            |           |                  |                       | 200,000                           |                   |           | 200,000    |
| OXFAM        |            |           |                  |                       |                                   |                   | 800,000   | 800,000    |
| SCI          | 300,000    | 350,000   |                  |                       |                                   |                   |           | 650,000    |
| UN Women     | 300,000    |           |                  |                       |                                   |                   |           | 300,000    |
| UNFPA        | 300,000    |           |                  | 380,000               |                                   |                   |           | 680,000    |
| UNHCR        | 14,500,677 | 8,578,242 |                  | 9,890,893             | 5,552,981                         | 10,321,524        | 7,382,264 | 56,226,581 |
| UNICEF       | 297,000    | 682,000   |                  | 638,000               |                                   |                   | 220,000   | 1,837,000  |
| WFP          |            |           | 12,707,464       | 634,915               |                                   |                   |           | 13,342,379 |
| WHO          |            |           |                  | 250,000               |                                   |                   |           | 250,000    |
| TOTAL        | 15,697,677 | 9,610,242 | 12,707,464       | 11,793,808            | 5,752,981                         | 10,321,524        | 8,402,264 | 74,285,960 |

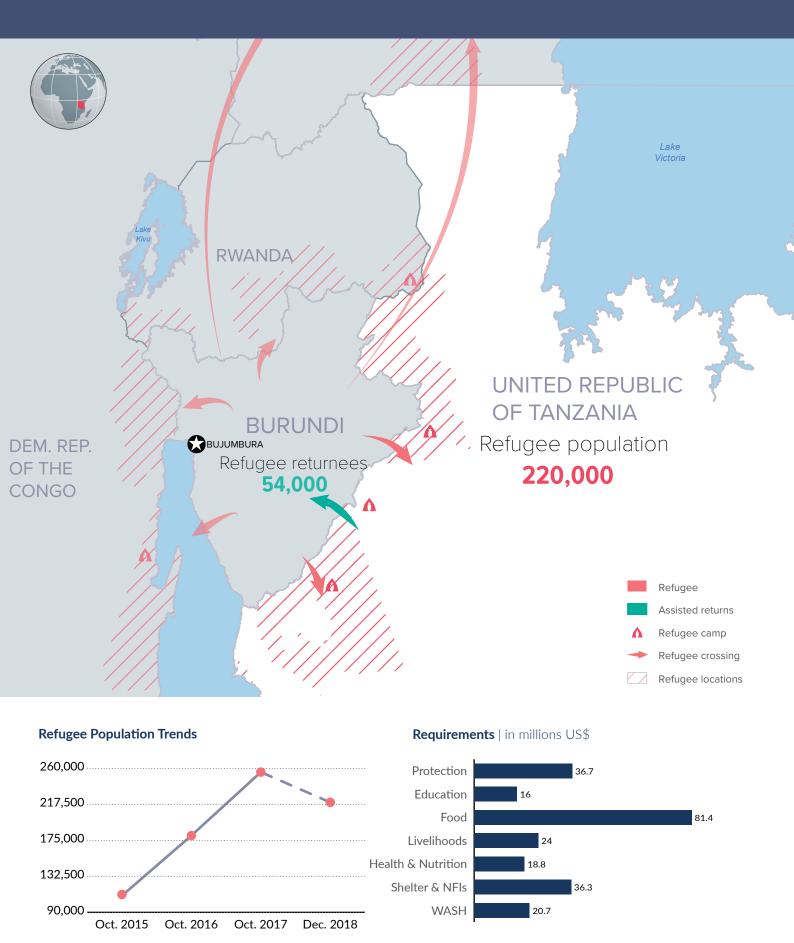


# UNITED REPUBLIC OF TANZANIA REFUGEE RESPONSE PLAN

**2018 PLANNED RESPONSE** 

**220,000** PROJECTED REFUGEE POPULATION

US\$ 234 M REQUIREMENTS **23** PARTNERS INVOLVED



# **Country Overview**

### Introduction

The United Republic of Tanzania was host to 360,000 refugees and asylum-seekers by 31 October 2017, mainly from Burundi (256,000) and the Democratic Republic of Congo (80,000). The majority of refugees and asylumseekers are hosted by the Government of Tanzania in three refugee camps in north western Tanzania, namely Nyarugusu, Nduta, and Mtendeli. Since the beginning of the influx in April 2015, some 234,000 Burundians have fled to Tanzania, making Tanzania the largest host of Burundian refugees in the region.

The Government of Tanzania continues to reiterate its commitment to international legal obligations to protect refugees and asylum-seekers. However, under the 1998 Refugee Act and 2003 Refugee Policy, freedom of movement is restricted, which limits the ability of refugees to become self-reliant. In order to improve the protection environment, refugee response partners have been working together with the government to review the Tanzanian refugee legal framework.

In 2017, the Government of Tanzania launched the Comprehensive Refugee Response Framework (CRRF). The objective of the CRRF in Tanzania is to support the Government of Tanzania to deliver on the pledges it made at the Leaders' Summit on Refugees on 20 September 2016, in line with the global objectives of the CRRF. The CRRF in Tanzania covers six broad areas: admission and rights, inclusion and self-reliance, emergency response, local integration of new citizens (former 1972 Burundian refugees), third country options, and voluntary repatriation and reintegration. All refugees who fled from Burundi from 1 April 2015 to 20 January 2017 were granted refugee status on a prima facie basis. Since 20 January 2017, all new arrivals from Burundi are required to undergo individual Refugee Status Determination (RSD). The Government has established specific RSD procedures to address this group (25,520 individuals as of October 2017), which started in mid-June. In addition, entry/reception points were reduced from 14 to 5 in the Kigoma Region and enhanced border screening modalities have created significant difficulties for new arrivals to access the territory, resulting in a reduction in the number of Burundian new arrivals seeking asylum - from 18,498 in January 2017 to 46 in September 2017.

In a joint statement issued after the High-Level Dialogue between the Government of Tanzania and UNHCR in August 2017, both parties called for the continued provision of protection to refugees and asylum-seekers, while at the same time supporting host communities. It was further agreed to re-double efforts to seek solutions, provide assistance to support refugees who wish to voluntarily return to their countries of origin, and advocate for resettlement to third countries.

Since July 2017 Burundian refugees have been urged in various public forums by senior government officials in Tanzania to return home. On 31 August 2017 at the 19th Tripartite Commission meeting between the Governments of Tanzania, Burundi and UNHCR, a Joint Communique was adopted that included an affirmation to respect the core principles of voluntary repatriation, based on a free and informed choice, and included a work plan to assist the voluntary repatriation in safety and dignity of Burundian refugees who had indicated a desire to return. The Tripartite Commission also acknowledged that while some refugees may opt to return now, others may still have well-founded reasons for not seeking to return at the present time and will continue to be in need of international protection and assistance. The voluntary repatriation operation commenced on 7 September. As of 17 November, 9,259 people had returned to Burundi as part of the operation.

The 2018 Burundi Regional RRP anticipates a total of 220,000 Burundian refugees in Tanzania by 31 December 2018, of whom 201,000 are camp based and the focus of the inter-agency response. The additional 19,000 Burundian refugees included in the population totals are from previous influxes and currently living in

old settlements elsewhere in Tanzania where they are assisted mainly with protection support, including to the finalization of ongoing naturalization programmes.

The 2018 RRP population projection takes into account planning figures for 239,000 camp-based Burundian refugees registered by the end of 2017. In 2018 partners anticipate an increase of 16,000 refugees, including some 6,000 new arrivals and 10,000 through population growth. The net decrease in the population figures by the end of 2018 is due to expectations that up to 54,000 refugees may return to Burundi from Tanzania in 2018. Projected returns are based on the assumption that there will be no further deterioration in the security situation in Burundi and that the absorption capacity to reintegrate returnees will increase. Should the situation inside Burundi change dramatically in 2018 and affect either the rate of new refugee arrivals or the rate of return, the Response Plan will be adjusted accordingly.



### **Needs & Vulnerabilities**

Tanzania has in the past consistently remained committed to its international obligations and has kept it borders open for persons seeking asylum. The lifting of the prima facie recognition for asylum-seekers from Burundi in January 2017 has been followed by a more restrictive approach in granting access for new asylumseekers since March 2017. Screening procedures at the border entry points have conflated lines of responsibility among different government departments resulting in what amounts to ad hoc status determination and rejection at border entry points without the necessary legal protections and procedural safeguards contained in the 1998 Refugee Act. In order to preserve access to territorial asylum in the current context of border restrictions and individual Refugee Status Determinations, support will be required to employ and train dedicated Tanzanian Government Eligibility Officers to build institutional refugee status determination (RSD) capacity in terms of both expertise and processing capacity for the new procedures to be fair and sustainable.

Children make up 58 per cent of the population, 6.4 per cent of whom are unaccompanied and separated children (UASC) under the age of 18. Women and children make up 78 per cent of the total population, with around 6 per cent of refugees identified requiring additional support due to specific needs. The decongestion of Nyarugusu camp (population of 145,376 refugees and asylum-seekers as of 31 October 2017) remains a critical priority, as the current camp population far exceeds the recommended capacity of 50,000 individuals. Three former refugee camps -Nduta, Mtendeli and Karago - have been reopened. However, the unavailability of potable water supply in Karago has until now made it unusable, while problems with water supply in Mtendeli has also limited the number of refugees there to 50,000. Nduta camp remains the only camp where new arrivals are hosted but with a population of 120,043 refugees and asylumseekers as of 31 October 2017, it does not have sufficient infrastructure to support continuous arrivals and refugees walk long distances to access services. A decision by the Government to identify additional sites is still pending.

Major protection gaps include the inadequate number of social workers for the increasing population with specific needs and requiring individual case management especially in Nduta and Nyarugusu camps. This affects the delivery of protection services and follow up to children at risk, SGBV survivors, and other persons with specific needs (PSNs) that require individual protection assistance. Transport to health services is required for PSNs with impaired mobility. The juvenile justice system requires support to introduce procedures to protect children who are in contact/conflict with the law. Despite achievements made in mainstreaming protection across all sectors, there are still gaps, especially in WASH where communal latrines continue to pose serious risks of SGBV incidents.

Water supply remains a major challenge in the three camps, most critically in Mtendeli. Out of 21 boreholes drilled in 2015 and 2016, only six are productive with insufficient yielding capacities. Despite efforts to maintain the water supply, regular breakdowns of water pumps persist due to excessive utilization to meet the demand and aging of generators for surface pumps. The use of natural resources, including water and wood fuel for cooking not only impacts the environment, but also gives rise to serious protection risks and increased tension between refugee and host communities. Longterm sustainability of energy and environment interventions requires a change to the encampment policy from the Government, the re-establishment of Cash Based Interventions (CBIs) in the camps with increased coverage, and access to livelihood opportunities permitted outside the camp boundaries, including those associated with alternative cooking fuels.

The lack of suitable land for camp expansion and the Government's decision to keep refugees and asylumseekers in separate zones within the camp has led to congestion and inadequate shelter facilities. Additional funding for transitional shelters is needed as 67 per cent of the refugee population still live in emergency shelters. Emergency shelters provided during the peak of the emergency are dilapidated, as families could not be supported with transitional shelters due to limited resources.

Congestion and poor learning conditions negatively impact students/teachers' performance leading to school drop-outs and the deterioration of the quality of education. The teacher pupil ratio in most schools is more than 1:200. A significant number of students are learning under trees. There is a need for an additional 652 classrooms to cater for the current learner population. The critical renovation needs of 77 dilapidated school structures in Nyarugusu remain unattended due to a shortage of funding. There is a critical need for additional health and nutrition infrastructure and equipment, supported with sufficient staffing capacity. A dedicated operation theatre for obstetric emergencies is required at Nyarugusu main dispensary and establishment of a theatre room in Nduta. Life-saving equipment such as ambulances, incubators and X-ray machines are also needed, as well as continuous drug supplies and increased psychosocial health services. Malaria remains the main cause of morbidity among children under five across all the three camps accounting for 30 per cent of morbidity in Nduta and 25 per cent in Nyarugusu and Mtendeli.

Of critical note, there have been fluctuating reductions in the food rations since February 2017. The Kcal/p/d ranged from 1,287 in February 2017 to 1,864 in July 2017, which is below the standard of 2100Kcal/p/d and would be expected to lead to a deterioration in the nutritional status of the population. The food reduction is a direct result of underfunding and perhaps the most acutely and widely felt need of all the various shortfalls in the response operation.

The host communities in the region of Kigoma are among the most vulnerable populations in Tanzania, and the presence of refugees has placed considerable pressure on the already over-stretched natural resources. This has negative effects on their wellbeing, which if not carefully managed can generate tensions amongst communities.

### **Response Strategy & Priorities**

The complex and evolving protection environment in Tanzania and the adoption of the CRRF warrants a multi-faceted response that ensures continued access to territory, humanitarian assistance, as well as identifying opportunities for durable solutions. In 2018 the interagency response for refugees from Burundi has the following strategic country objectives:

- Ensure access to territory for new arrivals and the protection of Burundians
- Enable access to essential services for refugees and asylum-seekers across sectors and according to minimum humanitarian standards
- Promote comprehensive solutions including cash transfers, self-reliance and support for host communities, and voluntary repatriation

To advance the Comprehensive Refugee Response Framework (CRRF) and durable solutions as part of it, the level of self-reliance and peaceful co-existence between refugees and surrounding host communities will be actively promoted. Due to current government policy, refugees are restricted to live in camps limiting their access to markets and income generating opportunities. Partners will work with the Government of Tanzania to review existing policies and explore options suited to the current context.

The Government's process to review the national refugee legal framework will continue to be supported especially to enhance freedom of movement for refugees. There will be a focus on strengthening links with host communities aimed at reducing conflict and SGBV incidents, and improving peaceful co-existence between refugee and host communities.

Priority interventions in the sectors of education, health and nutrition, shelter and non-food items (NFIs), livelihoods and food security, WASH, environment and logistics will be implemented to ensure improved protection and access to essential services.

Attention will be given to assessing the feasibility of reintroducing cash transfers, with the aim of proposing interventions that will lead to gains in efficiency, effectiveness, and self-reliance, while reducing protection risks.

Efforts will be made to create awareness among and sensitize refugees about voluntary repatriation and return plans. This includes sharing country of origin information, assistance to be provided prior to and upon return, as well as protection monitoring in areas of return, geared towards assessing integration and sustainability of return.

### Partnership & Coordination

Within the Government of Tanzania, the Ministry of Home Affairs (MoHA) has the primary responsibility for all refugee-related matters. The responsible agency within the MoHA is the Refugee Services Department. More than 30 partners work closely with the Refugee Services Department in the inter-agency refugee response.

MoHA and UNHCR co-chair the Refugee Operation Working Group in Dar es Salaam and the Inter-agency/ Inter-sector Coordination Working Group in the Kigoma Region. The inter-agency/ inter-sector Coordination Working Group, sector working groups and campspecific Camp Coordination and Camp Management (CCCM) meets regularly in the Kigoma Region and are chaired by UN agencies and NGO Partners based on sector expertise.

The population planning figures for Burundian refugees for 2018 were projected and reviewed through the inter-agency/inter-sector Coordination Working Group and Refugee Operation Working Group at Kibondo and Dar es Salaam. Several joint assessments were conducted, including preparedness and contingency planning, analysis of needs and gaps, as well as border assessments to enhance coordination and quality response. To strengthen the evidence base, increased attention will be given to multi-sectoral assessments and creating centralized assessment databases.

The application of the Comprehensive Refugee Response Framework (CRRF) in Tanzania is underway, led by the Government of the United Republic of Tanzania and facilitated by UNHCR. The Government officially launched the CRRF in June 2017. In line with the "whole of society" approach outlined in the New York Declaration on Refugees and Migrants, the CRRF roll-out is guided by broad partnerships in-country. A wide range of humanitarian and development actors are actively participating in the process.

The CRRF National Steering Committee has been established and its central role is to ensure a comprehensive refugee response through policy, oversight, coordination, and resource mobilization. It is co-chaired by the Ministry of Home Affairs and the President's Office of Regional Administration and Local Government (PO-RALG) and includes representatives of various line ministries, regional authorities, the UN, development partners, non-governmental organizations, academia and the private sector. The CRRF builds on existing initiatives, coordination mechanisms and structures where possible.

As part of the UN Delivering as One sectoral dimension of the UN Development Assistance Plan (UNDAP), an area-based UN joint programme that cuts across multiple sectors to improve development and human security in the region of Kigoma has been launched. It involves 16 UN Agencies and was developed in cooperation with the regional and district authorities based on the development needs of Kigoma and the capacities of the UN in Tanzania. By focusing on both the host population and refugees, the program supports and forms an integral part of the CRRF in Tanzania.

### **RRP PARTNERS**

- Adventist Development and Relief Agency
- African Initiatives for Relief & Development
- CARITAS The Catholic Diocese of Kigoma
- Church World Service
- Community Environmental Management
  and Development Organization
- Danish Refugee Council

- Food and Agriculture Organisation
- Good Neigbours Tanzania
- HelpAge International
- International Organisation for Migration
- International Rescue Committee
- Norwegian Refugee Council
- OXFAM
- Plan International
- Relief to Development Society

- Save the Children International
- Tanganyika Christian Refugee Service
- Tanzania Red Cross Society
- United Nations Children's Fund
- United Nations High Commissioner for Refugees
- United Nations Population Fund
- World Food Programme
- World Health Organisation



# **Planned Response**

# Protection

The registration of individual asylum-seekers will be strengthened despite the reduced number of admissions to Tanzania. Focus will be on improving the issuance of Proof of Registration (PoR), and advocacy with the Government for civil status registration and the issuance of documentation, including national identity cards to all recognized refugees.

Partners will engage more with communities, increasing awareness about SGBV prevention and response. Attention will be given to strengthening links with host communities near refugee camps aimed at reducing SGBV incidents, conflicts, crimes, improving peaceful co-existence and enhancing a symbiotic relationship between refugee and host communities. Identified SGBV survivors will be assisted with comprehensive psychosocial and medical support.

For persons with specific needs, including the elderly and those with disabilities, existing systems will be strengthened for early identification, registration, and support services. Strengthening individual case management for children at high risk, providing alternative care arrangements for Unaccompanied and Separated Children, who represent 6.4 per cent of the total refugee child population, and reinforcing family tracing and reunification mechanisms will be prioritized in line with the Regional Action Plan for the protection of Burundian refugee children. Efforts will also be made to address issues related to the best interest of children in the context of national systems. Additional efforts will be made to sensitize and inform refugees about voluntary repatriation including sharing country of origin information, holding community discussions, and improving data collection and management. In operationalizing the Voluntary Return Plan in coordination with the country of origin, partners will focus especially on assessing and ensuring the voluntariness of returns from Tanzania, as well as identifying areas of return to inform planning.



### **OBJECTIVE 1:**

Improve and maintain the quality of registration and profiling of refugees

100% of refugees registered and documented on an individual basis

5,760 refugees provided with information through Individual Case Management (ICM)

### **OBJECTIVE 2:**

Reduce the risk of SGBV and improve quality of response

3,500 identified SGBV survivors assisted with appropriate support

1,500 community leaders trained on SGBV referral system

10,000 individuals sensitized and trained (outreach activities) on SGBV

### **OBJECTIVE 3:**

### Enhance child protection response

6,000 children with specific needs receiving specialised protection services

2,000 UASC in appropriate interim or long term alternative care arrangements

600 reunifications between unaccompanied children and family members

240 Best Interest Decisions taken

### **OBJECTIVE 4:**

Strengthened services for persons with specific needs

3,102 persons with disability receiving specific support

5,000 older refugees receiving specific support

400 persons per month with specific needs engaged in community-based protection Focus Group Discussions

3,600 persons per month with specific needs participating in recreational events organised

### **OBJECTIVE 5:**

### Ensure free and informed choice on voluntary repatriation

54,000 refugees provided with information on conditions of return and return plans

36 information sessions on voluntary repatriation

54,000 persons assisted to voluntarily repatriate

### Education

The Education Working Group (EWG) will collectively seek to provide access to equitable and quality formal and alternative education to primary and secondary school-aged children through infrastructure development, professional teacher development (pedagogy and classroom management), and improved student welfare. Access to Early Childhood Development (ECD) will be mainstreamed within broader child protection activities using both schools and child friendly spaces for age appropriate activities. To ensure sustainability and protection in the medium and long term, the EWG will continue advocating for the inclusion of Burundian refugee children in the Tanzania national education system, recognizing that the national system provides access to accredited, supervised and accountable education services, and so that Burundian refugees can receive certification of education levels reached.

### **OBJECTIVE 1:**

Increase access to inclusive and equitable education for refugee boys and girls through providing age-appropriate learning opportunities

23,269 children aged 3-5 enrolled in early childhood education

55,000 primary school-aged children enrolled in formal school/temporary learning spaces

6,693 secondary school-aged children enrolled in school/ temporary learning spaces

4,016 overage children and youth accessing safe alternative education

368 educational facilities constructed or improved

### **OBJECTIVE 2:**

Ensure refugee children have access to qualitative education

85% of primary school teachers trained on Teacher in Crisis Context (TiCC) package

85% of secondary school teachers trained

75% of children who obtain pass mark





Partners will strengthen efforts, including through donor mobilization, to ensure food is provided to refugees at the minimum standard level. Expansion of cash for food programmes that benefit both the refugees and host communities will be advocated for and opportunities for greater use of cash-based transfers will be explored.

### **OBJECTIVE 1:**

### Ensure the food needs of the refugees are met

239,000 refugees received adequate food assistance on a monthly basis (in-kind food, vouchers and/or CBI)

42,520 refugees who have harvested crops

9 markets established and strengthened which are accessible to refugees

## 🚏 Health & Nutrition

Priority activities in the health and nutrition sectors will include construction, equipping and renovation of camp health facilities to increase access to basic health care, reproductive health, HIV, and nutrition services. The recruitment of qualified health workers to improve the quality of services and accessibility. Medical referral support to seek secondary and tertiary health care will be provided on a priority basis. Outbreak preparedness and response including the continuous supply of essential medicine will be prioritized. Health promotion activities such as immunization will be considered key elements in the response to encourage healthy life and reduce morbidity. Nutrition surveillance, managing malnutrition, as well as mental health and psychosocial support services, and sexual and reproductive health services are also among the inter-agency response priorities. Pre-embarkation medical screening will continue for refugees and asylum-seekers before they repatriate.

### **OBJECTIVE 1:**

Improve health status of the refugee population

210,571<sup>1</sup> of malaria cases identified through rapid diagnostic tests

95% of measles vaccine coverage

22,000 refugees who undergo pre-embarkation medical checks

### **OBJECTIVE 2:**

Ensure refugee population has optimal access to reproductive health and HIV services

10,230 clean deliveries assisted by qualified personnel

>95% of deliveries at the health facility

1,116 refugees receiving Anti Retroviral Therapy on a regular base

>90% Prevention of Mother To Child Transmission coverage

#### **OBJECTIVE 3:**

Improve the nutritional well-being of the refugee population

2,641 children admitted into SAM treatments

7,917 children admitted into MAM treatments

<5% Global Acute Malnutrition Rate

<sup>1</sup>Number of foreseen confirmed malaria cases anticipated in 2018. In a year there is the likelihood that refugees will have malaria multiple times.

## 垫 Livelihoods & Environment

In 2018 the response will include activities that provide livelihood opportunities for refugees that contribute to the overall development of host communities, as well as advocacy on the freedom of movement, right to work, and access to land and financial services. The capacity of refugees and the host community members will be built through agricultural, vocational, and business skills training inside the camp or, where possible, at buffer zones to foster peaceful co-existence. The livelihoods response will also promote financial inclusion through the formation of informal saving groups. Partners have developed an Energy and Environment Strategy in collaboration with the Ministry of Home Affairs and Local Government. The implementation priorities of the strategy include activities such as: distribution of solar lanterns to all families; development of efficient cooking practices; providing access to alternative cooking fuels; and continued reforestation activities and the development of camp-wide energy management plans. The lack of sufficient fuel for refugee families continues to pose a major protection concern, as women and girls are often tasked with searching for firewood outside the camp, exposing them to SGBV risks, necessitating a coordinated and comprehensive livelihoods and protection response.

#### **OBJECTIVE 1:**

Improve access to energy and management of natural resource and environment

102,300 refugee households receive fuel, energy saving stoves and equipment

6,399,000 tree seedlings planted

#### **OBJECTIVE 2:**

Increase human, social and productive assets and access to finance and markets for refugees and host community members

1,150 refugees and host community members who have completed vocational and business skills training with a nationally recognized certificate

7,250 refugees and host community members who have completed vocational and business skills training without a nationally recognized certificate

16,900 refugees and host community members who have received start-up kits or grants complemented with business skills training

### **OBJECTIVE 3:**

Strengthen resilience of refuges and host community members through self-employment/employment and increased income and financial asset

11,990 refugees and host community members who have gained and still have access to financial services

9,000 refugees and host community members who have started their own business

9,730 refugees and host community members who have self-reported increase of income compared to the beginning of the livelihoods projects

9,190 refugees and host community members who have self-reported increase of savings compared to the beginning of the livelihoods projects

## 🕋 Shelter & NFIs

The Shelter Working Group will focus on providing refugees with access to shelter solutions that promote family dignity, provide privacy and security, and protection from the elements. In 2018, a key priority will be to shift refugee families from less durable emergency tents and shelters to transitional shelters that are resistant to heavy rains and mitigate protection risks currently faced by female-headed households residing in emergency shelters that can be easily entered. Maintenance and rehabilitation of dilapidated shelters, existing structures (65 per cents of refugees are still leaving in emergency shelters that required a certain degree of maintenance and/or replacement) and road infrastructure will continue to be improved to facilitate the smooth delivery of services and access to the camps. Non-Food Item kits consisting of blankets, sleeping mats, kitchen sets, buckets, soap, mosquito

nets, jerry cans, sanitary napkins, plastic sheeting and family tents will continue to be distributed as per the established criteria to new arrivals.

### **OBJECTIVE 1:**

Establish, improve and maintain shelter and infrastructure

65,000 refugees receive transitional shelter

278,000 refugees receive emergency shelter

150 kilometres of access road constructed

### **OBJECTIVE 2:**

Ensure population have sufficient basic and domestic items

59,750 households receiving non-food items

### CASH BASED INTERVENTIONS (CBI)

The positive impact that cash transfers can have in enhancing the economy among the host population and easing tensions between refugees and the host community remains untapped. Well presented evidence and advocacy is required in the Tanzania context to convince all actors of the expected benefits compared to in-kind distributions.

Attention will be given to assessing the feasibility of reintroducing cash transfers, with the aim of proposing interventions that will lead to gains in efficiency, effectiveness, and self-reliance, while reducing protection risks..

## WASH

Priority interventions in sanitation will include increasing refugee families' access to individual family latrines to improve general sanitation conditions and better protect individual health.

Priority interventions in hygiene will include the provision of supplementary WASH-related NFIs, such as additional jerry cans, in order to increase the storage of potable water in households, as well as additional soap to facilitate increased hand washing. A significant increase in the number of hygiene promoters will also be warranted in order to reinforce the hygiene knowledgebase of the population.

In terms of water supply, the greatest priority will be in finding additional and sustainable sources of water for the growing population, as well as making performance improvements to the water supply networks to evenly distribute its supply to all users within the community.

### **OBJECTIVE 1:**

### Enhance access of refugees to sufficient and safe water

>20 litres of safe drinking water per persons per day

<100 persons per usable tap

<200 Average distance (m) from households to water collection points

>95% of water quality tests at chlorinated water collection points with Free Residual Chlorine in the range of 0.2-2mg/L and turbidity <5 NTU

### **OBJECTIVE 2:**

Ensure refugees live in satisfactory sanitary conditions

<20 people per latrine stance

<20 people per bath shelter

>40% of households with family latrines

### **OBJECTIVE 3:**

Ensure refugees live in satisfactory hygiene conditions

<1,000 persons per hygiene promoter

100% population reached by hygiene campaigns

>500 Average quantity (g) of soap/person/month

>80% households with at least 10 L/person potable water storage capacity

# **Financial Requirements**

## By Organization & Sector

| ORGANIZATION                                    | PROTECTION | EDUCATION  | FOOD<br>SECURITY | HEALTH &<br>NUTRITION | LIVELIHOODS<br>& ENVIRON-<br>MENT | SHELTER<br>& NFI | WASH       | TOTAL       |
|---|------------|------------|------------------|-----------------------|-----------------------------------|------------------|------------|-------------|
| ADRA  |            |            | 140,000          |                       | 3,100,000                         |                  |            | 3,240,000   |
| AIRD  |            | 1,404,000  |                  |                       | 185,000                           | 5,679,338        |            | 7,268,338   |
| CARITAS The<br>Catholic<br>Diocese of<br>Kigoma |            | 200,000    |                  |                       |                                   |                  |            | 200,000     |
| CEMDO   |            |            |                  |                       | 650,000                           |                  |            | 650,000     |
| CWS   |            |            | 80,000           |                       | 250,000                           |                  |            | 330,000     |
| DRC   | 500,000    |            |                  |                       | 1,140,750                         | 6,275,000        |            | 7,915,750   |
| FAO   |            |            | 1,000,000        |                       | 4,977,875                         |                  |            | 5,977,875   |
| GNT   |            |            | 185,000          |                       | 600,000                           |                  |            | 785,000     |
| HAI   | 499,680    |            |                  |                       | 358,536                           |                  |            | 858,216     |
| IOM   | 1,875,000  |            |                  | 150,000               |                                   |                  |            | 2,025,000   |
| IRC   | 2,452,462  | 954,180    |                  | 1,406,031             | 350,000                           |                  |            | 5,162,673   |
| NRC   |            | 1,264,000  |                  |                       | 400,000                           | 2,575,000        | 2,000,000  | 6,239,000   |
| OXFAM   |            |            | 22,700           |                       | 90,000                            |                  | 2,500,000  | 2,612,700   |
| PI  | 2,800,000  | 1,200,000  |                  |                       | 450,000                           |                  |            | 4,450,000   |
| REDESO  |            |            |                  |                       | 650,000                           |                  |            | 650,000     |
| SCI   | 1,932,900  | 2,512,750  |                  |                       | 1,054,350                         | 600,000          |            | 6,100,000   |
| TCRS  |            |            |                  |                       |                                   |                  | 2,700,200  | 2,700,200   |
| TRCS  |            |            |                  | 400,000               |                                   |                  |            | 400,000     |
| UNFPA   |            |            |                  | 1,353,452             |                                   |                  |            | 1,353,452   |
| UNHCR   | 26,115,703 | 7,301,171  | 933,320          | 11,238,745            | 9,797,164                         | 21,146,523       | 11,729,350 | 88,261,976  |
| UNICEF  | 530,000    | 1,230,000  |                  | 1,100,000             |                                   |                  | 1,800,000  | 4,660,000   |
| WFP   |            |            | 79,000,000       | 3,000,000             |                                   |                  |            | 82,000,000  |
| WHO   |            |            |                  | 200,000               |                                   |                  |            | 200,000     |
| TOTAL   | 36,705,745 | 16,066,101 | 81,361,020       | 18,848,228            | 24,053,675                        | 36,275,861       | 20,729,550 | 234,040,180 |

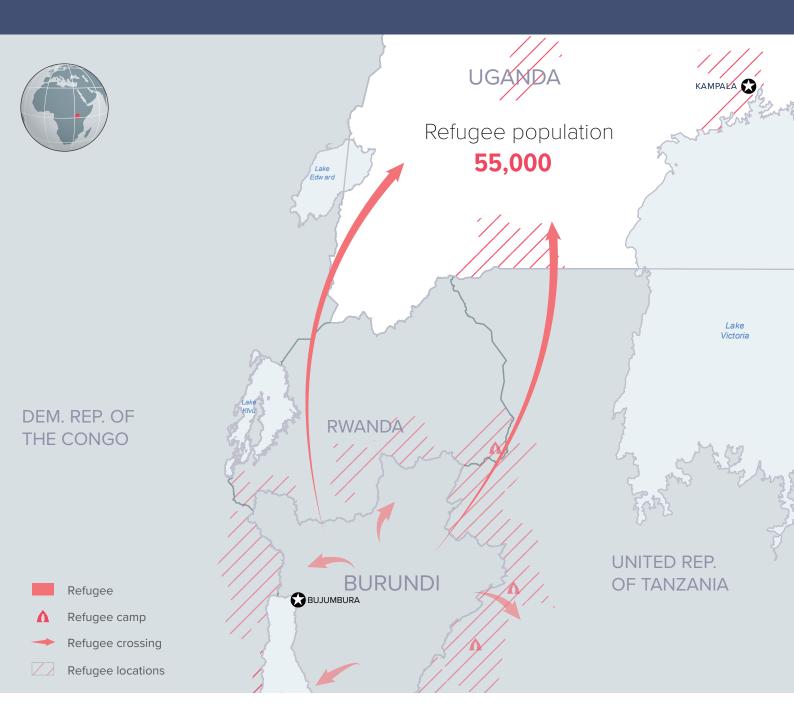


# UGANDA REFUGEE RESPONSE PLAN

**2018 PLANNED RESPONSE** 



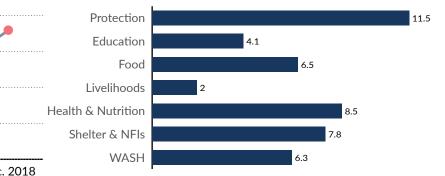
US\$ 46.7 M REQUIREMENTS 9 APPEALING PARTNERS



### **Refugee Population Trends**

## 60,000 48,000 24,000 12,000 Oct. 2015 Oct. 2016 Oct. 2017 Dec. 2018

### Requirements | in millions US\$



## **Country Overview**

### Introduction

Uganda has received an unprecedented influx of refugees in 2016 and 2017, tripling the refugee population to over 1.35 million people by September 2017, making it one of the largest asylum countries worldwide, and the largest in Africa. By the end of 2018, Uganda is likely to host 1.8 million refugees.

The 2018 Burundi Regional RRP anticipates that Uganda will host a total of 55,000 Burundian refugees by 31 December 2018. This projection is based on an expected 40,000 Burundian refugees registered by the end of 2017. Partners anticipate an increase of 15,000 new refugees across 2018. No significant returns to Burundi from Uganda are projected at this stage. Should the situation inside Burundi or in countries of asylum change dramatically in 2018 and affect either the rate of new refugee arrivals or the rate of return, the Response Plan will be adjusted accordingly.

The vast majority of new arrivals from Burundi will continue to be settled in the existing Nakivale settlement (Isingiro district), which has continuously expanded. Effective 1 June 2017, the prima facie status for Burundian asylum-seekers was revoked. Instead, Burundian refugees undergo individual refugee status determination (RSD), conducted by the Government Refugee Eligibility Committee (REC) with technical and material support from UNHCR.

In Uganda, Burundian refugees benefit from a favorable protection environment and receive the same treatment as refugees of other nationalities, including freedom of movement, the right to work and establish businesses, the right to documentation, and access to social services. The country has a non-camp settlement policy, by which refugees are allocated relatively large plots of land for shelter and agricultural production. While providing the basis for refugee self-reliance, the settlement approach typically incurs higher up-front costs than that of a camp environment.

The Government of Uganda formally launched the Comprehensive Refugee Response Framework (CRRF) in March 2017, expanding on existing initiatives, coordination mechanisms, and policies. Emerging priorities of the CRRF in 2018 and beyond are: to increase the participation of development actors, private sector, and other non-traditional partners in the response; to assist both humanitarian and development actors to agree on policy priorities; to enhance development and resources in the refugee hosting districts (including district level engagement in planning and budgeting); and to improve integrated service delivery for both refugees and host communities.

Uganda's refugee legislation, the 2006 Refugees Act, promotes refugee self-reliance and favors a development-based approach to refugee assistance, emphasized further by the 2010 Refugee Regulations. In 2015, the Government of Uganda launched the Settlement Transformative Agenda (STA), a framework laying the foundations for the socio-economic development of refugee-hosting areas, which is now part of the five-year National Development Plan II (NPD II 2016-2020). The UN Country Team (UNCT) in Uganda also supports this approach through the Refugee and Host Population Empowerment (ReHoPE) framework and its inclusion in the UN Development Assistance Framework for Uganda (UNDAF 2016-2020).

The CRRF Steering Group is led by the Government, and membership includes the Ministry of Foreign Affairs, Ministry of Finance and Planning, line Ministries, local district authorities, refugees, humanitarian and development donors, NGOs, the private sector, and the UN. The Government is in the process of setting up a CRRF Secretariat. A CRRF Refugee Advisory Board will also be formed to ensure broad inputs by all refugee groups.

Over the past two years, major funding shortfalls have severely affected the capacity of RRP partners to adequately meet the needs of refugee populations and hosting communities. The funding level of the 2017 Burundi RRP was at a dramatic low of 6 per cent as of October 2017, requiring UNHCR to request support from its global funding sources to keep the operation going. The chronic lack of sufficient resources required a constant re-prioritization of immediate short-term life-saving measures, such as emergency reception of refugees, emergency shelter, NFIs, and life-saving water provision through water trucking. Spending primarily on these immediate needs is to the detriment of more structural interventions, which would have enabled refugees to live in a more dignified manner and fully attain their rights. Stabilization of integrated social service delivery remains a key challenge in ensuring cost-efficient sustainability. Programme components under the ReHoPE framework have largely remained aspirational, with only very few projects under implementation.

### **Needs & Vulnerabilities**

Following the cessation of prima facie recognition for Burundian refugees, all new refugee arrivals from Burundi are required to undergo individual RSD. At the end of October 2017, some 1,466 Burundian asylum seekers were awaiting RSD screening in Nakivale settlement, causing congestion at the Kabazana reception centre. There is an urgent need to review the procedure of land allocation and expedite the work of the REC to allow recognized refugees to be allocated plots of land and settle as quickly as possible.

Between January and October 2017, 64 incidents of SGBV were reported among Burundian refugees, including three involving newly arrived refugees. Most incidents occurred in the country of asylum. While it has proved challenging to establish a clear linkage between instances of SGBV and subsequent flight, factors contributing to SGBV in Uganda include food insecurity leading to intimate partner violence and limited livelihood opportunities for vulnerable women and girls, with resultant negative coping mechanisms such as transactional and survival sex. Breaking stigmas surrounding SGBV has been identified as a challenge as incidents remain largely unreported. Partners carry out SGBV awareness-raising at the Kabazana reception centre and support the work of SGBV committees in Nakivale and Oruchinga settlements. Prevention and response activities need strengthening and SGBV survivors need access to adequate holistic support services, ranging from safe houses, medical care, psychosocial and legal support.

Children comprise 40 per cent of the Burundian refugee population, making child protection services a priority. Refugee children face protection risks such as separation from families, psychosocial distress, abuse, exploitation, child labour and sexual exploitation. Unaccompanied and separated children (UASC) are the most vulnerable children, especially girls who are at risk of SGBV and early and forced marriages.

School age children represent 52 per cent of the total Burundian refugee population. 45 per cent of them have access to formal and informal education, with a significant gender gap in enrolment, especially at secondary level, where fewer girls are in school compared to boys. In 2017, only 10 per cent of secondary education age children were able to access secondary education (466 enrolled out of 4,656), mainly due to lack of secondary education facilities and scholarship opportunities. As a result, children and adolescents out of school are more likely to be exposed to exploitation, abuse and risky behavior. Overcrowding in classrooms, inadequate post-primary options, lack of school feeding, language barriers, difficulty having Burundian certificates recognized, and high teacher turnover are challenges to enrolment, performance, and progression of refugee children at all levels of education.

Food production in all settlements across Uganda is impaired by limited agricultural land, unreliable rainfall patterns and limited access to agricultural inputs. The majority of Burundian refugees are dependent on food assistance. Due to funding shortfalls and breaks in the food pipeline, the size of food rations was reduced, especially cereals. The Food Security and Nutrition Assessment (FSNA), indicates that in settlements hosting Burundian refugees, stunting rates are higher than 30 per cent, the underweight rate is close to 10 per cent and the anaemia rate is over 30 per cent among children and women.

While new temporary health facilities have been established to cater for new refugee arrivals settling in remote areas within Nakivale, health care personnel, medical supplies and ambulances for referral services are being shared with existing facilities, which affects the quality of service delivery. Temporary and existing facilities need to be reinforced with the full package of primary health care interventions.

A comprehensive reproductive health package needs to be strengthened beyond the Minimum Initial Service Package (MISP) to include HIV/AIDS interventions. Essential medicines need to be stocked and the capacity of health care providers and DLGs improved to effectively respond to disease outbreaks. A consistent supply of dignity kits for women and girls of reproductive age is a critical priority.

The livelihoods and income of Burundian refugees in Nakivale and Oruchinga settlements have been largely affected by low crop yields, as a result of limited access to quality agricultural inputs and declining soil fertility, coupled with unreliable weather (especially dry spells lasting up to five months). The vast majority of Burundian refugees lack the skills to start and manage incomegenerating businesses or search for employment. Only 10 per cent of Burundian refugees obtained micro-loans to start a business from informal credit mechanisms. With adequate funding, promising new projects to promote self-reliance among refugee populations in Uganda could be extended to Burundian refugees. Cash transfers could potentially be implemented in Nakivale refugee settlement to address various needs of Burundian refugees due to the presence of functioning markets although this will require further feasibility analysis.

Environmental degradation has become a matter of great concern. Contributing factors include cutting trees for firewood and construction, lack of or inappropriate wastewater treatment systems, and the negative effects of extensive water extraction on groundwater levels. In Uganda's refugee settlements, the huge dependency of refugees on wood and charcoal-based fuels for cooking and heating has dramatic consequences on refugees' health but also on the environment. There is a need to invest in measures seeking to mitigate environmental degradation, including but not limited to provision of safe and energy efficient cooking stoves and tree planting.

An anticipated 15,000 new Burundi refugees in 2018 need to be accommodated in existing settlement areas (mostly Nakivale) and provided with shelter and household non-food item (NFI) kits.

The current water supply gap of 292 m3 per day is likely to double in 2018 in line with the anticipated growth in the refugee population. In order to phase out water trucking, the existing water pipe network must be extended and ground water potential explored. Due to the increased turbidity of Lake Nakivale's water due to declining water levels, additional investment is needed to procure alum and chlorine for water treatment to serve targeted communities.

Household latrine coverage in Nakivale currently stands at 79 per cent, but only 49.5 per cent of the planned institutional (gender segregated and lockable) latrine blocks have been completed. The lack of a faecal waste treatment plant for drainable communal and institutional latrines in Nakivale poses a risk to ground water and must be prioritized.

### **Response Strategy & Priorities**

The 2018 RRP seeks to operationalize the Comprehensive Refugee Response Framework (CRRF) in Uganda in three areas: Pillar I (protection and rights), Pillar II (emergency response and ongoing needs) and Pillar III (resilience and self-reliance). Whilst acknowledging its predominantly humanitarian focus, this RRP also attempts to embrace activities and approaches that help refugees, host communities and refugee-hosting districts become more resilient to shocks, and bridge the humanitarian and development nexus. This reflects the spirit of the CRRF and the call to think long-term from the onset.

In line with the strategic regional objectives partners in the response are guided by the following strategic priorities:

- Physical and legal protection of refugees, including access to the territory, fair and efficient asylum procedures, respect for the principle of non-refoulement, registration and documentation, prevention and response to SGBV, child protection, civilian character of asylum, and support to persons with specific needs;
- 2. Continued life-saving emergency service provision and opening of new refugee settlement areas, in line with Uganda's potential adjustments to land management and land allocation strategy;
- 3. Stabilization of all new refugee settlement areas opened over the past two years;
- 4. Support to district authorities and systems, in order to strengthen their capacity and achieve integrated service delivery for both refugees and hosting communities;

- 5. Social cohesion and resilience support involving both refugees and host populations. Given the rapidly growing refugee populations in some districts, at times surpassing the local populations in size, area-based community support projects are increasingly important to maintain the asylum space and peaceful coexistence between the refugees and their hosts;
- 6. Environmental protection and restoration interventions to counterbalance the adverse effect of refugee settlements on the environment. Interventions in this area should include measures to preserve water tables, reduce tree cutting for firewood, construction and agriculture and to manage waste. Systematic planning with district authorities is key in this area;
- 7. Strengthening of livelihood support programs in all refugee-hosting areas to initiate the process of graduating households towards self-sufficiency and resilience. Livelihood support should be appropriate to the context and the skillsets of refugees, and may include agricultural and non-agricultural activities;
- Increased phase-in of sectoral or multi-purpose cash transfers for refugees based on feasibility studies and consultations;
- 9. Emergency preparedness for higher than anticipated refugee influxes and
- 10. Enhancement of response data collection and analysis as the basis for prioritization, programming, reporting and accountability.

### Partnership & Coordination

The Comprehensive Refugee Response Framework (CRRF) provides the over-arching policy and coordination framework, guiding all aspects of the refugee response in Uganda. The Government led CRRF Steering Group, with the support of the CRRF Secretariat, provides guidance to the five pillars of the refugee response: 1. Admission and rights; 2 Emergency response and ongoing needs, 3. Resilience and selfreliance; 4. Expanded solutions; and 5. Voluntary repatriation. The current humanitarian refugee response, and related coordination structures, mainly fall under Pillars I and II of the CRRF.

The humanitarian coordination structure is designed around four levels of coordination: 1) Leadership; 2) Interagency at national level; 3) Sectors at national level; and 4) Field coordination structures at regional and settlement level. The humanitarian refugee response in Uganda is co-led and coordinated by OPM and UNHCR, with broad participation of UN and NGO partners (national and international), in line with the Refugee Coordination Model (RCM). In view of achieving an effective and integrated protection response, members of the refugee and host communities are also involved in the response, as are local authorities and relevant line Ministries.

At the national level, inter-agency and inter-sector coordination meetings take place regularly and sectorbased coordination meetings take place regularly with a varying frequency ranging from weekly to monthly. A similar structure exists in the field, both at a District and settlement level, engaging the District Local Government (DLGs), UNHCR field staff, and partners.

The recently established Information Management Working Group (IMWG), co-led by Uganda's Bureau of Statistics (UBOS) and UNHCR, supports the refugee response with collection, analysis, visualization and dissemination of information and data in addition to coordinating mapping and profiling initiatives, and providing assistance on response monitoring. Information Management products include 3Ws, maps, sector and settlement factsheets and gap analysis.

Cash coordination will fall under the country wide mechanism led by UNHCR and WFP. All guidelines and Standard Operating Procedures developed will be adapted to the Burundian response in the event that cash transfers are expanded, with specific focus on assessment and feasibility, transfer value, the Minimum Expenditure Basket, and monitoring. The Burundi refugee response in Uganda includes 33 partners, including the Government of Uganda's Refugee Department of the Office of the Prime Minister (OPM), 6 District Local Governments (DLGs) -Bundibugyo, Isingiro, Kamwenge, Kanungu, Kisoro and Kyegegwa - 7 UN agencies and 19 NGOs:

#### **RRP PARTNERS**

- Adventist Development and Relief Agency (ADRA),
- African Initiatives for Relief and Development (AIRD),
- Agency for Cooperation and Research in Development (ACORD),
- American Refugee Committee (ARC),
- Danish Refugee Council (DRC),
- Finnish Refugee Council (FRC),
- Food and Agricultural Organization (FAO),
- Humanitarian Initiative Just Relief Aid (HIJRA),
- Hunger Fighters Uganda (HFU),
- IsraAID Uganda,
- Lutheran World Federation (LWF),
- Medical Teams International (MTI),
- Norvegian Refugee Council (NRC),
- Nsamizi Training Institute of Social Development (NSAMIZI),

- Reproductive Health Uganda (RHU),
- Right to Play (RtP),
- Samaritan's Pursue (SP),
- Save the Children International (SCI),
- Trauma Counselling (TUTAPONA),
- Ugandan Red Cross Society (URCS),
- United Nations AIDS (UNAIDS),
- United Nations Children's Fund (UNICEF),
- United Nations High Commissioner for Refugees
  (UNHCR),
- United Nations Population Fund (UNFPA),
- War Child Holland (WHH),
- Windle Trust Uganda (WTU),
- World Food Programme (WFP),
- World Health Organisation (WHO).



## **Planned Response**

## Protection

Upon arrival in Uganda, asylum-seekers and refugees are provided with reception assistance at entry points and collection centres as well as relocation to refugee settlements. Registration is carried out by the Refugee Department of the Office of the Prime Minister (OPM). Refugees aged 16 years and above will continue to be issued ID cards, valid for five years, enabling them to move freely within the country, access the labour market and conduct business. Building on the refugee data sharing agreement signed in 2017 the implementation of a dedicated project will seek to enhance biometric systems and improve data quality, reliability and interoperability among other systems, which will enable effective individual case management, delivery of protection services and humanitarian aid (including targeted assistance for PSNs) and the pursuit of durable solutions for all partners in the response. Protection partners will continue to undertake activities to enhance refugees' access to justice, including by advocating for increased police presence in refugee settlements, establishment of mobile courts and awareness-raising on refugee rights and laws.

In line with the inter-agency Regional Action Plan for the protection of Burundian refugee children, priorities will be to strengthen individual case management of children at risk and provide specialized child protection services to ensure that children in need of alternative care receive appropriate support, including livelihood support for foster families and to protect adolescents through targeted programmes. Other interventions include training and support for community child protection structures, alternative learning opportunities for out-of-school adolescents and the establishment of child friendly spaces in all transit facilities and new settlement areas. Mental health and psychosocial support through counselling and child friendly spaces will remain a priority as will the provision of early childhood or informal education opportunities. Referral pathways, access to birth registration and support services for vulnerable children need to be further strengthened. The Protection sector will work towards enhancing identification, documentation and follow-up of cases of children in conflict with the law.

In line with the findings of participatory needs assessments, RRP partners will seek to strengthen community-based mechanisms to prevent and respond to SGBV, including community policing, broader engagement of women's groups and organizations, establishment of women's centres, and a complaint mechanism for SGBV, with a view to also strengthening reporting and information management. Awarenessraising is a key activity in preventing SGBV, including through involvement of men in the development and implementation of an effective SGBV strategy, promotion and deployment of Protection from Sexual Exploitation and Abuse (PSEA) approach and increased use of the SASA methodology to address the power imbalance between men and women. SGBV mainstreaming within other sectors will be critical, especially the livelihoods sector, both in terms of prevention (economic empowerment of men and women) and response (livelihood support for SGBV survivors). Response to and referral of SGBV survivors will continue through a multi-sectoral approach in "one stop" centres.

#### **OBJECTIVE 1:**

Ensure all newly arrived refugees are registered and provided with documents, and enhance data quality and access

15,000 newly arrived refugees biometrically registered in RIMS

55,000 refugees documented on an individual basis

#### **OBJECTIVE 2:**

Ensure persons with specific needs are identified and provided with adequate support

1,608 refugees with specific needs assessed for vulnerability

804 refugees with specific needs receiving specific support (eg. housing, education, health, CBI, livelihood and other)

482 refugees with specific needs engaged in Focus Group Discussions (FGDs)

#### **OBJECTIVE 3:**

Enhance psychosocial support

150 functional structures (duty bearers) trained and able to support SGBV victims and survivors

200 awareness raising activities conducted (FGDs, dramas, trainings, meetings, media, work with community structures and groups)

4,000 refugees benefiting from psycho-social support programmes

#### **OBJECTIVE 4:**

Reduce the risk of SGBV and strengthen the quality of multi-sectoral response

460 SGBV awareness campaigns conducted (awareness campaigns, FGDs, trainings, media)

2,000 identified SGBV survivors provided with multisectorial services (psychosocial, legal, medical, security and safe house)

1,000 identified SGBV survivors provided with livelihood support

87,940 women of reproductive age provided with sanitary materials on a monthly basis

55 functional SGBV coordination systems / mechanisms in place (community structures, WG forums, SOPs)

#### **OBJECTIVE 5:**

Ensure children-at-risk are identified, prioritized and receive appropriate and timely assistance through effective case management system.

3,770 children with specific needs identified and provided with protection services

3,500 best interest assessments conducted

726 registered unaccompanied children in alternative care who receive regular monitoring visits

#### **OBJECTIVE 6:**

Community mobilization strengthened and peaceful coexistence with local communities promoted

10 community self-management structures strengthened

24 social events organized by the community

50,000 people reached through community awareness and sensitization campaigns

#### **OBJECTIVE 7:**

Ensure children are protected from violence, abuse, neglect and exploitation and are empowered to contribute to their protection.

110 community based communities/groups dedicated to child protection issues

20,800 boys and girls registered to access psychosocial support in Child-Friendly Spaces

7,500 adolescents participating in targeted programmes

1,530 reported child cases of abuse, violence, or exploitation receiving age and gender sensitive services

### Education

In 2017, Uganda was chosen as one of the first allocations for the Education Cannot Wait (ECW) fund to scale up strategic, financial and political support and commitment to the education sector. Key priorities in the education sector include establishment of new classrooms and schools, provision of furniture and scholastic materials, recruitment and continuous professional development of gualified teachers, construction of accommodation for teachers, and support for sustained girls' attendance including through provision of dignity kits. One of the key priorities to improve access to and quality of education among refugee and host community children is the construction of semi-permanent classrooms and permanent latrines, in addition to expanding language orientation programs. The refugee response will seek to improve the quality of Early Childhood Development Centres, enhance accelerated learning programs, operate double shift schooling, and continue to advocate with Ministry of Education and Sport (MoES) for policy pathways to upskill and equate refugee teacher certificates. Continuous professional development of teachers deployed to refugee-hosting areas is also a priority under this plan. Supporting vulnerable children to access education, especially for girls, will continue, particularly for adolescents and secondary school aged children as well as children with specific needs. Through the Education sector, partners will work toward enhancing working relationships with District Education Officers and School Management Committees/Board of Governors and Parent Teacher Associations to ensure community ownership of schools.

#### **OBJECTIVE 1:**

Improve access and quality of primary education

70 pupils per teacher

8,570 pupils enrolled in primary education

#### **OBJECTIVE 2:**

Increase access to early childhood care

2,814 children accessing Early Childhood Development (ECD) Centres

85 ECD centres providing quality integrated services

170 certified care givers in ECD Centres

#### **OBJECTIVE 3:**

Promote access to inclusive quality and safe formal secondary education and non-formal education opportunities for youths.

1,466 children/youth accessing formal secondary education

11,230 children/youth accessing non formal education and skills training





The current food assistance targeting system will be reviewed and possibly changed following an interagency Joint Assessment Mission (JAM) scheduled for the first quarter of 2018, and the findings of the Food Security Needs Assessment (FSNA). The Burundi refugee response will address food needs through the following programs:

- General food assistance to refugees in settlement, transit and reception centres through provision of in-kind food or cash. Refugee households will be provided with either dry food rations or a cash transfer equivalent every month, at transit and reception centres will be served hot meals for the duration of their stay and
- Promotion of agricultural livelihood and improvement of food production and income earning opportunities through provision of

agricultural inputs and support to agronomy, post-harvest handling, value addition and marketing.

The food assistance sector will continue to undertake food basket monitoring and post distribution monitoring as well as food security and nutrition assessments to gauge progress made by the operation in addressing the food and nutrition needs of refugees.

#### **OBJECTIVE 1:**

Ensure refugees' basic food and nutrition needs are met through cash and food distribution

33,645 refugees planned to receive food distributions on a monthly basis

10,308 refugees planned to receive cash transfers on a monthly basis





Partners will work to ensure full integration of comprehensive primary health care services delivery for all refugees into national and local government systems. Health partners will continue to enhance coordination and inter-sectoral collaboration; strengthen the provision of equitable, safe, quality and sustainable health services in refugee-hosting districts, including new arrivals; and reinforce health systems in refugee-hosting districts. Implementing minimum health service package for all refugees with an emphasis on preventive and promotive health care, is a key priority, including for new refugee arrivals at entry points, transit and reception centres and in settlements. This package includes vaccination, nutrition screening, emergency referrals and provision of life-saving primary health care services, in addition to surveillance and response measures for disease outbreaks. The delivery of adequate and quality primary health care through community health extension workers (Village Health Teams) and semi-permanent health facilities also includes integrated sexual and reproductive health services like the Minimum Initial Service Package (MISP), and management of chronic life-threatening conditions. In addition, focused attention will be provided to strengthen the response capacity of the adjoining communities to protect them against the health consequences of potential disease outbreaks. Nutrition programmes will continue in 2018. Malnourished refugees will be treated as follows: those suffering from severe acute malnutrition (SAM) without medical complication will be provided with outpatient care; those suffering from SAM with medical complication will receive inpatient care; and those suffering from moderate acute malnutrition (MAM) will be enrolled in supplementary feeding programmes (SFP). As a preventive measure, children aged 6-23 months and Pregnant Women and Lactating Mothers (PLW) will be targeted with blanket supplementary feeding

programmes (BSFP). Health and Nutrition partners will also support and promote infant and young child feeding (IYCF).

#### **OBJECTIVE 1:**

Improve health status of the refugee population

16,500 girls and boys immunized against measles

8,965 girls and boys immunized against polio

347 identified cases of acute watery diarrhoea

#### **OBJECTIVE 2:**

Ensure refugee population has optimal access to reproductive health and HIV services

>95% of livebirths attended by skilled personnel

1,058 children, adolescents and pregnant & breastfeeding women living with HIV on anti-retroviral therapy

793 children, adolescents, pregnant and lactating women living with HIV that received a viral load test

#### **OBJECTIVE 3:** Improve refugees' nutrition

Prevalence of global acute malnutrition <10

Prevalence of severe acute malnutrition <2

#### **OBJECTIVE 4:**

Ensure refugee population has optimal access to reproductive health and HIV services

9,133 refugee and host community children 6-23 months planned to receive specialised nutritious foods

2,907 pregnant/lactating women planned to receive specialised nutritious food

1,086 of children aged 6-59 month old affected by severe acute malnutrition (SAM), who are admitted into treatment

## 襼 Livelihoods & Environment

Partners will prioritize livelihood support to new refugee arrivals and PSNs to promote self- reliance and reduce dependency through agricultural and non-agricultural interventions. Among the priorities of this sector are: better access to seed inputs, increased in-farm storage capacity, development of farmers' and business associations, financial inclusion and access to markets in partnership with the private sector. Partners will also promote skill development of refugees and host communities in agriculture (crop and livestock production), food processing, hygiene and value addition, marketing, and agri-business. In order to enable refugees to better cope with long dry spells and food aid cuts, partners will scale-up climate-smart agriculture interventions and promote soil and water conservation. Refugees will be supported in accessing agricultural land, whilst ensuring that the host community retains ownership through customary certification of ownership. Non-agricultural economic opportunities, especially for women and youth survivors of SGBV, will be initiated to promote self-employment and reduce exposure to negative coping mechanisms, including through CBI interventions. An environmental health strategy is under development to help identify and implement sustainable approaches to environmental health services and efficient natural resource management. The strategy will encompass a wide array of interventions, including but not limited to management of waste water and storm water, waste management, energy-efficient cooking, landscape restoration and land and air pollution mitigation measures. As environmental sustainability is a crosscutting issue, it is critical that response partners mainstream environmental considerations in their programmatic interventions with a view to minimize the negative impact of refugees and humanitarian assistance on natural resources.

#### **OBJECTIVE 1:**

#### Improve emergency livelihoods

2,000 refugees and host community receiving production kits or inputs for agriculture/livestock/fisheries activities

500 refugees and host community provided with cash/ vouchers for livelihoods provisioning

200 refugees and host community receiving improved cooking stoves and efficient energy for cooking

#### **OBJECTIVE 2:**

Improve self-reliance and strengthen livelihoods

5,000 refugees and host community trained on climate smart farming techniques (including agroforestry, soil/water conservation, soil fertility management)

1,000 refugees and host community participating in community-based savings/loans/insurances schemes-such as Village Savings and Loan Associations and Savings And Credit Cooperative Organizations

500 refugees and host community receiving cash/vouchers for agriculture / livestock projects purposes

1,000 refugee and host community farmers trained on post-harvest management, storage techniques and collective marketing

200 refugee and host community (including youths) receiving skills training (vocational, business/ entrepreneurship, marketing)

#### **OBJECTIVE 3:**

Improve environmental conditions in areas of displacement

4,286 refugee households receiving fuel, energy saving stove and equipment

4,231 refugees benefiting from renewable energy and green technology in the form of solar lamps at household and street level

50,000 trees planted



Partners will work towards a revision of communal shelters at transit and reception centres to ensure that gender requirements are met and SGBV concerns addressed. Family shelters will be standardized, with a focus on long-term solutions. Shelter assistance, either in-kind or through cash transfers, will involve provision of shelters for new arrivals, upgrading of existing emergency shelters and support to construct semi-permanent shelters for the most vulnerable refugees who have stayed in settlements for more than a year. Partners will continue to involve refugees in the construction of their shelters and provide construction support to the most vulnerable. The shelter typology will respect traditional practices and cultural habits of refugees as well as the housing typologies in the host community. New arrivals will receive standard non-food item (NFI) kits including dignity kits for women and girls.

#### **OBJECTIVE 1:**

#### Ensure refugees live in adequate accommodation

15,000 newly arrived refugees have access to adequate shelter in the Reception Centres

15,000 newly arrived refugees benefiting from shelter material & toolkits/cash upon arrival

700 refugees with specific needs assisted with semi-permanent shelters

16,500 refugees benefiting from improved settlements and infrastructure

5,000 family plots allocated to refugees

#### OBJECTIVE 2:

Provide NFIs to refugees on arrival

15,000 newly arrived refugees benefiting from NFI kits

#### **CASH BASED INTERVENTIONS (CBI)**

The cross-sector coordination and harmonization of cash-based interventions (CBIs) in the Uganda refugee response will be achieved through the development and implementation of the Minimum Expenditure Basket (MEB). The MEB's objectives include:

- Informing decisions on transfer value amount for food and non-food items;
- Supporting multi sector coordination and sector harmonization.

The MEB will help identify food commodities and services worth considering in multi sector assessments and establish a baseline for market prices monitoring and cost of living for refugees and host communities. MEB's ultimate goal is to make the refugee response more cost-efficient and cost-effective and pave the way for coherent and meaningful multi-purpose cash programming and delivery.

The cross sector coordination and harmonisation of CBIs will also involve the development of common guidelines and transfer values for Cash for Work (CFW), in addition to a minimum livelihoods package. The inter-agency technical working group on CBIs in collaboration with Financial Service Providers (FSP) in Uganda will continue their efforts to support the improvement of infrastructure necessary for the efficient delivery of cash transfers, including proliferation of mobile money points, expansion of connectivity and distribution of mobile phones to vulnerable refugees.

## 🖣 WASH

In 2018, the WASH sector will put a stronger focus on sustainable water supply systems, and rehabilitating existing water systems to improve access to safe water in refugee-hosting areas. The response will continue to undertake emergency water trucking to respond to the water needs of refugees, with the goal of ultimately phasing out this approach as soon as possible as investments are made in alternative sustainable water systems. As part of the water supply strategy, the WASH sector will continue to monitor groundwater and provide integrated water resources management in order to better manage and protect water resources in refugeehosting areas. Community based management systems and formal water governance structures will be supported for the operation and maintenance of water points and piped water systems. Community engagement will be key to implement sanitation and hygiene promotion interventions in refugee hosting areas. Innovative approaches and technology will be explored to deploy more sustainable sanitation solutions, such as dome-shaped latrines and Community-led Total Sanitation (CLTS). Gender segregated lockable latrines and the installation of solar lights will mitigate SGBV risks. The WASH sector will strengthen field, district and national coordination to ensure quality WASH service delivery through collaborative partnerships, and capacity development.

#### **OBJECTIVE 1:**

Improve access to sustainable water services in refugee settlements and host neighbouring communities

31,200 people supplied with safe water in adequate quantities (20l/p/d)

27 water sources repaired and maintained in functional status

8 motorized/piped water systems constructed

32 successful boreholes drilled

#### **OBJECTIVE 2:**

#### Improve access to sustainable sanitation facilities

6,000 household latrines constructed

19 institutional latrine blocks constructed

38 emergency communal latrines constructed

#### **OBJECTIVE 3:**

#### Promote good hygiene practices

6,000 households with handwashing facilities with soap

500 persons of concern per hygiene promoter

## **Financial Requirements**

## By Organization & Sector

| ORGANIZATION | PROTECTION | EDUCATION | FOOD<br>SECURITY | HEALTH &<br>NUTRITION | LIVELIHOODS<br>& ENVIRON-<br>MENT | SHELTER &<br>NFIS | WASH      | TOTAL      |
|--------------|------------|-----------|------------------|-----------------------|-----------------------------------|-------------------|-----------|------------|
| ARC          | 237,423    |           |                  |                       | 164,598                           |                   | 95,697    | 497,717    |
| IsraAID      | 44,124     |           |                  |                       |                                   |                   |           | 44,124     |
| NRC          | 64,000     |           |                  |                       |                                   |                   |           | 64,000     |
| Tutapona     | 22,861     |           |                  |                       |                                   |                   |           | 22,861     |
| UNFPA        | 311,762    |           |                  | 222,000               |                                   |                   |           | 533,762    |
| UNHCR        | 10,493,116 | 3,619,103 |                  | 4,536,552             | 1,848,610                         | 7,772,688         | 5,476,538 | 33,746,607 |
| UNICEF       | 356,485    | 477,214   |                  | 2,659,477             |                                   |                   | 700,000   | 4,193,176  |
| WFP          |            |           | 6,544,278        | 658,736               |                                   |                   |           | 7,203,014  |
| WHO          |            |           |                  | 431,680               |                                   |                   |           | 431,680    |
| TOTAL        | 11,529,771 | 4,096,317 | 6,544,278        | 8,508,445             | 2,013,208                         | 7,772,688         | 6,272,235 | 46,736,941 |



## Regional Financial Overview Regional Summary by Organization & Sector

| ORGANIZATION | PROTECTION | EDUCATION  | FOOD<br>SECURITY | HEALTH &<br>NUTRITION | LIVELIHOODS<br>& ENVIRON-<br>MENT | SHELTER &<br>NFIS | WASH       | TOTAL        |
|--------------|------------|------------|------------------|-----------------------|-----------------------------------|-------------------|------------|--------------|
| ADRA         |            |            | 140,000          |                       | 3,100,000                         |                   |            | 3,240,000    |
| AIRD         |            | 1,404,000  |                  |                       | 185,000                           | 5,679,338         |            | 7,268,338    |
| ARC          | 237,423    |            |                  |                       | 164,598                           |                   | 95,697     | 497,717      |
| CARITAS      |            | 200,000    |                  |                       |                                   |                   |            | 200,000      |
| CEMDO        |            |            |                  |                       | 650,000                           |                   |            | 650,000      |
| CWS          |            |            | 80,000           |                       | 250,000                           |                   |            | 330,000      |
| DRC          | 500,000    |            |                  |                       | 1,140,750                         | 6,275,000         |            | 7,915,750    |
| FAO          |            |            | 1,000,000        |                       | 7,047,613                         |                   |            | 8,047,613    |
| GNT          |            |            | 185,000          |                       | 600,000                           |                   |            | 785,000      |
| HAI          | 499,680    |            |                  |                       | 358,536                           |                   |            | 858,216      |
| IOM          | 1,875,000  |            |                  | 150,000               | 200,000                           |                   |            | 2,225,000    |
| IRC          | 2,452,462  | 954,180    |                  | 1,406,031             | 350,000                           |                   |            | 5,162,673    |
| IsraAID      | 44,124     |            |                  |                       |                                   |                   |            | 44,124       |
| NRC          | 64,000     | 1,264,000  |                  |                       | 400,000                           | 2,575,000         | 2,000,000  | 6,303,000    |
| OXFAM        |            |            | 22,700           |                       | 90,000                            |                   | 3,300,000  | 3,412,700    |
| PI           | 2,800,000  | 1,200,000  |                  |                       | 450,000                           |                   |            | 4,450,000    |
| REDESO       |            |            |                  |                       | 650,000                           |                   |            | 650,000      |
| SCI          | 2,232,900  | 2,862,750  |                  |                       | 1,054,350                         | 600,000           |            | 6,750,000    |
| TCRS         |            |            |                  |                       |                                   |                   | 2,700,200  | 2,700,200    |
| TRCS         |            |            |                  | 400,000               |                                   |                   |            | 400,000      |
| Tutapona     | 22,861     |            |                  |                       |                                   |                   |            | 22,861       |
| UN Women     | 300,000    |            |                  |                       |                                   |                   |            | 300,000      |
| UNFPA        | 816,762    |            |                  | 3,012,746             |                                   |                   |            | 3,829,508    |
| UNHCR        | 56,675,182 | 21,940,832 | 933,320          | 27,109,879            | 18,602,575                        | 41,197,842        | 25,280,247 | 192,339,877* |
| UNICEF       | 1,183,485  | 2,389,214  |                  | 5,688,185             |                                   |                   | 2,720,000  | 11,980,884   |
| WFP          |            | 374,579    | 110,648,702      | 4,544,908             | 802,737                           |                   |            | 116,370,926  |
| WHO          |            |            |                  | 881,680               |                                   |                   |            | 881,680      |
| TOTAL        | 69,703,878 | 32,589,555 | 113,009,722      | 43,193,429            | 36,096,159                        | 56,327,180        | 36,096,144 | 387,616,067  |

\* This includes regional financial requirements of 600,000 USD

# Regional Summary by Country, by Organization & Sector

| ORGANIZATION                                    | PROTECTION | EDUCATION  | FOOD<br>SECURITY | HEALTH &<br>NUTRITION | LIVELIHOODS<br>& ENVIRON-<br>MENT | SHELTER<br>& NFI | WASH       | TOTAL       |
|---|------------|------------|------------------|-----------------------|-----------------------------------|------------------|------------|-------------|
| DRC   | 5,770,686  | 2,816,895  | 12,396,960       | 4,042,948             | 4,276,295                         | 1,957,107        | 692,095    | 31,952,986  |
| FAO   |            |            |                  |                       | 2,069,738                         |                  |            | 2,069,738   |
| UNFPA   | 205,000    |            |                  | 1,057,294             |                                   |                  |            | 1,262,294   |
| UNHCR   | 5,565,686  | 2,442,316  |                  | 1,443,689             | 1,403,820                         | 1,957,107        | 692,095    | 13,504,713  |
| UNICEF  |            |            |                  | 1,290,708             |                                   |                  |            | 1,290,708   |
| WFP   |            | 374,579    | 12,396,960       | 251,257               | 802,737                           |                  |            | 13,825,533  |
| Rwanda  | 15,697,677 | 9,610,242  | 12,707,464       | 11,793,808            | 5,752,981                         | 10,321,524       | 8,402,264  | 74,285,960  |
| IOM   |            |            |                  |                       | 200,000                           |                  |            | 200,000     |
| OXFAM   |            |            |                  |                       |                                   |                  | 800,000    | 800,000     |
| SCI   | 300,000    | 350,000    |                  |                       |                                   |                  |            | 650,000     |
| UN Women  | 300,000    |            |                  |                       |                                   |                  |            | 300,000     |
| UNFPA   | 300,000    |            |                  | 380,000               |                                   |                  |            | 680,000     |
| UNHCR   | 14,500,677 | 8,578,242  |                  | 9,890,893             | 5,552,981                         | 10,321,524       | 7,382,264  | 56,226,581  |
| UNICEF  | 297,000    | 682,000    |                  | 638,000               |                                   |                  | 220,000    | 1,837,000   |
| WFP   |            |            | 12,707,464       | 634,915               |                                   |                  |            | 13,342,379  |
| WHO   |            |            |                  | 250,000               |                                   |                  |            | 250,000     |
| Tanzania  | 36,705,745 | 16,066,101 | 81,361,020       | 18,848,228            | 24,053,675                        | 36,275,861       | 20,729,550 | 234,040,180 |
| ADRA  |            |            | 140,000          |                       | 3,100,000                         |                  |            | 3,240,000   |
| AIRD  |            | 1,404,000  |                  |                       | 185,000                           | 5,679,338        |            | 7,268,338   |
| CARITAS The<br>Catholic<br>Diocese of<br>Kigoma |            | 200,000    |                  |                       |                                   |                  |            | 200,000     |
| CEMDO   |            |            |                  |                       | 650,000                           |                  |            | 650,000     |
| CWS   |            |            | 80,000           |                       | 250,000                           |                  |            | 330,000     |
| DRC   | 500,000    |            |                  |                       | 1,140,750                         | 6,275,000        |            | 7,915,750   |
| FAO   |            |            | 1,000,000        |                       | 4,977,875                         |                  |            | 5,977,875   |
| GNT   |            |            | 185,000          |                       | 600,000                           |                  |            | 785,000     |
| HAI   | 499,680    |            |                  |                       | 358,536                           |                  |            | 858,216     |
| IOM   | 1,875,000  |            |                  | 150,000               |                                   |                  |            | 2,025,000   |
| IRC   | 2,452,462  | 954,180    |                  | 1,406,031             | 350,000                           |                  |            | 5,162,673   |
| NRC   |            | 1,264,000  |                  |                       | 400,000                           | 2,575,000        | 2,000,000  | 6,239,000   |

| ORGANIZATION | PROTECTION | EDUCATION  | FOOD<br>SECURITY | HEALTH &<br>NUTRITION | LIVELIHOODS<br>& ENVIRON-<br>MENT | SHELTER<br>& NFI | WASH       | TOTAL       |
|--------------|------------|------------|------------------|-----------------------|-----------------------------------|------------------|------------|-------------|
| OXFAM        |            |            | 22,700           |                       | 90,000                            |                  | 2,500,000  | 2,612,700   |
| PI           | 2,800,000  | 1,200,000  |                  |                       | 450,000                           |                  |            | 4,450,000   |
| REDESO       |            |            |                  |                       | 650,000                           |                  |            | 650,000     |
| SCI          | 1,932,900  | 2,512,750  |                  |                       | 1,054,350                         | 600,000          |            | 6,100,000   |
| TCRS         |            |            |                  |                       |                                   |                  | 2,700,200  | 2,700,200   |
| TRCS         |            |            |                  | 400,000               |                                   |                  |            | 400,000     |
| UNFPA        |            |            |                  | 1,353,452             |                                   |                  |            | 1,353,452   |
| UNHCR        | 26,115,703 | 7,301,171  | 933,320          | 11,238,745            | 9,797,164                         | 21,146,523       | 11,729,350 | 88,261,976  |
| UNICEF       | 530,000    | 1,230,000  |                  | 1,100,000             |                                   |                  | 1,800,000  | 4,660,000   |
| WFP          |            |            | 79,000,000       | 3,000,000             |                                   |                  |            | 82,000,000  |
| WHO          |            |            |                  | 200,000               |                                   |                  |            | 200,000     |
| Uganda       | 11,529,771 | 4,096,317  | 6,544,278        | 8,508,445             | 2,013,208                         | 7,772,688        | 6,272,235  | 46,736,941  |
| ARC          | 237,423    |            |                  |                       | 164,598                           |                  | 95,697     | 497,717     |
| IsraAID      | 44,124     |            |                  |                       |                                   |                  |            | 44,124      |
| NRC          | 64,000     |            |                  |                       |                                   |                  |            | 64,000      |
| Tutapona     | 22,861     |            |                  |                       |                                   |                  |            | 22,861      |
| UNFPA        | 311,762    |            |                  | 222,000               |                                   |                  |            | 533,762     |
| UNHCR        | 10,493,116 | 3,619,103  |                  | 4,536,552             | 1,848,610                         | 7,772,688        | 5,476,538  | 33,746,607  |
| UNICEF       | 356,485    | 477,214    |                  | 2,659,477             |                                   |                  | 700,000    | 4,193,176   |
| WFP          |            |            | 6,544,278        | 658,736               |                                   |                  |            | 7,203,014   |
| WHO          |            |            |                  | 431,680               |                                   |                  |            | 431,680     |
| Regional     |            |            |                  |                       |                                   |                  |            | 600,000     |
| UNHCR        |            |            |                  |                       |                                   |                  |            | 600,000     |
| Total        | 69,703,878 | 32,589,555 | 113,009,722      | 43,193,429            | 36,096,159                        | 56,327,180       | 36,096,144 | 387,616,067 |



Thank you to donors who contributed to the 2017 Burundi Refugee Response Plan, including: African Union | Belgium | Canada | Denmark | European Union | France | Germany | Global Fund | Iceland | Ireland | Italy | Japan | Luxembourg | Norway | Private Donors | Republic Of Korea | Sweden | Switzerland | United Kingdom | United States Of America

