

# BURUNDI

## REGIONAL REFUGEE RESPONSE PLAN MID YEAR REVISION

JANUARY - DECEMBER 2017

A young girl with short dark hair, wearing a leopard print shirt with a light blue collar, is carrying a large, round, metal pot balanced on her head. She is looking slightly to the left with a neutral expression. She has several black bangles on her right wrist. The background is a blurred outdoor setting, possibly a refugee camp, with other people and structures visible.

## 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](#)

Cover photo: UNHCR/E.Jalil

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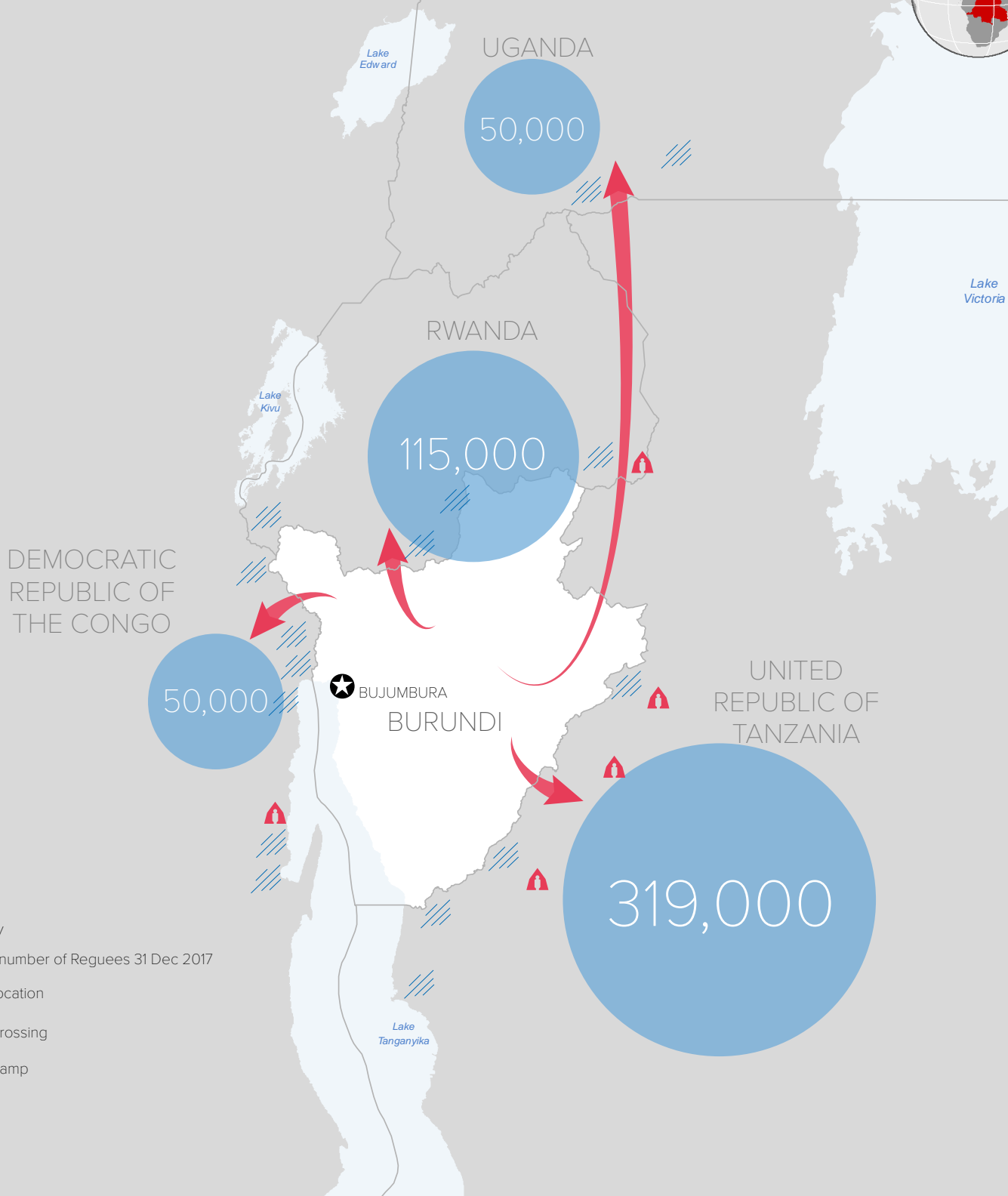
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## ANNEX

**REFUGEE PROJECTION AS OF DECEMBER 2017**



- LEGEND**
- ★ Capital city
  - Projected number of Refugees 31 Dec 2017
  - /// Refugee location
  - ➔ Refugee crossing
  - ⛑ Refugee camp

**2017  
PLANNED RESPONSE**

**534,000**  
REFUGEE POPULATION

**429.3M**  
REQUIREMENTS (US\$)

**30**  
# PARTNERS INCLUDED  
in RRRP

# Regional Overview

## INTRODUCTION

The protection environments in host countries, as well as in Burundi, has substantially evolved since the 2017 Regional Refugee Response Plan was developed. While the projected target population figures planned for in the 2017 RRRP appeared valid in July based on arrivals in the first part of the year and remain unchanged, new and additional financial requirements were identified at mid year. These additional needs arose due to a combination of factors including: congestion in camps as a result of limited land allocation; insecurity; lack of locally available shelter materials; shortages of water and food; and oversubscribed health and education services. While the needs have been identified and are reflected in this updated RRRP, deep funding shortfalls persist and are adversely and directly impacting Burundian refugees and their hosts. Despite these hurdles, innovative policies have been adopted throughout the region, seeking to promote greater inclusion and socio-economic self-reliance of Burundian refugees. The commendable efforts by host states and partners deserve to be recognized and supported with commensurate resources from the international community, not only to alleviate the growing plight of Burundian refugees but also to maintain asylum space, as well as peace and security in the Great Lakes and East Africa region.

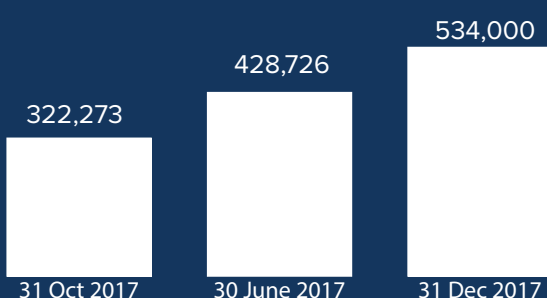
Since the outbreak of civil unrest in April 2015, thousands of Burundians continue to seek refuge in neighboring countries, as well as into Southern Africa. Arriving Burundian refugees and asylum seekers have expressed fear of persecution due to affiliation with the opposition, killings, extortion of money, and looting by militia groups. Many attest to being targeted and living under fear of widespread intimidation by the

Imbonerakure, the ruling party's youth wing. Men have specifically cited fear of forced recruitment by the Imbonerakure as the main protection concern. From April 2015 to June 2017, more than 416,000 Burundian refugees fled to the Democratic Republic of Congo (DRC), Rwanda, Uganda, and the United Republic of Tanzania. Joint verification exercises conducted by the Government of Burundi, UNHCR and partners in areas of return showed an estimated 38,000 Burundians have also returned spontaneously. The majority of returns have occurred from Tanzania to Makamba, Rutana and Rumonge provinces in Burundi.

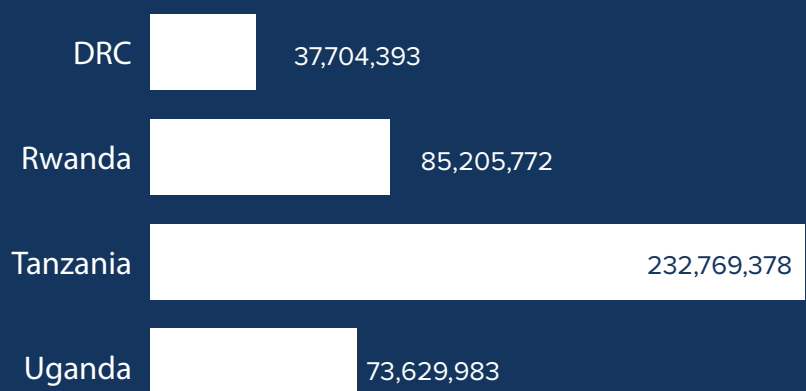
The Inter-Burundian dialogue mediated by the East African Community (EAC) and its appointed facilitator, former Tanzanian president Benjamin Mkapa, remains at an impasse since the Arusha meeting held in February 2017. Despite its stated commitment to the EAC facilitated process, the Government has initiated a parallel national dialogue led by a National Commission for the Inter-Burundian Dialogue (CNDI). The CNDI was established by presidential decree in October 2015 and started a dialogue process that explicitly excludes leaders of the opposition and civil society organizations in exile. The CNDI led dialogue process is at loggerheads with the EAC brokered inclusive approach and therefore lacks legitimacy with the opposition and large segments of civil society. The fact that it undermines the Arusha Peace Agreement, including by removing presidential term limits, represents another major stumbling block. The resulting polarization of the Burundian political landscape has further deepened the crisis, perpetuating insecurity and refugee outflows.

The Burundian Government has also suspended cooperation with the Office of the High Commissioner for Human Rights (OHCHR), withdrawn from the Rome

### POPULATION TRENDS



### FINANCIAL REQUIREMENTS (USD)



Statute of the International Criminal Court, and rejected deployment of a UN civilian police contingent mandated by the Security Council. As cited in the February 2017 Report of the Secretary-General on Burundi, OHCHR has received and documented allegations of hundreds of enforced disappearances, violations of the right to life, and arbitrary arrests in a climate of impunity. In December 2016, Ligue Iteka, a long standing national human rights organization established since 1991 was permanently banned by the Burundian authorities. Restrictions placed on civil society have curtailed protection monitoring and assistance capacities of national and international actors, including in areas of return.

The humanitarian and socio economic situation in Burundi has also deteriorated, further compounding reasons for refugee flight. In 2016, the number of people in need of humanitarian assistance in Burundi increased from 1.1 million to at least 3 million, representing 26 per cent of the total population; displaced women, children and youth were the most affected. According to the Displacement Tracking Matrix (DTM) report in June an estimated 214,895 Internally Displaced Persons (IDPs) live across Burundi with 33.1 per cent of IDPs displaced for socio-political reasons and 66.5 per cent as a result of natural disasters – occurring both before and after the events of April 2015. Only 8,745 of the total number of IDPs were living in camps and displacement sites, with the rest living among host communities. There has been a four-fold increase in the number of people who are food insecure in Burundi – from 730,000 to 3 million – owing to the rising prices of basic food items, the seasonal rain deficit during the 2016 agricultural season, poor harvests, and chronic poverty.

Against this backdrop, even as some refugees may consider return, the arrival of new Burundian refugees to neighbouring host countries of Tanzania, Rwanda, the Democratic Republic of Congo, and to Uganda has continued. Arrival trends in the first half of 2017 validated the projected figure of more than half a million Burundian refugees (534,000) by the end of the year as planned for in this 2017 RRRP for the Burundi situation. While some refugees may opt to return this year, their numbers are small enough and their departure late enough in the year that it does not significantly affect the overall population planning figures or budget requirements for the year.

## MAIN ACHIEVEMENTS & GAPS

In the first semester of 2017, major [achievements](#) included:

- All new arrivals have been registered and 91 per

cent of the population received documentation;

- While food has been provided on a regular monthly basis to refugees in all asylum countries (95 per cent of regional target), it is important to note that Tanzania, where the majority of refugees are, experienced significant ration cuts down to 60 per cent of the full ration;
- The Global Acute Malnutrition rate is below the 5 per cent emergency threshold in Tanzania (2 per cent) and Uganda (0 per cent) but equal to 5 per cent in Rwanda and DRC;
- In several countries targets for enrolling children in school have been largely met (75 per cent of regional target) but initial targets only represented a portion of school aged children and many of those attend school in over crowded and under resourced classrooms;
- Similarly, while almost all refugees have access to basic health services, those facilities and services are often severely oversubscribed.

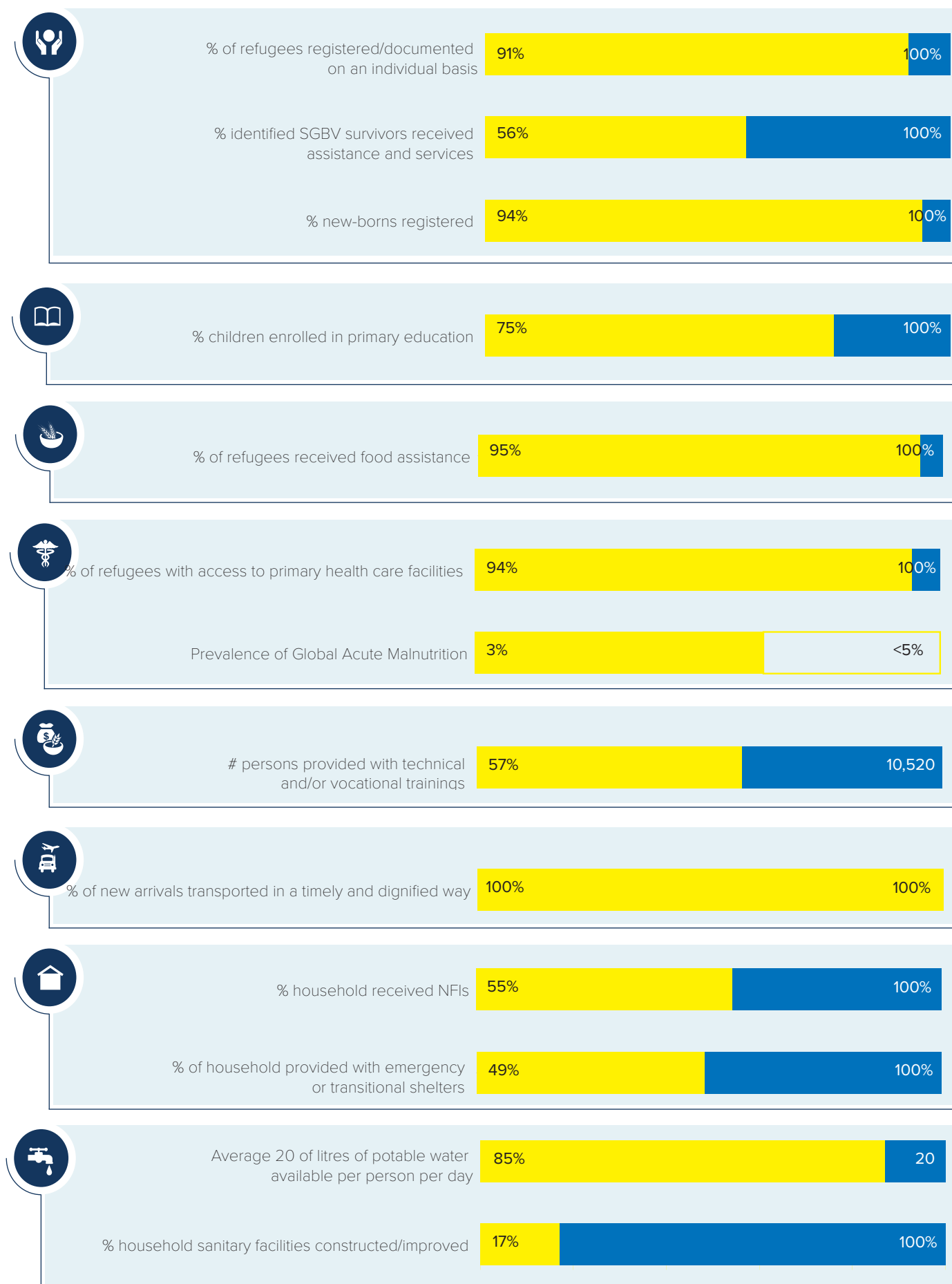
The most significant [gaps](#) in the regional response have been:

- Only 56 per cent of identified SGBV survivors received assistance and services;
- While emergency shelters have been provided they have quickly deteriorated, with significant numbers of refugees still stuck in mass housing in reception and transit facilities;
- Only 55 per cent of refugee households received Non-Food Items (NFI);
- Provision of water is adequate in only 2 of the 4 countries, and in a number of locations there is a need to move away from water trucking to more sustainable solutions;
- Only 17 per cent of refugees has an upgraded family latrine.;
- In all countries, targets for livelihood activities were not fully met due to the need to prioritize extremely limited funds (57 per cent of the target).

## REGIONAL PROTECTION & HUMANITARIAN NEEDS

The regional protection environment for Burundian refugees continues to be uncertain and volatile.

## REGIONAL ACHIEVEMENTS &amp; GAPS - JAN TO JUNE 2017



Refugees are leaving Burundi for numerous reasons, including the deteriorating human rights and humanitarian situation and resulting decline in economic opportunities. While all countries of asylum continue to accept and host new arrivals, in the first half of 2017, Tanzania, Uganda and DRC all stopped granting refugee status on a prima facie basis; Rwanda continues to do so.

Chronic underfunding for the 2017 RRRP for the Burundi situation is severely hampering reception capacities, straining asylum space, and the quality of protection rendered by host countries. Provision of protection and assistance in the region has not yet reached acceptable standards despite the efforts of UNHCR and partners since the beginning of the emergency. The operational constraints and protection gaps due to funding shortfalls are elaborated in the revised country chapters. The evolving context in asylum countries, especially in Tanzania, increases the likelihood of secondary movements of Burundians within East Africa and further afield into Southern Africa.

A relatively small number of Burundian refugees have already undertaken to return spontaneously, predominantly from Tanzania. Smaller numbers from the DRC and Tanzania have indicated a provisional desire to return contingent upon receiving assistance to do so. UNHCR worked with the respective governments to organize the first small-scale return convoys in late August and early September 2017. A ministerial tripartite meeting was concluded between UNHCR and the governments of Burundi and Tanzania at the end of August 2017. Modalities have since been put in place to assist an estimated 12,000 Burundian refugees to return to Burundi from Tanzania in the last quarter of 2017. While conditions for large-scale organized repatriation under conditions of safety and dignity are not yet in place, and informal intentions surveys indicate that the vast majority of Burundi refugees in countries of asylum are not yet planning to return, it is important to ensure tripartite mechanisms are set in motion to govern the development of operational modalities to assist those refugees who may indicate an intent to return voluntarily based on a free and informed choice. The increase in cross-border movements also warrants the strengthening of border monitoring mechanisms that uphold the right to seek asylum. In this vein, UNHCR has been actively training border officials in asylum countries and also collaborates with development and other stakeholders to facilitate reintegration of refugees who have returned.

The introduction of small-scale assisted voluntary returns to Burundi should not be equated with a reduction in the

protection needs of Burundians writ large. Burundian refugees still have a need for continued international protection and with the number of Burundian refugees in host countries continuing to increase, it is vital that funding for the refugee response increase and that improvements made to refugee service delivery also benefit host communities. Building on the commitments made during both the UN Summit on Refugees and Migrants, and the Leaders' Summit on Refugees in New York in September 2016, efforts are ongoing to roll out the Comprehensive Refugee Response Framework, including to increasingly integrate refugees into national support systems, allowing them to contribute to the society they live in and increasing their level of self-reliance.

The regional refugee response is underpinned by a multisectoral protection strategy aimed at addressing key challenges that hamper the effective delivery of physical protection and assistance to Burundian refugees as enumerated below.

**Maintaining Access to Asylum** - Access to territorial asylum for Burundian asylum seekers and refugees is being jeopardized by a combination of factors including attempts to politicise the act of granting asylum, incidents of refoulement, threats to the civilian character of camps by armed groups, and dwindling support by the international community to address the Burundian refugee crisis. While well within the rights and responsibilities of the governments concerned, the revocation of prima facie refugee status by Tanzania, Uganda and the Democratic Republic of Congo, has practically presented a new set of challenges to render protection and quality assistance to new arrivals.

All Burundian refugees who fled to Tanzania since the political crisis in April 2015 were initially recognized as refugees on a prima facie basis. However, since 20 January 2017, all new arrivals from Burundi are required to undergo individual refugee status determination (RSD). The government has established specific procedures to address the group of 26,559 new arrivals who are impacted by the shift in procedure. UNHCR and the Government of Tanzania held a high level protection dialogue in August 2017 with a view to see standard operating procedures revised and implemented to ensure that persons in need of international protection are identified at the border and promptly assisted, and that fair and expedited asylum procedures are applied. The government's decision not to allocate additional suitable land for another site to accommodate the extra numbers of refugees and asylum seekers in both Nyarugusu and Nduta camps, and to keep refugees and asylum seekers



in separate zones in the camps has led to increased congestion and a straining of available services. Critical areas affected include water and sanitation. As of August 2017 more than 2,800 new asylum seekers were still hosted in mass shelters waiting for relocation to individual family plots.

Rwanda has upheld prima facie status and has the second largest number of refugees with over 86,000 persons who reside in camp and urban settings as of 30 June 2017. New arrivals continue to enter the country at an average rate of around 150 per week. The inter-agency population planning scenario for 2017 estimates 115,000 Burundian refugees will be hosted in Rwanda by the end of 2017.

The Democratic Republic of Congo revoked prima facie status in January 2017, mainly for security reasons. DRC also requested to put in place a security screening to distinguish between potential armed elements and genuine civilians. Even with accelerated refugee status determination in place, these screening procedures delay the process. With the continued arrival of Burundian refugees, Lusenda, the major camp hosting Burundians, remains highly congested. Consequently, transit reception centres are overcrowded and hundreds of asylum seekers are prevented from entering the reception centres, creating additional protection risks. The government has allowed a new refugee camp but the lack of funding and the precarious security situation in the southern part of South Kivu have also led to delays in moving newly arrivals to the newly identified refugee site called Mulongwe.

In May 2017, the Government of Uganda revoked prima facie refugee status for Burundian asylum seekers. As a result, Burundian asylum seekers who arrived in Uganda after June 1 are required to undergo individual refugee status determination with the Refugee Eligibility Committee (REC). While Burundians are still able to seek and enjoy safety in Uganda, the decision has delayed access to asylum procedures in Nakivale settlement, with hundreds of people also stranded at the Kabazana reception centre awaiting REC interviews.

Biometric registration of refugees will continue in all asylum countries to ensure that data is collected and stored in an integral manner to facilitate the planning and organization of protection, assistance and eventual durable solutions. National and local authorities and security forces will also continue to receive training on international protection principles, refugee law and on the importance of safeguarding the humanitarian and civilian character of camps to protect refugees from the infiltration of armed groups.

**Child Protection** - In order to address the common gaps and to further enhance the current child protection response, 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. Inter-agency partners contributed to the process at both the regional and country level. 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 and youth strengthened through targeted interventions; 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 inter-agency partners move towards a more systematic and coherent response.

**Sexual and Gender Based Violence** - There have been a high number of sexual and gender-based violence (SGBV) incidents reported by refugees and thus it is important to build on the structures put in place in refugee settings to address these incidents. As camps are often crowded, additional camp sites are needed to expand accommodation capacity and to decongest existing camps. It is expected that the level of protection will also increase as emergency shelters are gradually upgraded to semi-durable structures, providing more safety and privacy. Continuous collaboration with local justice systems and further strengthening of referral pathways will ensure that victims of SGBV can report incidents, that assistance can be provided and legal action can be taken.

**Education** - Providing education to school-aged children is a priority in all refugee sites. There is a need to increase the capacity, especially in Tanzania. Classrooms are overcrowded and the need for additional camp space to decongest educational infrastructure is high. In addition to the construction of new schools (including semi-durable classrooms), classrooms will need to be equipped with sufficient furniture and learning materials. For children who have completed primary education, it will be important to increase secondary and tertiary education opportunities, for which collaboration with host communities, local authorities and the Government will be vital. This will not only ensure that refugee children can continue their development, but will also teach them the skills allowing them to contribute more to the local society. Furthermore, shared education facilities can have positive effects on the protection environment.

**Food Assistance** - 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. Operations in Tanzania and Rwanda especially are facing WFP food ration cuts. As of September 2017 refugees in the three camps in Tanzania are at 60 per cent of the full ration with further cuts expected unless WFP receives the \$23.6 million it needs to meet the food and nutritional needs of refugees through December. In Rwanda, WFP faces a shortfall of 20 per cent for October 2017 and will be forced to halt general food distribution altogether in November 2017 unless additional resources are obtained. Reduced rations are resulting in far reaching and life altering consequences on refugees and may also contribute to secondary movements or even decisions to return to Burundi.

Sufficient support is needed in 2017 to ensure that the growing refugee population has access to food, preventing food insecurity and malnutrition levels from rising. For incoming refugees, food will continue to be provided at border entry points and upon arrival at camp sites. School feeding will also be promoted to ensure that refugee children will be motivated to go to school and have the energy to focus on classes.

In carrying out food assistance projects, the most vulnerable populations, including pregnant and lactating women together with their new born children, will be targeted to ensure that they have sufficient food available during their first days in displacement.

**Health and Nutrition** - Efforts are focused on keeping the Crude Mortality Rate under the emergency threshold of less than one death per 10,000 persons per day and the prevalence of Global Acute Malnutrition below 5% of the population. However, many refugee hosting areas are prone to communicable diseases, including, malaria and acute watery diarrhoea. There is an urgent need to expand the availability and quality of health services including creation of new structures, hiring of well-trained staff, and procurement of equipment and medical supplies. Considering the declining access to health services in Burundi, it will be crucial to ensure increased health assistance to refugees, including providing vaccinations, screening for acute malnutrition in children of 6 to 59 months of age, identifying cases of acute and chronic serious illness and pregnant women, and referral to appropriate services.

**Livelihoods and Cash Based Interventions** - As the crisis is becoming more protracted, livelihood activities have been implemented to increase the level of self-sufficiency of refugees. Besides agricultural support, additional market structures have been constructed

and refugees have received entrepreneurial training. In addition, village savings and loan associations (VSLAs) have started operating and vocational skills training have been undertaken to encourage refugees to start their own businesses. Such activities will continue to provide perspective to the refugee population and increase interaction with the local community. In refugee-hosting countries where access to work is restricted, advocacy will promote an inclusive approach to governments, allowing refugees to contribute and produce economic output while they are displaced.

Cash-based food assistance will be implemented whenever appropriate (currently implemented in the DRC and Tanzania), allowing refugees to receive dignified assistance and to buy the food they desire, while also having the ability to strengthen livelihood opportunities. In Tanzania, a private partnership with a mobile telephone company has allowed for the issuance of mobile cash transfers, which was piloted to around 10,000 refugees in Nyarungusu. If proven successful, the project may be extended to a larger number of beneficiaries.

**Logistics and Transport** - Poor road infrastructure often results in challenging terrain to transport large amounts of relief items to the respective refugee sites or to relocate refugees from transit centres to refugee sites. Security concerns, for instance in the DRC, further complicate the accessibility of settlements, as well as the search for service providers to deliver the required goods.

**Site Planning, Shelter, WASH and Environment** - Finding enough land to host incoming refugees remains the key challenge. Reception capacity will have to continue to be enhanced in the camps. NFIs will continue to be provided to incoming refugees, which include kitchen sets, buckets and soap, and hygienic sets for women.

Emergency shelters provided during the peak of the emergency are dilapidated as families could not be supported with transitional shelters due to limited resources. For example, in Rwanda, one third of refugees are still living under plastic sheeting with a short life span and high vulnerability due to heavy rains and storms. Shelters need to be built, upgraded, and rehabilitated. In addition, drainage systems and other works must be implemented to prevent erosion and limit the impact of severe rain on living conditions, as well as to limit the effect surface storm water has on the host community environment.

Provision of adequate quantities of safe drinking water is a priority. Water trucking is still necessary in some

refugee sites as groundwater levels were often not sufficient to provide enough water to refugees. Where groundwater is available in sufficient quantities, long-term water distribution systems and solar-powered water extraction will be implemented.

New WASH facilities need to be established for new arrivals while temporary latrines and showers need upgrading as the refugee situation becomes more long-term. To prevent SGBV, women and girls should have access to separate, well-lit WASH facilities that can be locked. Furthermore, water taps need to be maintained to ensure continuous access to water. Additional latrines will be constructed at schools in 2017 to provide sufficient capacity and prevent the outbreak of diseases. In addition, hygiene promoters are employed to reinforce refugees' involvement in maintenance and cleaning of communal sanitation facilities through the creation of committees and increased ownership. Large-scale sensitization campaigns will also continue to encourage good hygiene practices. Waste management will need to be further strengthened to mitigate negative impacts on the environment, while preventing the outbreak of (waterborne) diseases.

Solar lights and energy-efficient cooking stoves, as well as biomass briquettes, are used in camps to reduce the impact on the environment. An energy consulting firm

has been brought on board in Tanzania to see what other possibilities exist in terms of providing durable energy sources. Best practices will be communicated to other host countries.

## 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 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 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 will work 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.



## RRRP PARTNERS

- ADRA Adventist Development and Relief Agency
- AEC African Entrepreneurship Collective
- AHA African Humanitarian Agency
- AIRD African Initiatives for Relief & Development
- ARC American Refugee Committee
- DRC Danish Refugee Council
- FAO Food and Agriculture Organization
- FCA Finn Church Aid
- GHDF Global Humanitarian and Development Foundation
- GNT Good Neighbours Tanzania
- HAI HelpAge International
- HI Handicap International
- IA Indego Africa
- IOM International Organization for Migration
- IRC International Rescue Committee
- LAF Legal Aid Forum
- NRC Norwegian Refugee Council
- OXFAM
- PI Plan International
- SCI Save the Children International
- TCRS Tanganyika Christian Refugee Service
- Tutapona
- UN Women
- UNFPA United Nations Population Fund
- UNHCR United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Agency
- WFP United Nations World Food Programme
- WHO World Health Organization
- WM Water Mission
- WVI World Vision Tanzania



# Planned response

## PROTECTION

OUTPUTS	INDICATOR	NEW TARGET
Quality of registration and profiling improved and level of individual and civil status documentation increased	% of refugees registered/documentated on an individual basis	100%
Contribute to the prevention and reduction of risks associated with SGBV and provide a holistic response to survivors	% of identified SGBV survivors received assistance and services	100%
Refugees new-borns registered and provided with documents	% new-borns registered	100%

## EDUCATION

OUTPUTS	INDICATOR	NEW TARGET
Refugee population has optimal access to education in the camp	% of children enrolled in primary education	100%

## FOOD SECURITY

OUTPUTS	INDICATOR	NEW TARGET
Ensure the food needs of refugees are met	% refugees received food assistance	100%

## HEALTH & NUTRITION

OUTPUTS	INDICATOR	NEW TARGET
Health status of the population improved	% of refugees have access to primary health care facilities	100%
Nutritional well-being improved	Prevalence of Global Acute Malnutrition	<5

## LIVELIHOODS

OUTPUTS	INDICATOR	NEW TARGET
Improve self-reliance and livelihoods	# of persons provided with Technical and/or vocational trainings*	10,520

## LOGISTICS & TELECOMS

OUTPUTS	INDICATOR	NEW TARGET
Timely and dignified transport of refugees from reception centre to their allocated plots	% of new arrivals transported in a timely and dignified way	100%

## SHELTER & NON FOOD ITEMS (NFIs)

OUTPUTS	INDICATOR	NEW TARGET
Ensure population have adequate dwellings according to the needs	% of households provided with emergency or transitional shelters	100%
Population has sufficient basic and domestic items, necessary for their protection	% households received core relief items	100%

## WATER, SANITATION AND HYGIENE PROMOTION (WASH)

OUTPUTS	INDICATOR	NEW TARGET
Contribute to ensuring that all refugees have access to a minimum amount of clean drinking water in refugee camps	Average # of litres of portable water supplied per person per day	20
Population lives in satisfactory conditions of sanitation and hygiene	% of household sanitary facilities constructed/ improved	100%

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

Uganda, the United Republic of Tanzania, and Rwanda made significant commitments at the high-level summit of the United Nations General Assembly to address large movement of refugees and migrants, as well as the Leaders' Summit on Refugees, held in New York in September 2016. Tanzania and Uganda are official CRRF roll out countries, whereas Rwanda and DRC are applying promising CRRF approaches in their response to the Burundi refugee situation. The application of the CRRF will help to create a more predictable and sustainable approach to refugee management.

In Tanzania, efforts are underway with UNHCR and partners to advocate for donors and other actors to commit sufficient resources and fulfil commitments for the effective and successful implementation of the CRRF. The Government officially launched the CRRF in June 2017 and has established a National Steering Committee and Secretariat focused on ensuring a comprehensive refugee response through policy reform, coordination, and resource mobilization. The National Steering Committee 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 actors, non-governmental organizations, academia and the private sector. The CRRF will be a platform to address gaps and pursue opportunities for engaging development actors and relevant stakeholders in integrated support for refugees and host communities and strengthen the protection environment for refugees in Tanzania.

Under the leadership of the Office of the Resident Coordinator in Tanzania as part of the "Delivering as One" approach, an area-based UN joint programme has been developed for the main refugee hosting region of Kigoma, involving 16 different UN agencies and developed in cooperation with local authorities. By focusing on both the host population and refugees, the Kigoma Joint Programme supports and forms part of the CRRF in Tanzania. The humanitarian-development nexus is enhanced by linking together the UN's existing response to refugees and migrants with an increased focus on developing the host communities.

The CRRF, as a new approach in Uganda, will enhance the Refugee and Host Population Empowerment (ReHoPE) a 20 year strategic framework designed to support the Government's implementation of the Settlement Transformative Agenda by bringing together UN agencies, the World Bank, donors, development actors and the private sector within a joint strategy enabling a comprehensive approach to protection and solutions. ReHoPE is also fully part of the UN Development Assistance Framework (UNDAF). Its implementation through a multi-stakeholder approach at national and district levels will form a key part of applying the CRRF.

In Rwanda, the Government and UNHCR have developed a multi-year strategy (2016-2020) promoting sustainable livelihoods entitled: Economic Inclusion of Refugees in Rwanda. The joint strategy furthers economic development of refugees in their host communities through self-reliance. The underlying objective is to ensure all refugees and their neighbouring host communities are able to fulfil their potential as productive members of Rwandan society contributing to economic development of their host districts. The initiative views refugees as potential consumers, suppliers and employees and looks at imparting entrepreneurial skill and financial inclusion. The initiative encourages the use of cash based interventions instead of in-kind support across all goods and services. The strategy also foresees documentation to ease refugees' freedom of movement and confer the right to work. Rwanda's initiatives to promote inclusion and self-reliance for refugees are in line with the CRRF and the commitments it entered at the Leaders' Refugee Summit.

In the Democratic Republic of Congo, UNHCR aims to provide a comprehensive approach to protection and solutions that promote self-reliance of refugees and peaceful cohabitation with host communities. While the policy of the DRC is that assistance is available only to refugees living within refugee camps or sites, every effort is made to promote opportunities for self-reliance from the start, including through income-generating activities, especially agriculture and micro-credits using Cash Based Interventions. The new Mulongwe site, which is expected to open in late 2017, is being developed with a view to build traditional semi-permanent shelters from the start using a CBI approach. Participatory assessments include host communities and local authorities, with a view to maximize interventions that benefit host communities around refugee sites (potable water, rehabilitation of schools and building of additional classrooms, support to existing health centres). With adequate funding, livelihood projects for camp, urban/peri-urban and rural refugees - reaching out also to the most vulnerable people within the host community - will aim to reduce dependency on humanitarian assistance.

# Financial requirements

## BY AGENCY & COUNTRY

ORGANIZATION	DRC	RWANDA	TANZANIA	UGANDA	TOTAL
ADRA Adventist Development and Relief Agency		743,000	800,000		1,543,000
AEC African Entrepreneurship Collective		100,000			100,000
AHA African Humanitarian Agency		229,797			229,797
AIRD African Initiatives for Relief & Development			3,295,386		3,295,386
ARC American Refugee Committee		705,468		655,207	1,360,675
DRC Danish Refugee Council			9,998,380		9,998,280
FAO Food and Agriculture Organization	1,100,000		4,977,875	2,616,946	8,694,821
FCA Finn Church Aid				317,142	317,142
GHDF Global Humanitarian and Development Foundation		150,000			150,000
GNT Good Neighbours Tanzania			550,000		550,000
HAI HelpAge International			1,738,440		1,738,440
HI Handicap International		500,000			500,000
IA Indego Africa		100,000			100,000
IOM International Organization for Migration		200,000	3,682,000	1,106,447	4,988,447
IRC International Rescue Committee			4,518,262		4,518,262
LAF Legal Aid Forum		115,089			115,089
NRC Norwegian Refugee Council			2,325,000		2,325,000
OXFAM			6,280,000		6,280,000
PI Plan International		575,000	6,178,000		6,753,000
SCI Save the Children International		1,654,037	6,957,581		8,611,618
TCRS Tanganyika Christian Refugee Service			799,447		799,447
Tutapona				22,267	22,267
UN Women		200,000			200,000
UNFPA United Nations Population Fund	1,262,294	1,560,000	3,000,000	2,102,760	7,925,054
UNHCR United Nations High Commissioner for Refugees	21,933,418	57,905,279	100,026,291	56,044,366	235,909,354
UNICEF United Nations Children's Agency	2,017,116	2,548,000	6,990,056	2,100,000	13,655,172
WFP United Nations World Food Programme	11,391,565	17,270,102	65,852,760	7,764,848	102,279,275



ORGANIZATION	DRC	RWANDA	TANZANIA	UGANDA	TOTAL
WHO World Health Organization		650,000	100,000	900,000	1,650,000
WM Water Mission			3,000,000		3,000,000
WVI World Vision Tanzania			1,700,000		1,700,000
<b>Total</b>	<b>37,704,393</b>	<b>85,205,772</b>	<b>232,769,378</b>	<b>73,629,983</b>	<b>429,309,526</b>

## BY SECTOR & COUNTRY

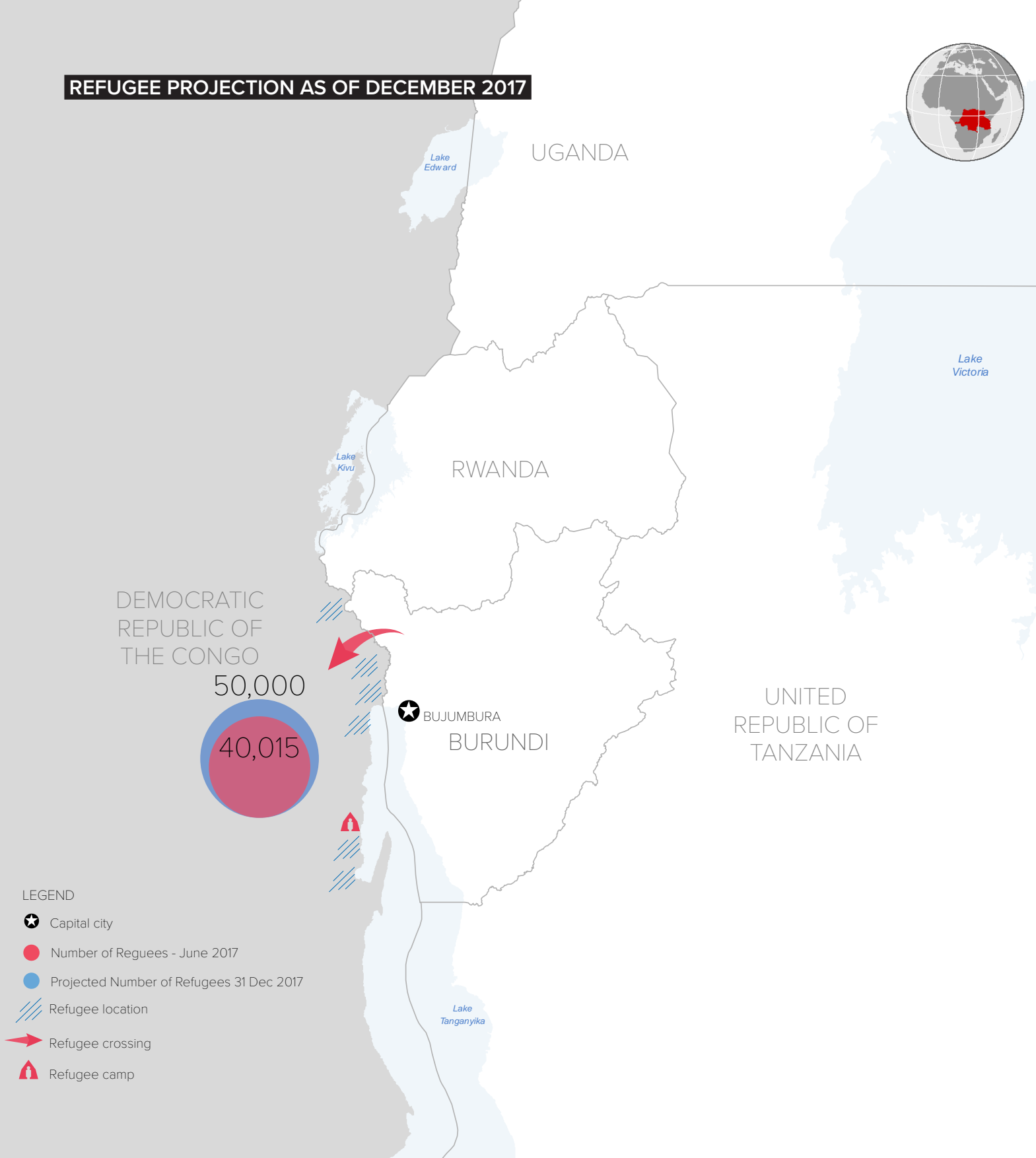
SECTOR	DRC	RWANDA	TANZANIA	UGANDA	TOTAL
Protection	5,560,983	11,743,307	26,849,382	5,491,386	49,645,058
Education	3,029,105	5,995,844	14,454,149	7,044,021	30,523,119
Food	10,560,926	15,049,232	64,607,164	6,444,481	96,661,803
Health and Nutrition	2,163,228	15,651,067	18,089,413	9,349,058	45,252,766
Livelihoods	5,648,962	3,127,085	24,854,028	9,033,567	42,663,642
Logistics and Telecoms	1,567,557	4,013,282	10,237,760	3,473,791	19,292,390
Shelter and NFIs	2,651,986	15,732,786	38,242,508	19,134,555	75,761,835
WASH	3,002,715	7,517,215	26,228,410	7,990,102	44,738,442
Operational Support	3,518,931	6,375,954	9,206,564	5,669,022	24,770,471
<b>Total</b>	<b>37,704,393</b>	<b>85,205,772</b>	<b>232,769,478</b>	<b>73,629,983</b>	<b>429,309,626</b>



# **DEMOCRATIC REPUBLIC OF CONGO**

## **Refugee Response Plan**

# REFUGEE PROJECTION AS OF DECEMBER 2017



## LEGEND

- ★ Capital city
- Number of Refugees - June 2017
- Projected Number of Refugees 31 Dec 2017
- /// Refugee location
- ➔ Refugee crossing
- ⛑ Refugee camp

## 2017 PLANNED RESPONSE

**50,000**

REFUGEE POPULATION

**37.7M**

REQUIREMENTS (US\$)

**5**

# PARTNERS INCLUDED  
in RRRP

# Country Overview

## INTRODUCTION

At the end of June 2017, the Democratic Republic of the Congo (DRC) hosted 40,015 Burundian refugees, out of whom 38,133 reside in the province of South Kivu including 30,030 in Lusenda Camp, 6,670 who reside in host families, and 1,427 who remain in transit centres. An additional 1,882 Burundians are living with host communities in Katanga, Maniema and North Kivu Provinces.

In the first six months of 2017, a total of 6,178 Burundian refugees crossed into DRC, with a peak of 2,086 registered in February. Burundian refugees enter the DRC through Uvira and Fizi territories in South Kivu province, crossing one of the 22 formal or informal border entry points. The security situation in South Kivu is volatile due to the presence of armed groups causing considerable internal displacement. The province also hosts refugees of other nationalities, notably Rwandans.

Refugees have little access to economic resources to meet their survival needs, except those who receive land to cultivate. According to informal return intentions surveys, refugees are unwilling to return to their country of origin in the foreseeable future due to security concerns. Dwindling funding is 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. Additionally, the reported presence of the Forces Nationales de Liberation (FNL) and the Forces Républicaines Burundaises (FOREBU) in the area constitutes a threat for the safety of Burundian refugees and negatively impacts the civilian character of asylum.

To maintain the civilian character of asylum, UNHCR is

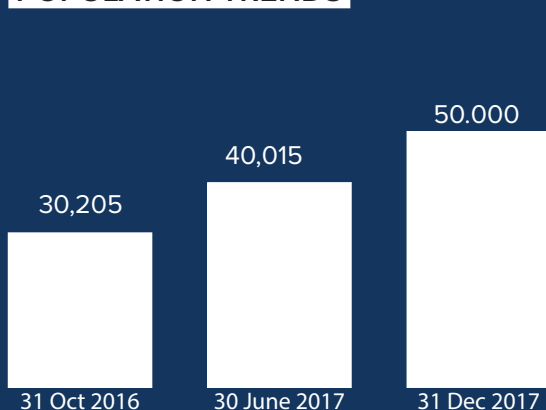
supporting 40 police officers in Lusenda refugee camp and is funding a security screening by the National Commission for Refugee (CNR), General Directorate for Migration (DGM), and other local authorities to make the distinction, upon arrival in the reception and transit centres, between genuine refugees and armed elements.

While DRC authorities have maintained an open-door policy for refugees, prima facie status for Burundian refugees was revoked in January 2017, mainly to allow for individual security screening. Freedom of movement is guaranteed and refugees are receiving refugee certificates. Based on the government's decision that assistance should take place in a camp setting, a site was opened in Lusenda (Fizi territory), with four extensions to date (Lulinda, Katungulu I, Katungulu II, and Katungulu III) where multi-sector assistance is provided to refugees through a community-based approach.

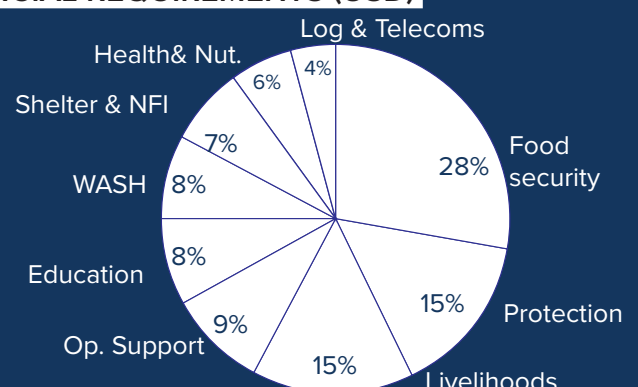
Initially planned for a maximum of 20,000 refugees, Lusenda camp and its extensions are now overcrowded, putting significant pressure on the provision of basic and essential services. The overcrowding has also given rise to significant security challenges. The local authorities have granted additional land (Mulongwe) for the establishment of a new camp to accommodate up to 30,000 refugees. Construction works started in July 2017 after delays linked to security and funding constraints.

UNHCR coordinates the overall refugees response targeting camp-based refugees as well as those living with the host community in close cooperation with government authorities and international agencies and NGOs.

### POPULATION TRENDS



### FINANCIAL REQUIREMENTS (USD)



## MAIN ACHIEVEMENTS & GAPS

In the first semester of 2017, major **achievements** included:

- 798 children (age 3-5) enrolled in early childhood education (79.8 per cent of the target);
- 4 reception centres have been built (100 per cent of the target);
- 6,158 pupils received school meals (72 per cent of the target);
- 9,043 households received cash transfer (82 per cent of the target);
- 31,463 refugees households are served by a water system (90 per cent of the target) however the amount of water per capita is 9,6 litres below the minimum standard of 20 litres per person per day.

The below **gaps** remain as of June 2017:

- Delays in developing a second site has meant overcrowding in Lusenda Camp and new arrivals are stuck in transit centers;

- Only 62 percent of children are enrolled in primary schools;
- Only 9,6 liter per person per day are available in the camp, which is below any humanitarian standards and there is a urgent need to construct household sanitary facilities (0 per cent of the target)

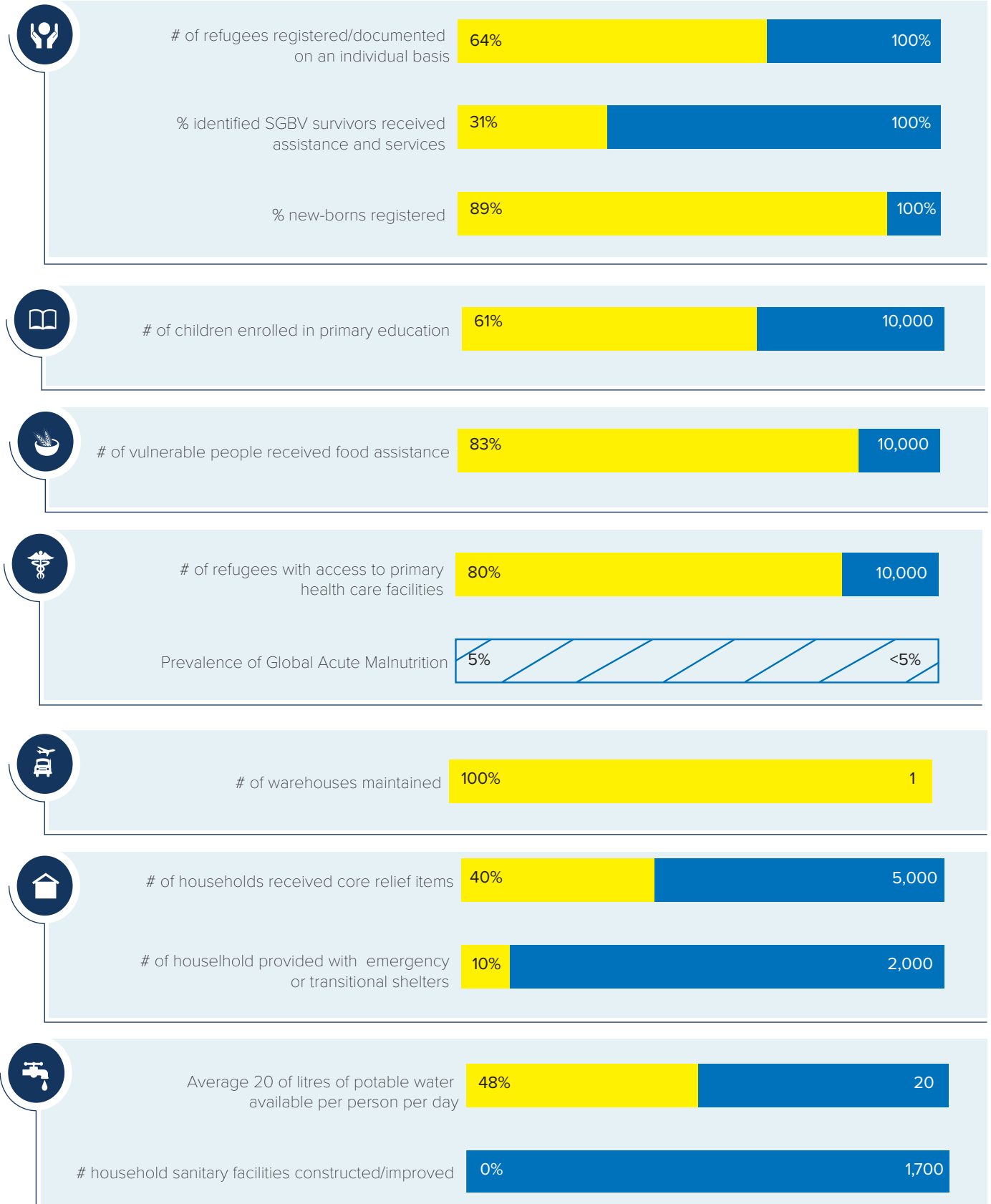
## NEEDS & VULNERABILITIES

The inter-agency planning process anticipated that by the end of 2017 the DRC would host about 45,000 Burundian refugees, mostly in South Kivu where the context for refugee protection and assistance is complex. The security situation in the province, which also hosts more than 400,000 internally displaced persons in the same communities as refugees from previous crises, is equally complex. As a result, there are multiple protection risks, including different types of harassment and risks of forced recruitment by various active armed groups.

Most vulnerable and at-risk refugees are relocated to Lusenda camp where they can benefit from multi-sector assistance. However, since March 2017, many



## MAIN ACHIEVEMENTS & GAPS - JAN TO JUNE 2017



new arrivals have been forced to remain in the transit centres longer than the initially planned 72 hours due to overcrowding in Lusenda camp and because of delays in getting authorisation to open a new site. Overcrowding in the camp has also meant that critical gaps remain in health care, education and WASH.

Approximately 60 per cent of the arrivals in 2017 are children and the lack of sufficient case workers for the increasing population of children with special needs requiring individual follow up is also a major protection gap. There is also a high number of reported incidents of SGBV. Victims 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.

Considering the planning figure of 45,000 Burundian refugees, it is estimated that approximately 10,000 are women of child-bearing age, and may further include 2,000 pregnant women who may need specialised care before and during child-birth.

Prolonged stay in transit centres also increases the risk of malnutrition and diseases among children since they are entirely dependent on food rations. The results of a nutrition survey conducted in 2016 showed the need to enhance capacity building for the local authorities to provide physical protection and security, to strengthen child protection and SGBV prevention and response mechanisms, and to provide livelihood programmes.

The existing education infrastructure is insufficient and there are not enough classrooms or teachers. Basic school equipment and learning materials are also required. Considering the longer-term perspective, it will be important to transition from emergency to semi-permanent 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, additional latrines and shelters will need to be provided.

There are very limited livelihood opportunities and vocational training needs to be strengthened. There is a need to diversify local food production by providing agricultural tools and improved seeds to refugee households and host communities. To address environmental degradation, the distribution of energy-saving stoves should be increased while at the same time preserving the environment by planting trees. Such activities will benefit both refugee and host communities,

foster improved relations, and avoid the escalation of tensions between the groups.

## RESPONSE STRATEGY & PRIORITIES

The overarching priority of the humanitarian response is to facilitate a comprehensive protection environment with a focus on physical protection and the identification, documentation, and referral of unaccompanied/ separated children and persons with specific needs, as well as access to basic services. While promoting the alternative to camps policy in the implementation of protection activities, the self-reliance of refugees and the promotion of durable solutions will be actively pursued.

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

1. Promotion of legal and physical protection by state actors (including guaranteeing civilian character of asylum) and registration/documentation;
2. Support to education with the aim to include refugee children in the national primary education system, especially around the new Mulongwe site;
3. Prevention and reduction of SGBV risks in and out of camps;
4. Provision of basic services including shelter, food, water and medical care for vulnerable refugees accommodated in the camps (Lusenda and Mulongwe);
5. Pursue opportunities for partnerships with development actors and relevant government institutions to promote durable solutions.

**Protection** - The overall objective is to promote legal and physical protection by state actors, including through guaranteeing the civilian character of asylum. Regular sensitizations of security and defence forces on refugee rights and obligations including their right to move freely and to work will be conducted. To avoid episodes of harassment and arbitrary arrest, the National Commission for Refugees (CNR) issues written authorizations to refugees moving beyond two kilometers from the camp. Protection monitoring activities are ongoing.

There is a need to train the CNR on the exclusion clause and to continue to support the security screening which allows authorities to make the distinction between armed elements and genuine civilians.



**Registration and Documentation** - Following the verification exercise scheduled to take place in 2017 for all refugees in DRC, a continuous registration mechanism will be established to take into account changes in the population demography (including births and deaths) and registration of new arrivals. This exercise will be done jointly with CNR. The registration will use UNHCR's Biometrics Identity Management System (BIMS). Once the registration process is completed, an identity card should be provided to all registered refugees.

**Child Protection** - The main child protection objectives include: strengthening protection of adolescents/youth and providing appropriate care and case management for children at risk or in need of alternative care arrangements. Family tracing and reunification as well as child-focused SGBV prevention and response mechanisms were established as an immediate priority at the onset of the emergency operation. Child protection programmes include specialized case management and community based child protection networks and mechanisms, in collaboration with partners and specialised government institutions. Case management procedures will be reinforced to ensure that children at risk are systematically identified and have access to appropriate services. Alternative care options which 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. Youth programming will aim to promote refugee youth participation in community activities and support them to develop their own initiatives.

**SGBV** - The main objective is to ensure the prevention and reduction of risks of SGBV. Standard operating procedures and referral mechanisms are in place but 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. Partners will work to reduce the risk of SGBV, particularly for persons with specific needs and through promoting safe access to firewood, providing energy-saving initiatives, and referral pathways for survivors.

**Education** - The main objective is to promote access to education for all refugee children by integrating them in the national education system. Primary education is provided to all children of school age in the camp and secondary education opportunities, while limited, serve as a mitigating measure against the risk of forced recruitment and sexual exploitation. The overall assessment shows that at least 54 additional classrooms as well as 900 desks and school kits are needed to

reach minimum standards. Support to schools in the Mulongwe area will increase as refugees begin to be transferred from Lusenda. The strategy of salary payment to teachers recruited for additional classrooms in schools accommodating refugee students so far implemented around Lusenda will be shifted toward the payment of education fees (same rate as Congolese students) for both refugees from Lusenda and Mulongwe. This approach will allow schools to recruit additional teachers.

**Food Security** - The objective is to improve food security through the provision of adequate quantity and quality of food to all refugees in Lusenda camp and transit centres. As the food security strategy is implemented, the adequacy of food aid distribution will be monitored according to protection standards. A cash based interventions (CBI) voucher programme is running and monthly food fairs take place in the camp in collaboration with WFP. In the transit centres, efforts are underway to supplement food rations while waiting for the opening of the Mulongwe site.

**Health and Nutrition** - The principal objective is to ensure access to health care through Primary Health Care (PHC). This aims to reduce mortality and morbidity and to improve quality of life of refugees. Available services such as primary health care, reproductive health, HIV, and nutrition are integrated into national health system supported by UNHCR and partners.

In 2017, in Lusenda, 100 per cent of Burundian refugees have access to primary and secondary health care including referral mechanisms to local hospitals, to comprehensive reproductive health and HIV treatment, as well as to nutritional services. The camp health facilities are included in the national health system. However, the national health system is stretched and under-resourced and needs additional support to cope with increased numbers of patients. In anticipation of the Mulongwe camp's opening, the medical structures in the Fizi health zone are being strengthened. To prevent and respond to the risks of malnutrition in the camp, WFP implements a school-level program. Health interventions will include identification and treatment or counselling for survivors of SGBV and refugees with HIV/AIDS.

The Expanded Program on Immunisation (EPI) and the outbreak prevention and response are in place. The Crude Mortality Rate (CMR) and the Under Five Mortality Rate (U5MR) will be maintained under the standard respectively 0,75 /1000/month and 1,5/1000/month. The measles vaccination coverage was 71.33 per cent in 2016 and is expected to increase above 95% in 2017. As of June 2017, the proportion of births attended by skilled

personnel is 95 per cent, elimination of mother-to-child transmission (EMTCT) coverage 88%, 244 Persons of Concern living with HIV received anti-retroviral therapy through national HIV programs, and 1,088 children under 5 years have been admitted into the community-based acute malnutrition program.

In addition, about 80 per cent of new arrivals have access to primary health care while they await relocation to the new Mulongwe site. Vaccination and nutritional screenings are conducted. For the new Mulongwe site, a health center integrated into the national health system will be built to facilitate access to health care for new Burundian refugees as well as the local population.

**Livelihoods** - Community-based programmes will be promoted for those living outside the camp to support peaceful co-existence between the refugees and host communities. Livelihoods projects for both camp-based and out-of-camp refugees and most vulnerable people within the host community are indispensable to reduce the dependency on humanitarian assistance. A priority will be to support diversified food production by providing gardening kits to refugee families and host communities around the newly opened areas of Lusenda

(Katungulu II and III). Agricultural livelihood support will also include technical training and cash for work activities. In addition to covering immediate food security needs, these interventions will increase the level of self-reliance, by enabling refugee households to increase their capital, invest in income generating activities and/or diversify their agricultural-based activities. The new site of Mulongwe was identified for this purpose and there will be enough space for interested refugees to pursue these kind of activities.

**Shelter and NFIs**: - With the aim of improving the living conditions of refugee families, the shelter sector is shifting from emergency towards more durable shelter solutions using local building practices and a community-based approach where the refugees play an important role as instruments of change. In Lusenda camp, the majority of refugee families are still living in emergency shelters, built with wood and plastic sheeting, which require regular replacement and continuous investment cost. With the active participation and contribution of refugees, shelters in the camp will be gradually upgraded to semi-durable structures made of mud-brick walls and corrugated iron sheets or straw for roofing. Shelter committees will be formed, sensitized



and trained to support self-construction of household shelters and WASH facilities.

The use of the Cash-Based Intervention (CBI) approach will be promoted either for the manpower, the provision of construction materials, and/or for the NFIs. These measures aim at mitigating several protection risks, helping to reduce costs in the longer term and fostering care and maintenance practice by the beneficiaries. This new construction typology and modalities will be applied from the start in the new Mulongwe site.

In Mulongwe, multipurpose cash transfers will be provided to newly relocated refugees to allow them to purchase items for hygiene and other non-food items.

**WASH** - With an overall objective to improve access to safe water for drinking and domestic use, the WASH sector is working towards increasing availability of water and improving accessibility for all refugees through the construction of water treatment and distribution systems in both Lusenda and Mulongwe. While sanitation infrastructures will be part of the shelter strategy in Mulongwe site through cash interventions, in Lusenda camp where some refugee families are still using communal latrines and showers, self-construction of familial latrines and showers supported by cash transfers, will continue to be promoted. Refugees will continuously be sensitized to undertake small site improvement works which aim at protecting the shelters from rain water and improving the overall drainage and waste management of their sites.

## PARTNERSHIP AND COORDINATION

The Congolese Government is represented by the Commission Nationale pour les Réfugiés (CNR), along with the immigration police and other relevant local authorities in refugee hosting areas. The CNR is the main state entity in charge of the coordination of the refugee response in DRC, with presence in Kinshasa and in field locations, including in South Kivu in Bukavu, Uvira, Mboko and Baraka. The General Directorate for Migration is also present in refugee hosting areas and plays a key role in facilitating access to the territory.

UNHCR, WFP, UNWOMEN, UNICEF, ICRC, WHO, and UNFPA, work in close collaboration with national, provincial and local authorities, in consultation with refugees and local communities. In addition, the CNR also implements delivery of some protection activities, including monitoring, camp management, and evaluation of the response.

Refugee coordination is ensured at field level at both sectoral and inter-sectoral levels by UNHCR. UNHCR chairs a monthly inter-sectoral coordination meeting

with CNR, open to all humanitarian partners as well as UN agencies present on the ground in Mboko (close to Lusenda camp), with a separate meeting with partners at Bukavu level. Additionally, the Inter-Agency Provincial Committee convened by OCHA in Bukavu serves as a platform for updating and consulting on refugee issues. Sectoral meetings include NFI/infrastructure, Protection, Logistics, Food Security, WASH, Health, Education and Nutrition.

The main partners contributing to the response at field level in coordination with UNHCR are: African Initiative for Relief and Development (AIRD), Agence de Développement Economique et Social (ADES), Caritas, INTERSOS, Save the Children, War Child Holland (WCH), Association des femmes pour la promotion et le développement endogene (AFPDE), PAX CHRISTI, Appui au Développement de l'Enfant en Détresse (ADED), Comité d'Entraide Familiale (CEF), EBEN-EZER, International Committee of the Red Cross (ICRC), Norwegian Refugee Council (NRC), Rebuild Hope for Africa (RHA), World Vision International, Volontaire pour la défense des droits humains (SVH), and GEADES.



## RRRP PARTNERS

- FAO Food and Agriculture Organization
- UNFPA United Nations Population Fund
- UNHCR United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Agency
- WFP World Food Programme

# Planned response

## PROTECTION

OUTPUTS	INDICATOR	NEW TARGET
All refugees registered and receive documentation	# persons registered and documentation issued	10,600
Registration conducted on an individual basis with minimum set of data	# of PoC registered on an individual basis with minimum set of data required	10,000
Access to asylum: protection monitoring, including border monitoring to ensure respect for the principle of non refoulement	# of border monitoring visits conducted and recorded	24
Preserve the humanitarian and character of asylum	# of PoC receiving legal assistance	70
Child protection: Conduct assessments/ best interest determinations for children at risk including UASC	# of best interest assessments conducted	280
Expand social recreational activities and child-friendly spaces	# children aged 3-5 enrolled in early childhood education	1,000
Protection by presence provided	# staff members in field locations	19
Birth registration and certificates provided	# children registered and with documentation	720
Security packages for the police and refugee community policing	# of police in camps / communities	300
Reception/transit centre infrastructure established and maintained	# of reception centre buildings/ structures	4
Provision of psychosocial support, legal aid and socio economic support for SGBV survivors	# of reported SGBV incidents for which survivors receive assistance	70
Capacity development supported (Sexual and gender-based violence - SGBV)	# of awareness raising campaigns conducted	90
Participation of community in SGBV prevention and response enabled and sustained	# of community-based committees/groups	10

## EDUCATION

OUTPUTS	INDICATOR	NEW TARGET
School meals to boys and girls in primary school provided school feeding)	# of pupils received school meals	8,500
Primary education provided or supported	# of children enrolled in primary education	10,000



## FOOD SECURITY

OUTPUTS	INDICATOR	NEW TARGET
Refugees' households received vegetable seeds and tools	# HH covered with kits	3,000
Refugees' household received cash for work transfers	# HH received cash transfer	11,000
Adequate quantity and quality of food assistance provided	# of vulnerable people received food assistance	10,000



## HEALTH & NUTRITION

OUTPUTS	INDICATOR	NEW TARGET
Access to primary health care services provided or supported	% of refugees to primary health care facilities	80%
Children with acute malnutrition have access to treatment services	Prevalence of Global Acute Malnutrition	<5%
Referral mechanisms established	# people referred to secondary and tertiary medical care	4000
Health facilities are supplied with Emergency Reproductive Health kits	# health facilities received RH kits	6
Access to reproductive health services in targeted health facilities improved	# births carried out by skilled staff	1,200
	# women who received emergency obstetrical care	120
	# new adherents of a modern contraceptive method	400
Set up / Support friendly services for youth and adolescents	# functioning youth and adolescents services	1
Medical care provided to SGBV survivors	# SGBV survivors received medical care	20
	# SGBV survivors received PEP Kit within 72 hours	15
MAM Treatment provided	# of people receiving treatment	1,200 children and 1,600 women



## LIVELIHOODS

OUTPUTS	INDICATOR	NEW TARGET
Households receive technical assistance for sustainable production	# of beneficiaries trained	0%
Food assistance for assets to support the restoration of livelihoods assets provided.	# of people receiving food assistance	0

## LOGISTICS & TELECOMS

OUTPUTS	INDICATOR	NEW TARGET
Warehousing provided, repaired and maintained	# of warehouses maintained	1

## SHELTER & NON FOOD ITEMS (NFIs)

OUTPUTS	INDICATOR	NEW TARGET
Emergency shelter provided	# of emergency shelters provided	300
Transitional shelter provided	# of transitional shelters provided	1,700
Core relief items provided	# of households receiving core relief items	5,000
Sanitary materials provided	# of women receiving sanitary materials	9,000

## WATER, SANITATION AND HYGIENE PROMOTION (WASH)

OUTPUTS	INDICATOR	NEW TARGET
Environmental health and hygiene campaigns implemented	# of persons reached by campaigns	35,000
Household sanitary facilities / latrines constructed	# of household sanitary facilities constructed	1,700
Water system constructed, expanded and/or upgraded	# of refugees served by water system	35,000
Minimum safe drinking water provided	# of litres of safe drinking water provided	20 l/p/day

# Financial requirements

## BY AGENCY & COUNTRY

ORGANIZATION	TOTAL REQUIREMENTS (USD)
FAO Food and Agriculture Organization	1,100,000
UNFPA United Nations Population Fund	1,262,294
UNHCR United Nations High Commissioner for Refugees	21,933,418
UNICEF United Nations Children's Agency	2,017,116
WFP United Nations World Food Programme	11,391,565
<b>Total</b>	<b>37,704,393</b>

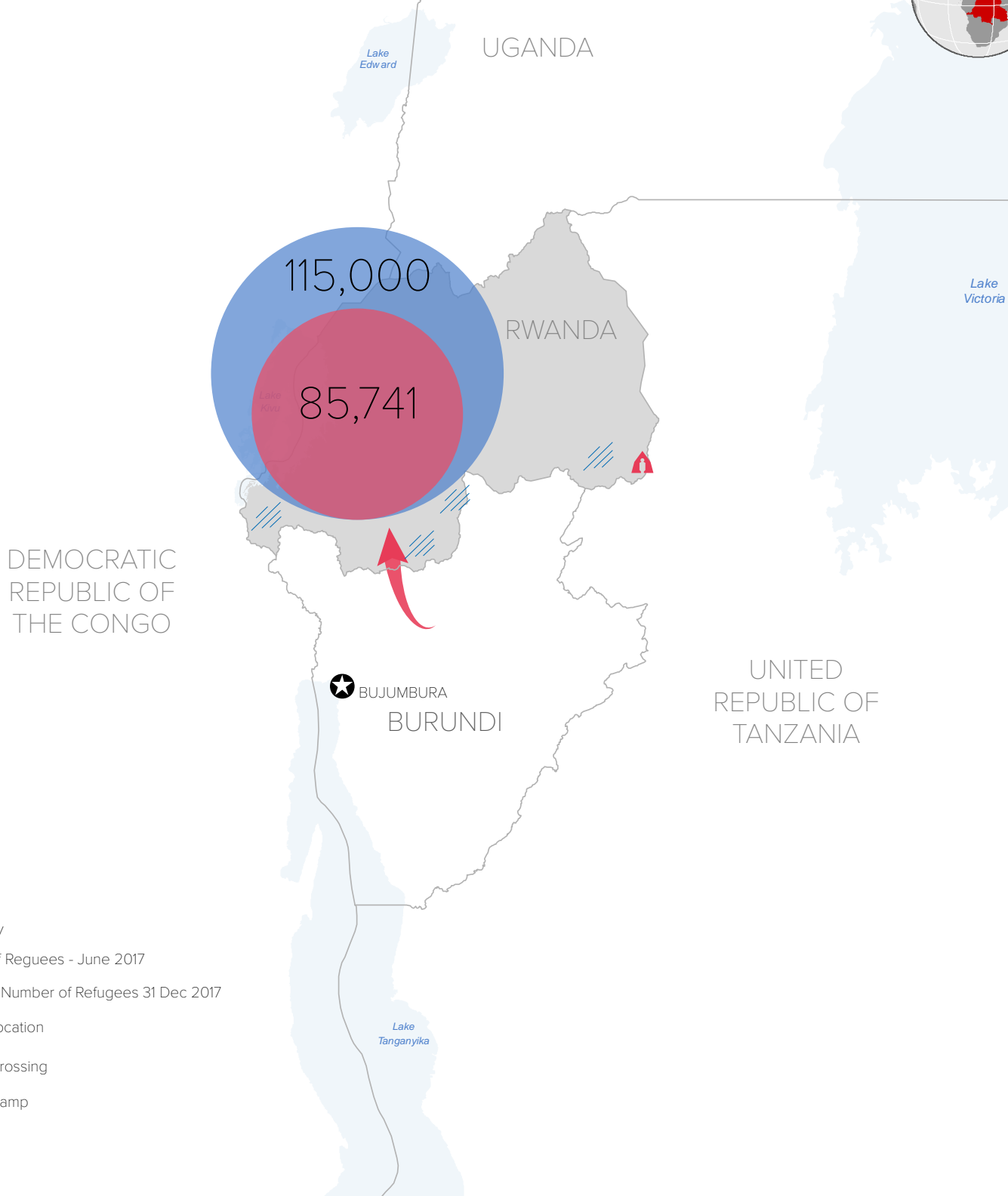
SECTOR	TOTAL REQUIREMENTS (USD)
Protection	5,560,983
Education	3,029,105
Food	10,560,926
Health and Nutrition	2,163,228
Livelihoods	5,648,962
Logistics and Telecoms	1,567,557
Shelter and NFIs	2,651,986
WASH	3,002,715
Operational Support	3,518,931
<b>Total</b>	<b>37,704,393</b>



# **RWANDA**

## **Refugee Response Plan**

# REFUGEE PROJECTION AS OF DECEMBER 2017



## LEGEND

- ★ Capital city
- Number of Refugees - June 2017
- Projected Number of Refugees 31 Dec 2017
- /// Refugee location
- ➔ Refugee crossing
- ⛑ Refugee camp

## 2017 PLANNED RESPONSE

**115,000**  
REFUGEE POPULATION

**85.2M**  
REQUIREMENTS (US\$)

**17**  
# PARTNERS INCLUDED  
in RRRP

# Country Overview

## INTRODUCTION

Toward the end-March 2015 Rwanda began to experience an influx of refugees from Burundi. Under the leadership and coordination of the Government of Rwanda, in particular the Ministry for Disaster Management and Refugee Affairs (MIDIMAR), and the United Nations High Commissioner for Refugees (UNHCR), an interagency multi-sector response was established, with participation of several UN agencies and national and international nongovernmental organizations (NGOs). As a result of the Government's open border policies, refugees fleeing Burundi have had unrestricted access to asylum through prima facie refugee status and enjoyed freedom of movement. Today, there are over 85,741 Burundian refugees in Rwanda, which was already hosting some 83,000 Congolese refugees and asylum seekers prior to the start of the Burundi crisis.

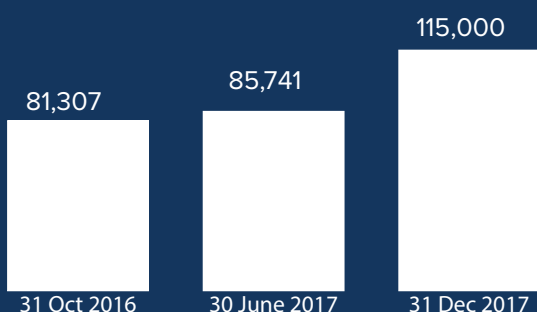
Refugees are received in five reception/transit facilities where refugee response actors set up emergency protection and assistance services in the first week of April 2015, including in a new transit centre constructed in early 2016. In April 2015, the Government designated land for the establishment of a new refugee camp, Mahama - the country's sixth, located in the Eastern Province. Mahama has the capacity today to host up to 60,000 refugees, and has potential for further expansion. As of 30 June 2017, Mahama is divided into two camps (Mahama Site I and Mahama Site II) and is home to nearly 54,000 Burundian refugees. The remaining approximately 31,700 Burundian refugees live mostly in urban areas, primarily Kigali and Huye. A key strategic focus in 2016-17 has been the transition from emergency shelters to semi-permanent structures, which has seen the construction of nearly 5,172 more

durable and dignified duplex shelters accommodating 36,804 refugees (i.e. 61 per cent of the population). Additional 2,328 back-to-back family-shelters need to be constructed in order to provide appropriate accommodation to refugees who are living in temporary hangars in Mahama refugee camp and in other reception centres pending relocation. With hangars as communal accommodation, refugees are exposed to SGBV, poor health situation, lack of privacy, etc. This shift has also involved improvement of sanitation infrastructure, replacing unsustainable communal pit latrines with dischargeable latrines, the completion of a water treatment plant, and the opening of two health centres made of durable materials rather than plastic sheeting.

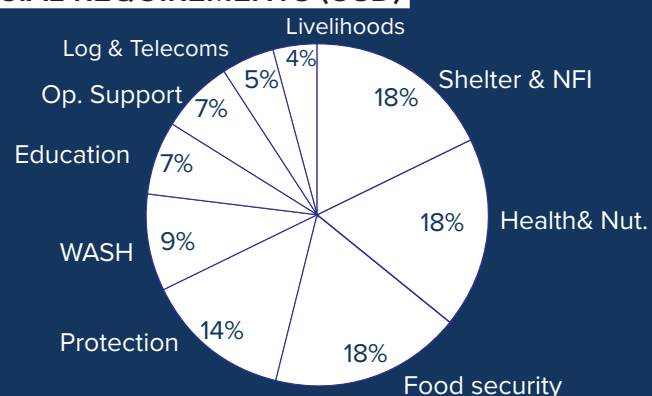
All Burundian refugees declaring themselves at the border follow registration procedures which includes screening by Rwandan National Police, transfer to the reception centre, level 1 registration at the household level, and issuance of a Proof of Registration allowing for access to assistance. Important protection interventions including border monitoring, protection monitoring, and SGBV prevention and response mechanisms were set up from the onset of the crisis in 2015 and developed over the past 2 years. Advocacy, identification of and support to persons with specific needs (women and children at risk, persons with disabilities, elderly, persons with serious medical conditions, etc.), birth registration and protection counselling are other key areas of protection intervention. Maintaining the civilian nature and humanitarian character of asylum is a top protection priority.

Basic services have been established in all sites including shelter, primary health care, routine screening to identify and treat malnutrition as well as vaccination and reproductive health services. In addition, access

### POPULATION TRENDS



### FINANCIAL REQUIREMENTS (USD)



to water and sanitation facilities has been ensured, including through the construction of a permanent water treatment plant which is cleaning water from a nearby river to ensure supply of clean drinking water to the humanitarian standard.

With regards to shelter, at the start of the emergency, family tents were erected as well as emergency communal hangars to cope with the high pace of the influx. However, these tents have a life-span of 6 months. Thus, transitioning from tents to semi-permanent shelter remains a key priority in 2017 given the recent ban on plastic sheeting announced by the Government earlier in the year. Starting from the second half of 2017, it is planned that refugees who are willing and able to establish themselves in rural areas could relocate to pre-identified districts whose absorption capacity has been verified and confirmed. The mapping exercise aimed at identifying the districts that have absorption potential will be carried out by the end of 2017.

With regard to food security, all refugees were provided a food basket to meet their daily dietary needs. Upon arrival to entry points, reception/transit centres and when relocating to Mahama transit rations are also provided. To address high levels of malnutrition, enriched and fortified food supplements were incorporated into the general distribution food basket. A blanket supplementary feeding for all children under-five years, pregnant and lactating women, people living with HIV/AIDS and TB patients was introduced from the onset of the emergency, and children under five years with Moderate Acute Malnutrition (MAM) were assisted with a curative supplementary feeding. Due to funding shortages, partners have had to contingency plan for food ration cuts, which thankfully were averted.

The Government of Rwanda has a policy of progressively integrating refugees into national systems for health and education. As such, while primary health services are provided in the camp by humanitarian actors, refugees are referred to local health facilities for secondary and tertiary referrals. In line with the UNHCR long term vision which aims to see self-reliant refugees increasingly living outside camps, livelihoods interventions are prioritized for this year.

## MAIN ACHIEVEMENTS & GAPS

In the first semester of 2017, major **achievements** included:

- 240 government officials have been trained on

protection for refugees and migrants (80 per cent of the target);

- Inclusion of refugees is taking place in the provision of medical care and education, thanks to increased capacity in national structures provided by the inter-agency response. This includes the construction of classrooms and provision of equipment;
- 81 per cent of primary school age children are enrolled in primary school in host communities and are enrolled in school feeding programs;
- 400 refugees have been provided with in-kind or financial support to expand or formalize their business (67 per cent of the target);
- 18,757 refugees households have received NFIs (94 per cent of the target);

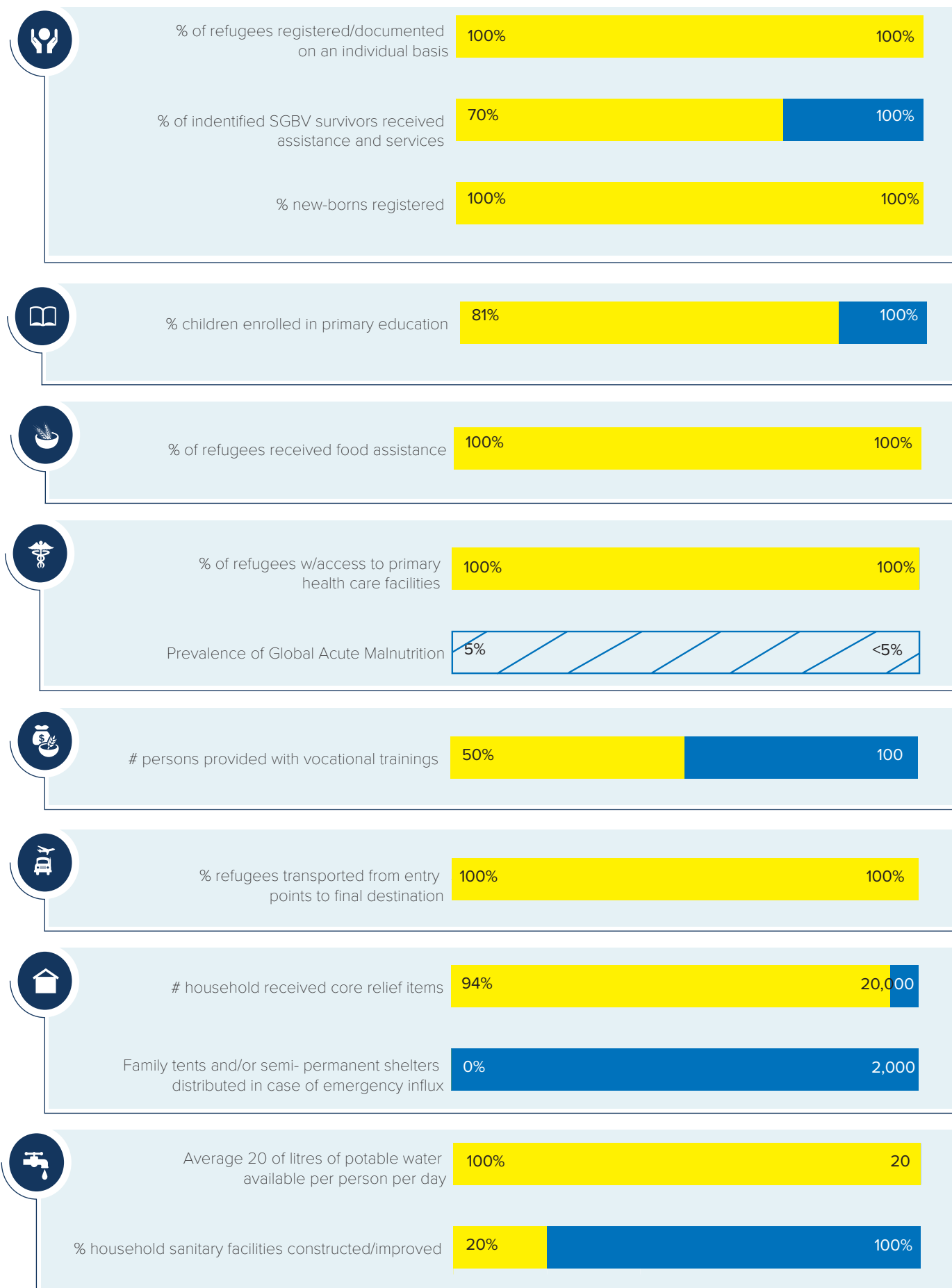
The below **gaps** remain as of June 2017:

- Insufficient refugee volunteers and case workers to adequately monitor 1,268 unaccompanied and separated children in Mahama Camp;
- 44 out of 50 early childhood development centers remain under plastic sheeting;
- 15,476 refugees are still living in deteriorated emergency plastic communal hangars where they are exposed to heightened risks of health, sanitation and protection issues;
- 51 latrine blocks in the camp remain under plastic sheeting which is worn and unhygienic;
- Firewood distributed to refugees each month for cooking can only cover about two weeks of their actual needs;
- Verification and profiling exercise is urgently needed to facilitate freedom of movement and better protection from refoulement as well as to enable targeting of assistance.

## NEEDS & VULNERABILITIES

The Burundian refugee population in Rwanda stands at 85,741 persons as of 30 June 2017. New arrivals continue to enter the country, and the inter-agency population planning most likely scenario for 2017 was estimated to be 115,000 Burundian refugees in Rwanda by end 2017. A contingency plan considering worst case scenarios is being developed.

## MAIN ACHIEVEMENTS & GAPS - JAN TO JUNE 2017



During registration, specific needs and other vulnerabilities are identified, including age and gender breakdowns. Today the population of Mahama is almost gender balanced, with 49 per cent female and 51 per cent male population, while the population of women and children makes up 76 per cent of the camp population. The population also has a substantial proportion (8.8 per cent) of persons with specific needs, notably unaccompanied and separated children, child-headed households, female-headed households, persons living with HIV/AIDS, persons with disabilities (PWDs), elderly persons, and persons with mental disorders – all of whom require continuation or scaling up of targeted programmes and/or staffing.

Overcrowding of shelters, traditional gender attitudes and separation of family members contributes to a risk of SGBV. This risk is being mitigated by ongoing community-mobilization around SGBV prevention and related issues. However, such activities must be scaled up. Sexual and reproductive health programmes are key including family planning given that the proportion of women of reproductive age is 27.4 per cent. It is expected that the demographic breakdown of new arrivals (gender; age; specific needs; urban vs. camp-based) between now and end-2017 will remain roughly constant proportionally.

There are 7,543 children aged 3-6 years and 3,200 children aged 0-3 years. Among those aged 3-6 years, 5,002 children are enrolled in early learning programmes, while the remaining 2,541 children are still in need. The 3,200 children aged 0-3 years will soon benefit a community based parenting programme. Registration and community based protection monitoring have revealed a substantial proportion of unaccompanied and separated children. As of 30 June 2017, the number of registered unaccompanied and separated children stands at 1,998. Protection activities including family tracing and reunification are critical interventions for these children. As of 30 June, 73 unaccompanied and separated children have been reunited with their parents/customary caregivers or relatives.

Though the health situation in Mahama Camp is now stable, cases of communicable diseases including typhoid fever, malaria, watery diarrhoea and bloody diarrhoea are reported, so a strong epidemic preparedness and response mechanism is needed to prevent and control communicable diseases in the camp. A robust system for screening, referral, and treatment of malnutrition is also important given that many new arrivals reach Rwanda in a very poor nutritional state. Since the implementation of recommendations



from Standardize Expanded Nutition Survey (SENS), conducted in May 2015, October 2015, May 2016 and May 2017, some improvements in the malnutrition situation have been observed in Mahama. However, the major indicators still remain very close to critical levels and pose a risk of deterioration. The latest SENS survey indicated Global Acute Malnutrition (GAM) and stunting among children 6-59 months of age at 4.5 per cent and 42.1 per cent respectively and anaemia prevalence remains persistently high at 46.1 per cent (as compared to 34.7 per cent in May 2016) among the same age group and increased from 20 to 26.7 percent for women.

In addition to poor knowledge of healthy nutrition and feeding practices, arriving refugees largely come from rural areas and often have a limited knowledge of health-related issues, particularly on HIV, sexually transmitted diseases, reproductive health issues including maternal and child health, and communicable illnesses. In addition, a significant number of refugee patients with serious medical conditions could not be supported fully through the UNHCR refugee health assistance programme.

The permanent water treatment system is operational since December 2016 and currently supplies up to the level of the humanitarian standard (20 litres per person per day) for the entire refugee population as well as the host community within the area. The topography of Mahama is characterized by undulated terrain near a river, causing water stagnation which worsens during the rainy season. The terrain is also prone to the formation of ravines, which over the course of 2016 presented a danger to children, while also presenting risks of water and sanitation related diseases. Being an insect-infested, swampy area, there are inherent hazards to young children and pregnant women, with infestation of hazardous insects including anopheles mosquitos with high possibility of malaria infestation and other endemic tropical diseases. In order to finalize the transition from emergency to semi-permanent shelter, additional land needs to be allocated.

Shelter and infrastructure is a concern; shelters need to be built, transformed, rehabilitated, or maintained, as one third of refugees are still living under plastic sheeting with a short life span and high vulnerability due to heavy rains and storms. In addition, drainage systems and other works must be implemented to prevent erosion and limit the impact of severe rain on living conditions, as well as to limit the effect surface storm water has on the host community environment.

The host communities surrounding the reception centres and camps are the first to take on the burden

of a refugee influx during an emergency. The arrival of refugees puts pressure on already overstretched basic service infrastructures and general food availability, which can generate tensions among different communities. 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.

There is a large proportion of urban refugees (37 per cent) who have been self-sufficient and using savings or revenues from business back in Burundi to sustain themselves in Rwanda's cities. However, the longer they stay in asylum the more this group will 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 many refugee families have requested to be transferred to the camp because they can no longer manage on their own. Medical assistance was reduced to a minimum in 2016 with the expectation that urban refugees would be integrated into the national health insurance system in 2017, however as of 30 June this integration had not yet started.

## RESPONSE STRATEGY & PRIORITIES

Key strategic areas for the 2017 refugee response are:

- Focus delivery of multi sectoral assistance on expansion of the camp to accommodate increasing population and finalized the transition to semi-permanent structures (including protection, shelter, health and WASH, and education facilities);
- Continue to ensure comprehensive, community-based protection for all Burundian refugees, with increasing emphasis on inclusion of refugee community based mechanisms into national systems, including child protection and SGBV national structures;
- In line with Government policy, continue the integration of refugees into national systems, including building capacity of local health and education facilities and increasing livelihoods interventions;
- Ensure food assistance and nutrition based safety nets and better nutrition practices;
- Initiate a profiling exercise to improve knowledge of

the POCs' protection profiles, assets and skills. The results will be utilized for the purpose of targeting and enhancing interventions.

- Initiate a mapping exercise to identify districts in Rwanda with the aim of facilitating refugees to leave camps and settle down in rural areas where they can live, work, and access services alongside the host community.

The planning outlook does not foresee organized return in 2017, though a minimal number of spontaneous returns could take place. A verification exercise for all refugees is planned beginning end 2017 which will also update information on intention to return in 2018.

As such, the main strategy for 2017 remains to build upon the gains achieved in 2015-16 and to finalize the transition from emergency structures to more durable facilities. This transition involves infrastructural interventions, such as construction of semi-permanent shelters and dischargeable latrines as well as improvements to the main public infrastructures within the camp such as drainage systems, access roads, and other key facilities. It also implies the need for other interventions, such as continuing to build the capacity of the local education facilities so refugees can be fully integrated into the national system alongside Rwandan students, and scaling up overall refugee leadership structures and community participation including for child protection. With regard to food, the aim will be to continue access to nutritious food through blanket food distribution to meet 100 per cent of dietary needs, with supplements for specific groups at risk of malnutrition. Emphasis will be placed on nutrition and education counselling to improve nutrition practices and prevent a deterioration of the nutrition situation.

Response partners are providing limited assistance to the urban refugees and prioritizing health, education, and provision of child protection and SGBV prevention and response services through a community-based approach, including services for persons with specific needs. Activities will be enhanced in 2017 notably through inclusion of all urban refugees into the national health insurance system by year's end and expanding opportunities for refugees to pursue livelihood activities to improve their level of self-reliance. 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 the camp.

The age, gender and diversity (AGD) approach will be applied in all aspects of the Burundi refugee

response. To ensure that protection issues are raised, the participatory assessment is essential to voice the refugees' concerns through consultations. This approach was applied at the early stage of the crisis and will continue in 2017. The findings and identified needs will feed into refugee community mobilization and strengthening of outreach activities aiming at community based protection ownership. A key principle will be regular communication between humanitarian actors and different groups within the refugee and host communities. This will ensure that their perspectives and feedback, including their different capacities and vulnerabilities, are identified and/or programmed into the operational response. This will be achieved by regular participatory assessments and focus group discussions and through day-to-day interaction with refugees and host populations in all sites. The response plan will continue to mainstream protection, age, gender and specific needs concerns into all levels of intervention, with the overarching principle of equitable and non-discriminatory availability of and access to protection and assistance. This principle is valid for women, girls, boys and men, while prioritizing the needs of the most vulnerable. The progressive inclusion of refugees within the local economy, infrastructure, national social protection and service delivery will also be pursued in order to eventually transform them into sustainable settlements.

**Protection** - Partners will aim to ensure that refugees in camp, transit centres and urban areas are safe, have access to documentation and basic services and information about ways to report their problems and get support. This will include advocacy and prevention measures to ensure access to the territory, non-refoulement, civilian and humanitarian character of asylum, capacity building for authorities and partners, and continuing to strengthen community based protection networks in all refugee locations.

**Child protection** - Prevention and response mechanisms were established at the onset of the emergency, and the priority now is to align these with national child protection systems and to build capacity of refugees to support child protection cases and lead prevention of child protection issues through awareness raising in refugee sites. Priority will continue to be given to organized play and recreation for children aged 3-6. Given the high proportion of unaccompanied and separated children, a key priority remains identification of such children, conducting best interest processes to identify the most appropriate support solutions for them, identifying families who can foster or support UASC in other ways, and working for family tracing and



reunification. The International Olympic Committee sponsored “Youth and Sports” initiative is mainly targeting adolescents and is intended to identify and respond to child protection concerns through sports.

**Sexual and Gender Based Violence** - SGBV prevention and response mechanisms were established at the onset of the emergency, and the priority now is to align these with national SGBV systems and to build capacity of refugees to support survivors and lead prevention campaigns through awareness raising in refugee sites. Awareness raising and accessibility of support has seen more and more cases of SGBV reported and more survivors assisted, but deterring SGBV through law enforcement and justice responses to incidents remains a challenge. The recommendations of the 2016 Inter-Agency Gender Assessments are currently translated into an action plan and will further guide a more holistic approach towards preventing and responding to SGBV.

**Education** - In line with the commitment of the Government made at the 2016 Leaders' Summit on refugees to integrate 50 per cent of primary and 100 per cent of secondary refugee students in the national education system by end 2018, 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 education that supports learning, while continuing to provide early childhood education in the camp.

**Food Security** - The sector aims to ensure access to sufficient, safe and nutritious food on a daily basis for all refugees through blanket distribution of food and distribution of food supplement for specific groups at risk of malnutrition as well as school meals. All refugees have received a monthly food basket composed of maize, beans, Super Cereals (specially blended food for the malnourished), oil and salt to meet 100 per cent of the dietary needs. Refugees in the four reception/transit centres have been provided with either a monthly food basket or a cooked meal as well as high-energy biscuits upon their arrival and when relocating to Mahama camp. To prevent deterioration of the nutrition situation, emphasis will be put on nutrition and education counselling. In light of the long-term strategy to improve refugees' self-reliance and independence from assistance, agencies will aim to transition from blanket food assistance to targeting of assistance in 2018 and beyond.

**Health and Nutrition** - The objective is to improve access to quality primary health care services, decrease

morbidity from communicable diseases and epidemics, and enhance prevention of under-nutrition and micronutrient deficiencies including anaemia.

Burundian refugees currently hosted in Mahama camp and reception centres have access to primary, secondary and tertiary health care services. Primary health care services have been provided from two semi-permanent well-structured health centres. Refugees who need secondary and tertiary health care are referred to district, regional and national health institutes. Maternal, new-born and child health care are being provided. Supplementary and Therapeutic Feeding (STF) programs are running for children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM).

For the remainder of the year, the partners will prioritize a continuation of provision of standard health care from camp clinics by making sure adequate number of trained health care staff and sufficient quantities of medicine and medical items are available for the increased population. Reproductive health as part of HIV prevention and treatment will be strengthened. Activities to prevent, control, and manage communicable disease particularly malaria, typhoid, and diarrhoeal illnesses will be enhanced. Robust screening systems to identify malnourished children will be put in place to ensure provision of feeding support and improve infant and young child feeding practices.

**Livelihoods** - UNHCR Rwanda is engaged in a joint initiative with the Government of Rwanda to implement the Strategy on Livelihoods entitled “Economic Inclusion of Refugees in Rwanda –for Furthering Economic Development in Host Communities through Refugee Self-Reliance 2016-2020”. The objective of the strategy is to ensure that all refugees and neighbouring communities are able to fulfil their productive potential as self-reliant members of Rwandan society who contribute to economic development of their host districts. The existing responses revolve around the notion of perceiving refugees as potential consumers, suppliers, and employees and thus include partnerships with 18 specialised livelihoods partner organisations within e.g. Entrepreneurship; Artisanal Value Chains; Financial Inclusion and Access to Finance; Nutrition and Gardening; Crowdfunding; Technical Vocational Education and Training; as well as Shelter Construction. The way forward is to further extend the use of Cash Based Interventions (CBI) instead of in-kind support across all goods and services, combined with other activities that create a more enabling environment for refugee self-reliance, including the right and access to work. The profiling exercise planned to begin in the second half of 2017 will improve partner knowledge of

the skills and assets of individual refugees, thus allowing for more targeted livelihood interventions.

**Shelter and NFIs** - The priority is to finalize transition from emergency structures to more durable facilities in order to accommodate families who are still living in plastic communal hangars. In addition, it is important to improve public infrastructures within the camps i.e. drainage works, access roads, and other key facilities. As of 30 June, 36,804 refugees were living in semi-permanent shelters, and construction of additional is ongoing. There will also be focus on improving conditions of reception centres. This year refugees will continue to receive non-food items. RRRP partners aim to finalize the transition to cash based interventions for all camps by end 2018 in order to improve refugees' dignity, independence and self-reliance.

**WASH** – The priority is to enable access to safe, clean water for drinking, cooking, and personal and domestic hygiene in sufficient quantities in refugee camps; improvement of sanitation infrastructures that are culturally appropriate and gender-segregated; and promotion of better hygiene practices; as well as extending services to the host community. A priority will also be to adapt services to ensure access for persons with specific needs, children, elderly persons, etc. The camp is currently being served by a permanent water treatment plant which supplies water in quantities meeting humanitarian standards for both the refugees and host community, and a complete water supply connection has been completed for the nearby Gatore reception centre. Transformation 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 (195 latrine blocks are needed). Upgrading of the water pipeline is needed to improve water pressure within the camp villages. In terms of hygiene promotion, partners will ensure community participation and involvement on the promotions as education/ awareness are put in place.

## PARTNERSHIP AND COORDINATION

The refugee response in Rwanda is led and coordinated by the Government (MIDIMAR) and UNHCR, at the capital and field levels, and includes a multitude of UN and NGO partners, including local civil society organizations. Refugee coordination meetings are held at capital and field levels, as well as sector working group meetings. The Inter-Agency Burundi refugee response involves

seven UN partners and twenty NGO partners. Inter-agency and multi-sectoral assessments were conducted at the start of the emergency during the initial site identification- and planning process. Since then inter-agency assessments on 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.

Prior to the April 2015 Burundi refugee emergency, Rwanda was already hosting over 74,000 Congolese refugees who fled in successive waves since the 1990s. These refugees live in five refugee camps in different parts of the country. MIDIMAR and UNHCR took a decision to immediately deploy the existing refugee response partners working in the Congolese operation at the onset of the Burundi refugee influx, who provided the multi-sector emergency response for Burundian refugees, based on their operational capacity and expertise. This enabled the very swift setup of the reception centres and refugee camp, and lead to an immediate delivery of emergency services, including protection and health services.

The inter-agency response will scale up engagement with private sector partners and development actors and partners for further mainstreaming refugees into national programmes.

## RRRP PARTNERS

- ADRA Adventist Development and Relief Agency
- AEC African Entrepreneurship Collective
- AHA African Humanitarian Agency
- ARC American Refugee Committee
- GHDF Global Humanitarian and Development Foundation
- HI Handicap International
- IA Indego Africa
- IOM International Organization for Migration
- LAF Legal Aid Forum
- PLAN International
- SCI Save the Children International
- UN Women
- UNFPA United Nations Population Fund
- UNHCR United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Agency
- WFP United Nations World Food Programme
- WHO World Health Organization



# Planned response

## PROTECTION

OUTPUTS	INDICATOR	NEW TARGET
Referral system from border to relevant authorities established and functional	Extent referral system from border to relevant authorities is functional # of refoulement cases	100% 0
Refugees on arrival registered and provided with documents	% refugees registered	100%
Refugees new-borns registered and provided with documents	% new-borns registered	100%
Prevention activities on child protection, SGBV and other key protection areas developed through a community based approach	# of community-based protection structures established and functioning	150
Government officials trained on refugee and migrant protection	# of government officials trained	300

## EDUCATION

OUTPUTS	INDICATOR	NEW TARGET
Primary education provided or supported	% primary school-aged children enrolled	100%
Early childhood education provided or supported	% children aged 3-5 years enrolled in early childhood education	100%

## FOOD SECURITY

OUTPUTS	INDICATOR	NEW TARGET
Food assistance provided to refugees	% refugees receive timely monthly food assistance	100%
School feeding for pupils including	# of school children assisted	21,157
ECDs provided	# of ECD children assisted	6,860

## HEALTH & NUTRITION

OUTPUTS	INDICATOR	NEW TARGET
Crude mortality rate remain better than the SPHERE emergency standards	Crude mortality rate (per 1,000 /month)	0.4
Under 5 year Mortality Rate among the new arrivals remain better than the SPHERE standards.	Under-5 mortality rate (per 1,000 /month)	1
Children with acute malnutrition have access to treatment services	Prevalence of Global Acute Malnutrition	4.60%
Primary health care services provided	% persons with access to primary health care	100%
Persons of concern have access to secondary and tertiary health care	% persons with access to secondary and tertiary health care	60%
Improved nutritional status of refugees (especially children, pregnant and lactating women and people living with HIV/AIDS)	% persons have access to nutritional programmes	100%

## LIVELIHOODS

OUTPUTS	INDICATOR	NEW TARGET
Vocational training provided	# persons provided with vocational trainings	100
Access to businesses facilitated	# of refugees provided with support to expand or formalize their businesses	600

## LOGISTICS & TELECOMS

OUTPUTS	INDICATOR	NEW TARGET
Travel assistance provided to newly arrived refugees	# refugees transported from entry points to final destination	15,000
Maintenance of fleet and equipment provided	% of services provided on time	100%

## SHELTER & NON FOOD ITEMS (NFIs)

OUTPUTS	INDICATOR	NEW TARGET
Family tents distributed in case of emergency influx	# of families distributed with tents	0
Semi-permanent shelters constructed	# of semi-permanent back-to-back shelters constructed	2,000
Standard non-food item kits procured and distributed to refugees on time	% of NFIs procured on time # of refugee households received NFIs	100% 20,000

## WATER, SANITATION AND HYGIENE PROMOTION (WASH)

OUTPUTS	INDICATOR	NEW TARGET
Minimum safe drinking water provided	# of litres of safe drinking water provided	20 l/p/day
Gender-sensitive semi-permanent showers and latrines constructed	# of functional showers/latrines constructed	200
Hygiene promotion and environmental campaigns in the camps conducted	% of population reached with hygiene promotion activities	100%

# Financial requirements

## BY AGENCY & COUNTRY

ORGANIZATION	TOTAL REQUIREMENTS (USD)
ADRA Adventist Development and Relief Agency	743,000
AEC African Entrepreneurship Collective	100,000
AHA African Humanitarian Agency	229,797
ARC American Refugee Committee	705,468
GHDF Global Humanitarian and Development Foundation	150,000
HI Handicap International	500,000
IA Indego Africa	100,000
IOM International Organization for Migration	200,000
LAF Legal Aid Forum	115,089
PLAN International	575,000
SCI Save the Children International	1,654,037
UN Women	200,000
UNFPA United Nations Population Fund	1,560,000
UNHCR United Nations High Commissioner for Refugees	57,905,279
UNICEF United Nations Children's Agency	2,548,000
WFP United Nations World Food Programme	17,270,102
WHO World Health Organization	650,000
<b>Total</b>	<b>85,205,772</b>

SECTOR	TOTAL REQUIREMENTS (USD)
Protection	11,743,307
Education	5,995,844
Food	15,049,232
Health and Nutrition	15,651,067
Livelihoods	3,127,085
Logistics and Telecoms	4,013,282
Shelter and NFIs	15,732,786
WASH	7,517,215
Operational Support	6,375,954
<b>Total</b>	<b>85,205,772</b>

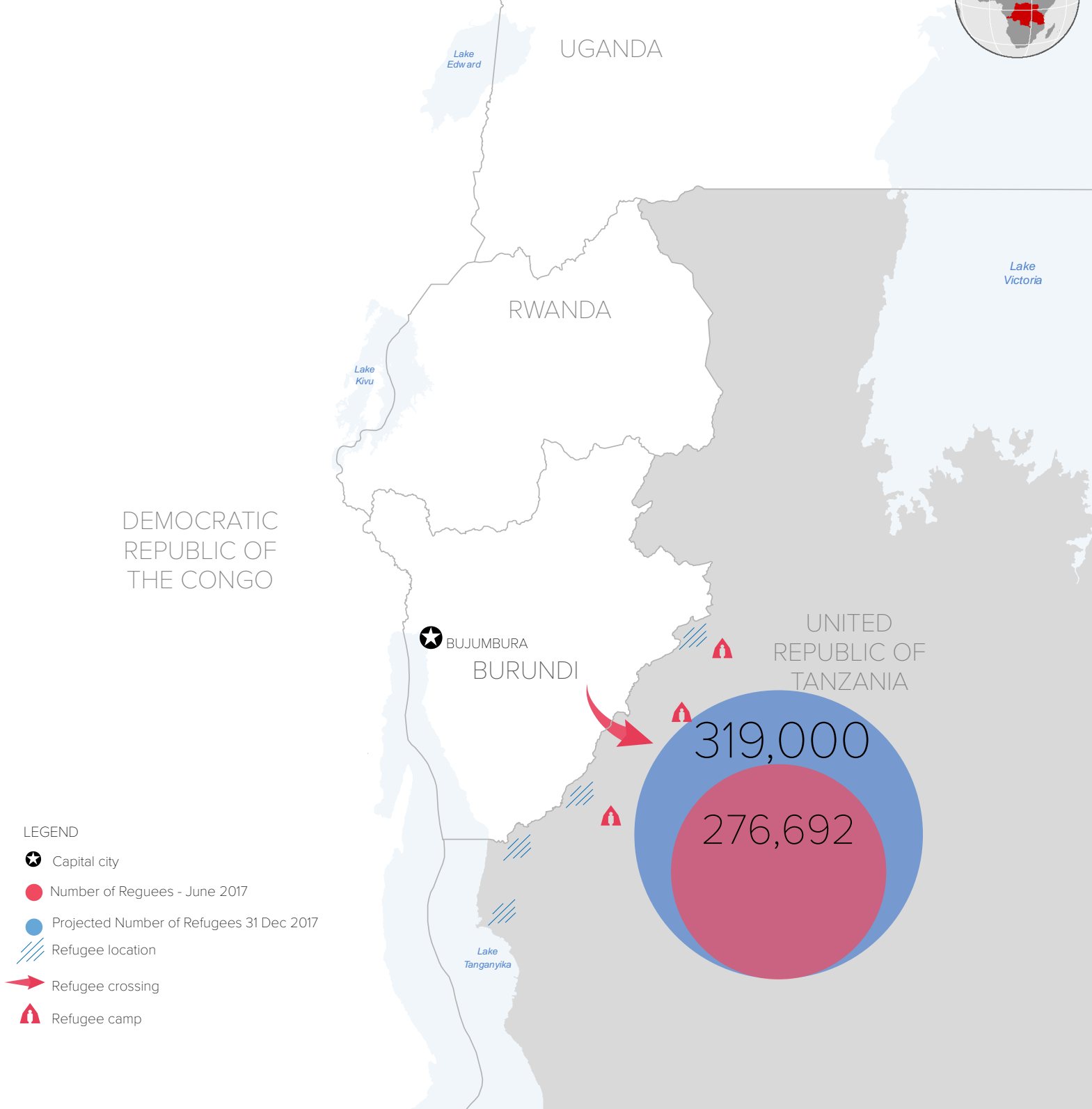




# **TANZANIA**

## **Refugee Response Plan**

# REFUGEE PROJECTION AS OF DECEMBER 2017



## 2017 PLANNED RESPONSE

**319,000**  
REFUGEE POPULATION

**232.7M**  
REQUIREMENTS (US\$)

**20**  
# PARTNERS INCLUDED  
in RRRP

# Country Overview

## INTRODUCTION

The United Republic of Tanzania was host to 348,019 refugees and asylum seekers by 30 June 2017, mainly from Burundi (276,692) and the Democratic Republic of Congo (DRC) (70,840). The majority of the refugees and asylum seekers are hosted by the Government of Tanzania in three refugee camps in north western Tanzania. Since the beginning of the influx in April 2015, some 242,340 Burundians have fled to Tanzania, making Tanzania the largest host of Burundian refugees in the region.

The Tanzania government is committed to its 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. The Comprehensive Refugee Response Framework (CRRF) was officially launched in Tanzania in June 2017 following Tanzania's indication to be a pilot country for the development of the CRRF.

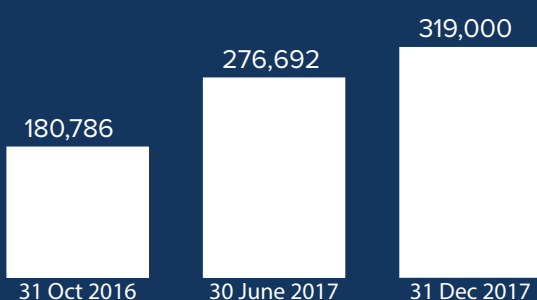
All refugees who fled from the Republic of Burundi since the political crisis in April 2015 were recognized as refugees on a prima facie basis. However, since 20 January 2017, all new arrivals from Burundi are required to undergo individual refugee status determination (RSD), and the Government has established specific procedures to address this group of new arrivals (26,559 individuals as of end June). Following the announcement to lift the prima facie recognition, an enhanced border screening modality by immigration and border control

officials was put in place. There have been reports that it is difficult for new arrivals to access the territory. The arrival trends have shown a significant reduction. In January 18,498 new arrivals from Burundi were admitted; by the end of June, the number had reduced to 377 arrivals for the month. The first of the new RSD procedures commenced in mid-June at Nduta camp, with an ad hoc committee sitting to review the asylum applications. Mean while, the increased scrutiny by immigration for new arrivals seeking asylum continued. Entry/ reception points were consolidated from 14 to 5 in the Kigoma region, creating great hardship and difficulty for asylum seekers to reach the official 5 points.

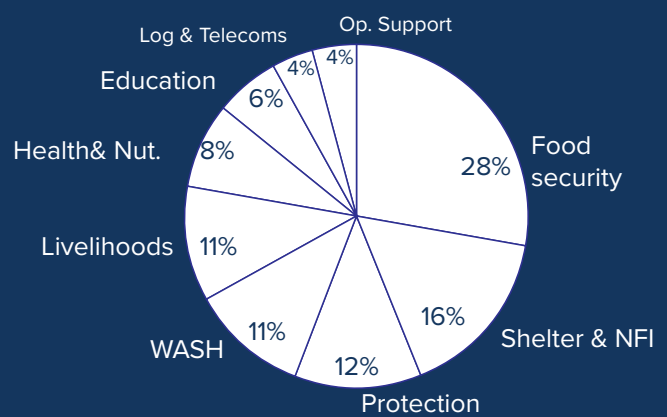
Prior to the current influx of Burundian refugees, Tanzania had only one refugee camp remaining, Nyarugusu camp, which was established in 1996 to host Congolese (DRC) refugees. The camp hosted just over 65,000 refugees before the Burundian crisis started in April 2015. The camp population increased to over three times its carrying capacity of 50,000, making it one of the largest and most overcrowded camps in the world. To find new space to host incoming Burundians, the government reopened three former refugee camps - Nduta, Mtendeli and Karago. However, unavailability of potable water supply in Karago makes it currently unsuitable to host any refugee. UNHCR has been making demarches with the Government for additional land site with possible water supply, but the Government has provided no other site urging UNHCR and partners to identify alternative water source to supply water to Karago camp.

As of end of June, some 77,006 Burundian refugees and asylum seekers are accommodated at Nyarugusu camp in addition to about 62,625 refugees mainly from the DRC bringing the total camp population to about 139,631.

### POPULATION TRENDS



### FINANCIAL REQUIREMENTS (USD)



The increased number of new arrivals from DRC (10,732 since April 2015) and the halting of the relocations of Burundian refugees to new camps have resulted in a steady increase of persons of concern hosted in Nyarugusu. The decongestion of Nyarugusu remains a critical priority, as the present camp population exceeds the government recommended carrying capacity of 50,000 individuals. Mtendeli hosts a population of 49,839 refugees, which is the maximum that can be supported by the current water supply. Currently all convoys transporting asylum seekers from the border points are directed to Nduta Camp. Despite the Government of Tanzania's concession to increase the capacity of Nduta camp to 127,000, the camp does not have sufficient infrastructure to support a population this size, and refugees must walk long distances to access services.

The non-allocation of additional suitable land for another site to accommodate the extra numbers of refugees and asylum seekers in both Nyarugusu and Nduta camps and the government's decision to keep refugees and asylum seekers in separate zones in the camps has led to increased congestion and a straining of available services. Critical areas affected include water and sanitation.

## MAIN ACHIEVEMENTS & GAPS

In the first semester of 2017, major **achievements** included:

- 25,277 men and boys have participated in SGBV prevention activities (56 per cent of the target);
- 20,603 Persons with Special Needs (PSNs) have been identified and services have been standardized; (82 per cent of the target);
- 39,885 children are attending primary education (86 per cent of the target);
- 28,037 refugee households received assets for agricultural production (75 per cent of the target).

The below **gaps** remain as of June 2017:

- Limited resources (financial and human) have constrained advocacy to mitigate shrinking asylum space as well as finalise the review of some 27,000 individual RSD cases;
- More than 2,800 new asylum-seekers are hosted in mass shelters and could not be relocated to individual family shelters due to limited resources.

Majority of refugees are still living in worn-out emergency shelters/tents and shared latrines as they could not be supported with materials for transitional shelters;

- Water provision has fluctuated between 11 and 18 litres per person per day (below SPHERE standard 20 L/P/D). Surface water exploration outside the camp is the viable option to mitigate the water shortage. However, this option could not be explored due to limited resources;
- NFIs allocation only covers new arrivals. Those arrived during the early days of the emergency have run out but could not be replenished due to limited resources.

## NEEDS & VULNERABILITIES

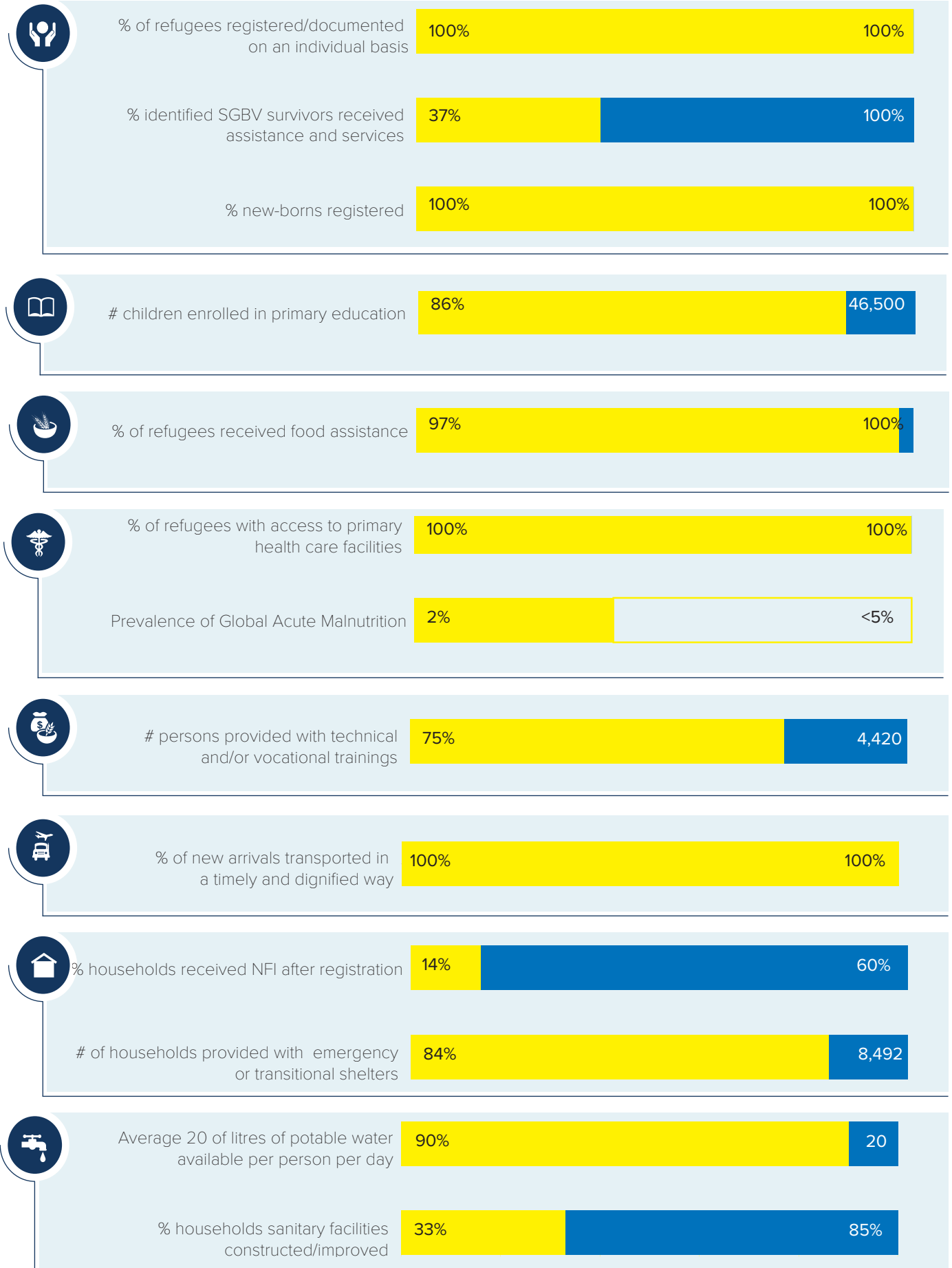
The number of Burundian refugees arriving in Tanzania on a monthly basis decreased from over 18,498 in January to 377 in June 2017. Since the lifting of the prima facie recognition for Burundians by the Government of Tanzania, the commencement of restrictive border entry screening procedures for persons seeking asylum, and the reduction of the number of entry/reception points, asylum seekers have experienced increased difficulties accessing Tanzania. To facilitate access to entry points, an ad hoc agreement between the Government and UNHCR/IOM was made, to transport persons of concerns from the "non official" entry points to "official" entry points, leading to an increased the costs of transportation.

Children make up 58 per cent of the population, with 6.4 per cent of these being 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 first phase of the RSD review for Burundians commenced in June with only 360 cases (about 1,342 individuals) reviewed and with first indications of a high rejection rate at first instance.

A public announcement made by the President during a July 2017 visit to the Kagera and Kigoma region urges Burundians to return home. The Government of Tanzania and UNHCR agreed that modalities for voluntary return should be addressed through a tripartite agreement involving the Governments of Burundi, Tanzania and UNHCR; delineating the roles and responsibilities of all actors regarding support of potential returns to Burundi.

Also in light of finding durable solutions and adhering

## MAIN ACHIEVEMENTS & GAPS - JAN TO JUNE 2017



to the Comprehensive Refugee Response Framework (CRRF) there is need to promote and increase the level of self-reliance and peaceful co-existence between refugees and surrounding host communities. Due to government policy, refugees are restricted to live in camps limiting their access to markets and income generating opportunities. The Government of Tanzania is committed to reviewing the policy to explore options would work best in the current context.

A decision by the Government to identify additional sites is pending. The suspended relocation movements and over-crowding in Nyarugusu Camp pose negative consequences on the quality of services provided, living conditions, dignity, and the protection of refugees and asylum seekers.

Major protection gaps include the inadequate number of social workers for the increasing population especially in Nduta and Nyarugusu camps. Gaps exist in child protection, SGBV assistance and persons with specific needs (PSNs), including limited services and safe spaces for these at-risk groups. Transport to health services is required for PSNs with impaired mobility. It will also be important to support the juvenile justice system through introducing procedures protecting children who are in contact/conflict with the law. Despite achievements made in mainstreaming protection in other sectors, there are still gaps to be found, especially in WASH where communal latrines continue to pose serious risks for SGBV incidents. The lack of access to sufficient cooking fuel for refugee families continues to pose major protection concerns, as women and girls are often tasked with collecting firewood outside the camp boundaries, exposing them to SGBV risks.

Being able to identify children with acute protection concerns is critical, and currently there is an insufficient number of case workers to carry out case management, the minimum standards for Child Protection in humanitarian action suggests a ratio of 1:25, but the ratio is currently 1:72. As case workers are the backbone of the child protection system there is an urgent need to increase their numbers. There is also a critical need to support their work with additional computers, and transportation within the camps, with motorcycles or similar light vehicles. There are insufficient Child Friendly Spaces (CFS) and play materials across all the camps and with camp expansion, the far corners of Nduta – which are “hard to reach” - requires mobile CFS. Congestion and poor learning conditions are negatively impacting students/teachers’ performance leading to school drop-outs and deterioration of the quality of education. The teacher to pupil ratio in most schools is

more than 1:200. Due to the lack of school infrastructure some students are learning under trees. Additional 652 classrooms when used with a double shift system are needed to cater the current student population. Critical renovation is needed for 77 dilapidated school structures in Nyarugusu remains unattended due to continuous shortage of funding.

Water supply remains a big challenge in the three camps, but more critically in Mtendeli. Out of 27 boreholes drilled in 2016, only six are productive with insufficient yielding capacities. Despite efforts to maintain the water supply, regular breakdowns of water pumps persisted due to excessive utilization to meet the demand and aging of generators for the surface pumps. The water supply in Mtendeli Camp was maintained at 15 litres per person per day in the first half of 2017 but decreased at the end of the rainy season to sub-standard 13 litres per person per day. The situation remains precarious and alternative options are urgently needed to evade health risks or increase of inter-communal tensions.

Lack of suitable land for camp expansion and the government’s decision to keep refugees and asylum seekers in separate zones within the camp has led to congestion and inadequate shelter facilities. More than 2,800 new arrivals are still hosted in mass shelters waiting for their relocation to individual family plots. Emergency shelters provided during the peak of the emergency are dilapidated as families could not be supported with transitional shelters due to limited resources.

The use of natural resources, including water and wood for cooking not only impacts the environment, but also gives rise to serious protection risks and increased tensions between refugee and surrounding communities.

In addition, there is a critical need for additional resources to support health, nutrition, infrastructure, equipment and staffing. Life-saving equipment such as ambulances, incubators and X-ray machines are needed, as well as continuous supply of medicines and medical 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. Additional malaria prevention strategies such as Indoor Residual Spraying (IRS) and larviciding need to be considered to complement distribution and use of Long Lasting Insecticide Treated Nets (LLINs).

The host communities in the Kigoma Region are some of 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 tension between the host communities and the refugee population.

## RESPONSE STRATEGY & PRIORITIES

The Government's process to review the national refugee legal framework will continue to be supported especially to enhance freedom of movement for refugees. Advocacy will focus on maintaining an open-border policy and the mitigating the risk of *refoulement*. Further priority is put on fair and efficient Refugee Status Determination (RSD) procedures and to maintain the civilian and humanitarian character of asylum. Building the capacity of government officials to create a more favourable protection environment and reducing risk of *refoulement* are key elements of the response strategies.

A regular humanitarian presence in border areas will be maintained, while reception sites are to be improved to address existing gaps.

Sensitization with communities on SGBV prevention will be strengthened as well as a greater focus on building links with host communities to reduce incidents of conflict and build capacity of the hosting districts to continue providing the basic services/support to refugees. These measures aim to improve the physical security of the refugees and address other protection concerns, including SGBV and reduce public health risks.

The response to support refugees from Burundi will focus on the following priorities:

- Ensure access to territory for new arrivals and protection of Burundian refugees to limit risk of *refoulement*;
- Improve reception conditions, advocate for the allocation of new land in order to decongest the already existing camps as a matter of emergency;
- Maintain dignified and timely transportation service for newly arrived asylum seekers to transit centres to alleviate the burden of hosting communities;
- Enhance the capacity of government officials through training them to increase understanding of international legal obligations for the protection of refugees;

- Ensure that fair and efficient procedures for continued reception of new asylum seekers, referral and individual status determination are established;
- Ensure that multi-stakeholder structured dialogue on possible returns to Burundi is encouraged and agreement is secured in the interim on modalities to facilitate spontaneous returns in accordance to minimum international humanitarian standards;
- Ensure minimum humanitarian standards are met, particularly in the sectors of health (maintaining a quality primary health care delivery system to reduce morbidity and mortality), nutrition, education, WASH and protection;
- Provide integrated and inclusive service delivery to persons of concerns, including persons with specific needs;
- Ensure and promote peaceful co-existence between host communities and refugees by providing interventions to all.

**Protection** - Mainstreaming of protection, SGBV risk reduction, gender and environment will be strengthened through effective coordination across sectors. There will be a review of the criteria for targeted assistance to the most vulnerable persons and continuous verification of their needs. PSNs will be considered across all sectors for inclusion. Their protection within the response will be key to ensure they attain their rights as vulnerable groups.

Early identification, registration, and supplementary care for children and adolescents at risk will be implemented. Support systems will be strengthened, including enhanced involvement of the Government, refugees and host communities alike to focus on prevention of all forms of abuse, neglect and exploitation against children. Efforts will be undertaken to improve cross-border family reunification (for new arrivals), assisted in-camp and intra family reunification so as to minimize protection risks following separation. Advocacy to promote the importance of birth registration will continue also in anticipation of the Government's aim to issue individual identification documents to refugees. Child protection partners are also evaluating shifting the case management platforms to a new generation cloud-based child protection management information systems, which will allow for more efficient and real time data availability.

Sensitization of communities on SGBV prevention will be strengthened. A greater focus will be made on building links with host communities to reduce incidents of conflict and building the capacity of the

hosting districts to continue providing the basic services/support to refugees. These measures aim to improve the physical security of the refugees and address other protection concerns, including SGBV and reduce public health risks.

The inter-agency multi-sectoral response initiative will continue to focus on ensuring timely access to medical and psychosocial support but at the same time also on increased access to justice. SGBV survivors will be supported to access appropriate services in a safe and timely manner and interventions addressing risks and prevention of SGBV are coordinated and enhanced. Capacity building for staff will be prioritize to improved capacity and integration of approaches, particularly between child protection and SGBV. Additional tested prevention tools will be rolled out to scale up activities in all camps.

**Education** - Efforts to improve education will focus on increasing the number of children and youth with access to inclusive, equitable, and education in safe environments, opportunities through additional infrastructure, well-trained teachers and adequate school materials and collaboration with regional and local authorities. There will be increased efforts to reach out-to-school children, youth and overage learners, finding alternative pathways to formal education, accelerated learning programmes, and vocational training. Advocacy efforts to promote the host country curriculum will continue

**Health and Nutrition** - The health and nutrition response will continue to focus on maintaining low mortality indicators and improving the quality of health care services. This will include construction, expansion and renovation of facilities to increase overall access to health. More trained staff, procurement of equipment and medical supplies will alleviate overcrowding and delayed service provisions at health sites. Special emphasis will be put on the following: strengthening the referral system by ensuring quality services at secondary and tertiary referral facilities, building capacity of Community Health Workers on preparedness, enhanced alert and response system to public health threats, expansion of access to routine immunization, establishment and strengthening of district surveillance to training, prompt information dissemination, transportation, provision of a comprehensive package of Reproductive, Maternal, New-born, Child and Adolescent Health care (RMNCAH), including in-patient therapeutic care of severe acute malnourished children with associated complications. Attention will be paid to strengthening of preventive and promotive health care services in refugee settlements

and host communities as well as continued nutrition surveillance, and supplementary and therapeutic feeding programs to maintain the nutrition status of under five children will be particularly prioritized.

**Livelihoods** - Advocacy on freedom of movement and work, access to land and financial services needs to be highlighted in order to provide livelihoods opportunities and unleash the refugees' potentials to contribute to development of the host region. Meanwhile, livelihoods/ food security response will promote financial inclusion through formation of informal saving groups, and provide vocational and business skills training to counter the relatively low level of education and technical skills of the refugees. Funding appeal needs to be strengthened to avoid further cuts in food rations in 2017. Advocacy needs to continue to expand for cash for food programmes which benefit both the refugees and the host communities.

Opportunities for greater use of cash-based transfers will be explored. All sectors will be guided by relevant global strategies, international guidelines and standards, and adapted to the context where necessary.

**Environment** - The implementation of a comprehensive energy solutions strategy, which includes the distribution of solar lanterns to all families, the provision of fuel efficient stoves and possibilities to use alternative cooking fuel as well as continued reforestation activities and the development of camp-wide energy management plans continues to be prioritized. In fact the lack of sufficient fuel energy for refugee families continues to pose a major protection concern, as women and girls are often tasked with searching for firewood outside the camp context, exposing them to SGBV risks.

**Logistics and Telecoms** - Continue to provide relocation service from the transit centres to the camps as it constitutes a core activity in ensuring the provision of adequate humanitarian assistance to asylum seekers, based on government encampment directives. Humanitarian transportation also mitigates any potential health outbreak at border points and alleviates the burden of host communities who are the first to receive and care for the refugees. The required 'fitness to travel check' by qualified medical practitioners continues to be performed before transportation.

**Shelter and Non-Food-items (NFI)** - The shelter response will focus on shifting from less durable emergency tents and emergency family shelters to transitional shelters that are resistant to heavy rains and are also mitigating the protection risks faced by women headed households living in emergency shelters. Maintenance



and rehabilitation of existing structures and infrastructure will continue to be supported to ensure smooth delivery of services and access to the camps. A Non- Food- Items kit consists of blanket, sleeping mat, kitchen set, bucket, soap, mosquito net, jerry can, sanitary napkins, plastic sheeting and family tent will continue to be distributed as per the established criteria to new arrivals.

**WASH** - The WASH response will ensure safe and adequate water and sanitation structures as well as monitoring systems in all camps. Additional boreholes will be drilled, plans developed, construction and rehabilitation of water distribution systems including water supply networks implemented, and water storage facilities will be constructed. Procurement of stand-by and back-up electro mechanical equipment (such as generators, pumps, etc.) and ground water monitoring and rehabilitation of boreholes will be prioritized. The water points will be upgraded to incorporate solar generator hybrids, which will reduce the operation and maintenance costs. Capacity building on operation and maintenance will be undertaken as a measure to ensure sustainability of the installed WASH facilities. The WASH sector will continue with the transitioning from communal sanitation facilities to the individual household level latrines which meet protection standards. Promotion of personal hygiene and environmental cleanliness will be emphasized through refugee communities including WASH clubs.

## PARTNERSHIP AND 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. Only registered partners are allowed to operate in the refugee camps. More than 30 partners work closely with the Refugee Services Department to coordinate and respond to the refugee emergency, 20 of whom have requested funds through this RRP.

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.

UNHCR leads the working groups at the Dar es Salaam level. The Refugee Operation Working Group regularly meets with involvement of Heads of Agencies, acting as an interface to the inter-agency/inter-sector Coordination Working Group in the Kigoma Region. The inter-agency/

inter-sector Coordination Working Group, sector working groups and camp-specific Camp Coordination and Camp Management (CCCM) meets regularly in the Kigoma Region. Chairs and co-chairs of these groups include UN agencies and NGO Partners.

The humanitarian refugee response is led by UNHCR in cooperation with partners, based on the Refugee Coordination Model (RCM). The coordination mechanism is regularly reviewed to strengthen delivery of services. A contingency planning and RRP planning workshop was held in the Kigoma Region in August 2017, with participation of the government and partners. The goal of the workshop was to agree on planning scenarios and population projections in view of the current situation in the DRC and Burundi. A review of the population planning figures for Burundian refugees for 2017 was also conducted through the inter-agency/inter-sector Coordination Working Group and Refugee Operation Working Group at Kibondo and Dar es Salaam level.

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, an 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 Tanzania and facilitated by UNHCR. The Government officially launched the CRRF on 2 June 2017. At the launch, the CRRF Secretariat was announced and its central role is to ensure a comprehensive refugee response through policy reform, 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 actors, non-governmental organizations, academia and the private sector.

As part of the UN Delivering as One sectoral dimension of the UN Development Assistance Plan (UNDAP) an area-based cross-sectoral UN joint programme to improve human security in the region of Kigoma has been initiated. It is addressing the root causes of migration through targeting poverty and human insecurity in all its dimensions. The overall coordination will be done by the Office of the Resident Coordinator in Dar es Salaam, and implementation will be done through a UN Area Coordinator to cover the region based in Kibondo.

## RRRP PARTNERS

- ADRA Adventist Development and Relief Agency
- AIRD African Initiatives for Relief & Development
- DRC Danish Refugee Council
- FAO Food and Agriculture Organization
- GNT Good Neighbours Tanzania
- HAI HelpAge International
- HI Handicap International
- IOM International Organization for Migration
- IRC International Rescue Committee
- NRC Norwegian Refugee Council
- OXFAM
- PI Plan International
- SCI Save the Children International
- TCRS Tanganyika Christian Refugee Service
- UNFPA United Nations Population Fund
- UNHCR United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Fund
- WFP World Food Programme
- WHO World Health Organization
- WM Water Mission
- WVI World Vision Tanzania



# Planned response

## PROTECTION

OUTPUTS	INDICATOR	NEW TARGET
All refugees registered and receive documentation	% persons registered and documentation issued	100%
Refugees new-borns registered and provided with documents	% new-borns registered	100%
Capacity of GoT, law enforcement officers strengthened	# law enforcement officers supported with capacity building	125
Advocacy and technical support to enhance protection space increased	# of advocacy interventions made to promote access to entry points and promote respect of the principle of non- refoulment	24
Peaceful co-existence activities initiated	# of peaceful co-existence activities initiated	6
Legal assistance to refugees provided	# of PoC receiving Legal assistance	6,880
Psychosocial counselling provided	# of individuals received multi-sector response support	2,500
Participation of community in SGBV prevention and response enabled and sustained	# of men and boys participating in SGBV prevention activities	45,000
Capacity development supported	# of community leaders trained and referring SGBV incidents	1,000
Safe and survivor centred SGBV procedures and coordination mechanisms functional	# of community members sensitized/trained on SGBV	75,000
All UASC identified and case management process initiated and strengthened.	# of UASC children identified with protection concerns and receiving Case Management)	5,246
Family reunification promoted (Inter-camp reunification and cross border needs - that is assisted).	# of families/ individuals reunified	600
Children provided with psychosocial, recreational and child friendly spaces	# of children accessing CFS	10,000
Alternative care arrangements maintained	% of UASC with appropriate alternative care arrangements.	100%
Community based child protection committees established and strengthened.	# of community based child protection committees operating	80
PSNs identified and quality of service standardized	# PSNs identified	25,000
Age, Gender & Disability-specific items /direct cash assistance provided	# persons received specific items and cash	8,000
Female representation in leadership/ management structures ensured	% of female representation	50%

OUTPUTS	INDICATOR	NEW TARGET
Refugee leadership participating in decision-making at camp-level	% camps with refugee leadership structures involved in decision-making	100%

## EDUCATION

OUTPUTS	INDICATOR	NEW TARGET
Inclusive early childhood education provided	# of children attending early childhood education	15,510
Inclusive primary education provided	# of children attending primary education	46,500
Measures to improve education quality and learning achievement implemented	% of teachers who are qualified	85%
	% of female teachers	50%
Inclusive secondary education implemented	% of children aged 15-18 enrolled in secondary education	50%
	# of children attending secondary education	1,500
Education monitoring system established	Functional education monitoring system established	Yes
Education infrastructure provided with disability access	# of permanent educational facilities constructed	1,199
Education supplies provided	% of enrolled primary school students provided with supplies throughout a year	1
	book per pupils ratio reduced for fundamental students	0
students supported to sit for final exams	% of candidates passing final national exams	1

## FOOD SECURITY

OUTPUTS	INDICATOR	NEW TARGET
All refugees have access to food assistance	% refugees receive timely monthly food assistance	100%
Cash grants provided on a transitional beneficiary increasing basis	# of refugee families assisted with cash transfer for food purchase	14,000
Post distribution monitoring conducted	PDM conducted	Yes
Community Household Surveillance (CHS) conducted	CHS conducted	Yes

## HEALTH & NUTRITION

OUTPUTS	INDICATOR	NEW TARGET
Provide adequate human resources to health and nutrition sectorial response	Consultation per clinician per day	<50
Primary health care services provided	% persons with access to primary health care	100%

OUTPUTS	INDICATOR	NEW TARGET
Strengthen referral systems for communicable and non-communicable diseases	# of referrals to secondary and tertiary facility	2,400
Children with acute malnutrition have access to treatment services	Prevalence of Global Acute Malnutrition % of Children under 5 years provided with vitamin A supplementation	<5% >90%
Access to on-arrival and routine immunization ensured	Measles vaccine coverage rate	100%
Standard HIV treatment and care is available (including VCT, PITC, PMTCT)	Proportion of eligible HIV positive client on treatment	80%
Access to RMNCH services	Complete coverage of MCH (ANC, Delivery and Post-natal)	100%
Access to Family Planning services	% of women who have access to modern contraceptive methods	25%
Construct, repair, equip, refurbish, emergency health posts and nutrition centres and camp health facilities and improve access to Primary Health Care	Health Facility Utilization rate	1 to 4
Establish timely nutritional assessment and surveillance systems and effective malnutrition prevention and response programmes	Crude Mortality Rate (CMR) - per 1,000 population/month	<1.5%
Increase surveillance capacity for timely case identification, contact tracing and timely reporting	Proportion of reported outbreaks investigated	100%

## LIVELIHOODS

OUTPUTS	INDICATOR	NEW TARGET
Access to financial services facilitated	# of PoCs who received access (formal/informal) savings services	3,040
Business start-up/improvement supported through productive asset or cash	# of PoCs who received (productive assets/cash grants) to start or improve business from UNHCR/partners	5,460
Skills related to self-employment or wage employment acquired	# of PoCs who received vocational and business skills training	4,420
Small-scale farming facilitated	# of PoC households who received assets for agricultural production	29,540
Improved energy performance at refugee camps	% camps with energy efficient cooking programmes	100%
Minimized impacts to water resources	% camps with water conservation plans	100%
Long-term focus to afforestation and reforestation programmes	% camps with woodland management plans	100%
Improved integration of refugees and local community into the environmental decision making process	% camps with gender inclusive environment and well-being committees	100%

## LOGISTICS & TELECOMS

OUTPUTS	INDICATOR	NEW TARGET
Refugees and their belongings transported in safe and dignified conditions	% persons transported with their belongings	100%
Awareness system established at the border	Information mechanism established	Yes
Warehouses maintained and operational	# of warehouses functional	10

## SHELTER & NON FOOD ITEMS (NFIs)

OUTPUTS	INDICATOR	NEW TARGET
Infrastructure constructed and maintained	# of buildings constructed by population arrivals.	8
	# of educational facilities constructed or improved	4
Transitional shelters constructed	# of emergency shelters provided	8,492
	% of population in transitional shelters	38%
Access and secure roads assured and maintained	kilometres of road constructed and maintained	22
All refugees have access to basic items immediately after registration	% families receiving core relief items	60%
Sanitary material supplied	% of female population who received sanitary supplies	50%
CCCM mechanisms established and strengthened	% of camps with established CCCM mechanisms	100%

## WATER, SANITATION AND HYGIENE PROMOTION (WASH)

OUTPUTS	INDICATOR	NEW TARGET
Water supply systems constructed and/or upgraded, operated and maintained	# litres of safe drinking water per persons per day	20
Safe and dignified (lockable/private) communal sanitation facilities constructed and maintained (age, gender and diversity appropriate)	% Households with family or shared family latrines	85%
Hygiene promotion delivered and timely hygiene supplies provided	# of persons per hygiene promoter	500
Wash facilities constructed in camp	# of persons per usable taps	100
WASH facilities constructed in schools	# of pupils per latrine drop hole	50
	# of litres of safe drinking water per pupil per day.	3

# Financial requirements

## BY AGENCY & COUNTRY

ORGANIZATION	TOTAL REQUIREMENTS (USD)
ADRA Adventist Development and Relief Agency	800,000
AIRD African Initiatives for Relief & Development	3,295,386
DRC Danish Refugee Council	9,998,380
FAO Food and Agriculture Organization	4,977,875
GNT Good Neighbours Tanzania	550,000
HAI HelpAge International	1,738,440
IOM International Organization for Migration	3,682,000
IRC International Rescue Committee	4,518,262
NRC Norwegian Refugee Council	2,325,000
OXFAM	6,280,000
PI Plan International	6,178,000
SCI Save the Children International	6,957,581
TCRS Tanganyika Christian Refugee Service	799,447
UNFPA United Nations Population Fund	3,000,000
UNHCR United Nations High Commissioner for Refugees	100,026,291
UNICEF United Nations Children's Agency	6,990,056
WFP United Nations World Food Programme	65,852,760
WHO World Health Organization	100,000
WM Water Mission	3,000,000
WVI World Vision Tanzania	1,700,000
<b>Total</b>	<b>232,769,478</b>

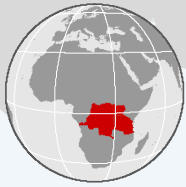
SECTOR	TOTAL REQUIREMENTS (USD)
Protection	26,849,382
Education	14,454,149
Food	64,607,164
Health and Nutrition	18,089,413
Livelihoods	24,854,028
Logistics and Telecoms	10,237,760
Shelter and NFIs	38,242,508
WASH	26,228,410
Operational Support	9,206,664
<b>Total</b>	<b>232,769,478</b>



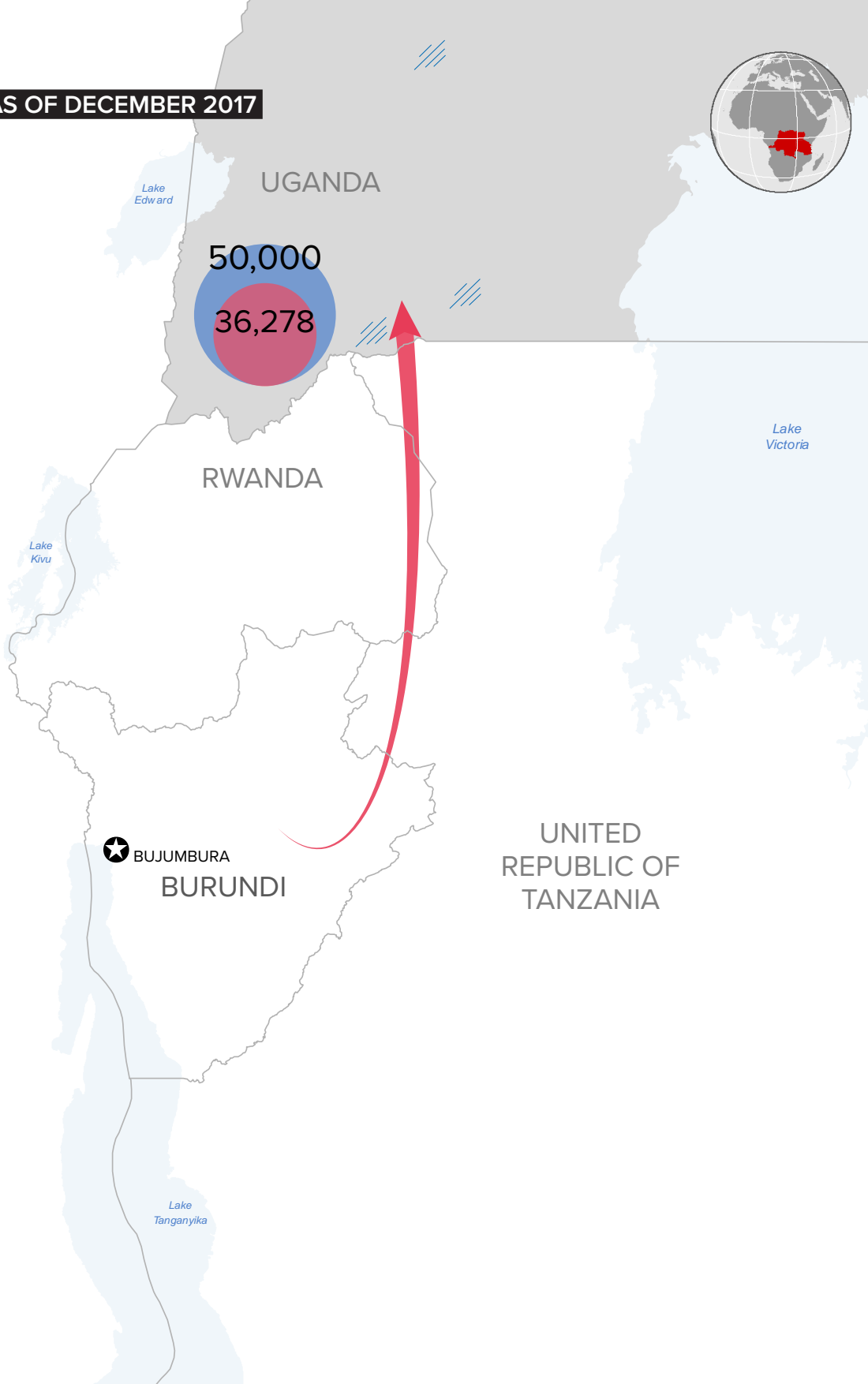
# **UGANDA**

## **Refugee Response Plan**

# REFUGEE PROJECTION AS OF DECEMBER 2017



DEMOCRATIC  
REPUBLIC OF  
THE CONGO



## LEGEND

- ★ Capital city
- Number of Refugees - June 2017
- Projected Number of Refugees 31 Dec 2017
- /// Refugee location
- ➔ Refugee crossing
- ⛑ Refugee camp

## 2017 PLANNED RESPONSE

**50,000**

REFUGEE POPULATION

**73.6M**

REQUIREMENTS (US\$)

**10**

# PARTNERS INCLUDED  
in RRRP

# Country Overview

## INTRODUCTION

Despite a declining arrival rate of more than 1000 per month in 2016 to 500-700 a month in 2017, Burundians continue to enter Uganda, transiting through Rwanda, the Democratic Republic of the Congo and Tanzania. Since March 2017, the vast majority crossed through the entry points of Bugango (Isingiro district) and Mutukula (Rakai district) on the Uganda-Tanzania borders, with smaller numbers coming in through Mirama Hills (Ntungamo district) on the Uganda-Rwanda borders.

Since April 2015 to end of June 2017, Uganda has received 36,278 Burundian refugees, with 3,485 new arrivals in the first half of 2017. Half of the Burundian refugees in Uganda are children, with men and women between 18 and 59 years representing 49 per cent of the population.

Nearly 72 per cent of the Burundians are found in Nakivale settlement (Isingiro district), 20 per cent in Kampala, 3.6 per cent in Kyaka II settlement (Kyegegwa district) and 3.3 per cent in Oruchinga settlement (Isingiro district). In the settlements, Burundian refugees can access services and assistance through humanitarian aid channels while in urban areas they can access Government services. The most vulnerable refugees living in urban settings benefit from targeted assistance.

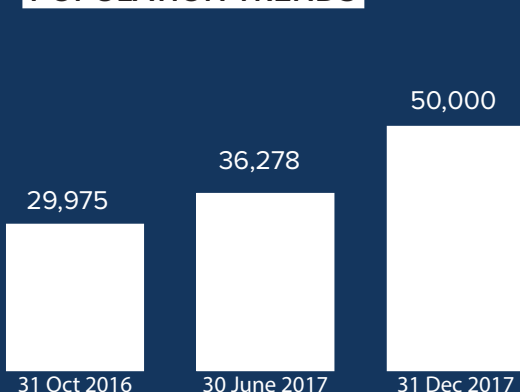
The Government of Uganda revoked in May 2017 the prima facie status for Burundian asylum seekers, effective 1 June 2017. As a result, Burundian asylum seekers who arrived in Uganda after this date are required to undergo individual refugee status determination conducted by the Refugee Eligibility Committee (REC). Whilst having no detrimental impact on the ability of Burundians to seek and enjoy safety in

Uganda, the decision has in practice delayed access to asylum procedures in Nakivale, with hundreds of people stranded at the Kabazana reception centre awaiting REC's interviews. In order to reduce the backlog, UNHCR continues advocating with the Refugee Department of the Office of the Prime Minister (OPM) to prioritize pending asylum applications for individuals in the settlements and boost the capacity of REC, including staffing and equipment.

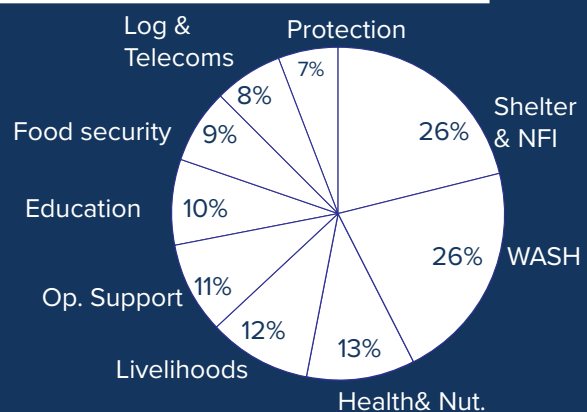
In Uganda, Burundian refugees benefit from a favourable protection environment and receive the same treatment as refugees of other nationalities. In the settlements, refugees are given a plot of land for housing and agriculture and are integrated within the host communities. They also have access to documentation and services such as health care and education, the right to work and freedom of movement.

Uganda's refugee legislation, the 2006 Refugees Act, promotes refugee self-reliance and clearly favours a development-based approach to refugee assistance. This has been emphasized further by the 2010 Refugee Regulations. In 2015, the Government of Uganda launched the Settlement Transformative Agenda (STA), a framework laying down the foundations and rationale for the socio-economic development of refugee-hosting areas, which is now part of the 5-year National Development Plan II (NPD II 2016-2020). The UN Country Team (UNCT) in Uganda is also supporting 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). Uganda's Parliament approved in June a loan request by government to borrow US \$50 million from the World Bank to expedite the implementation of STA.

### POPULATION TRENDS



### FINANCIAL REQUIREMENTS (USD)



The Comprehensive Refugee Response Framework (CRRF) for Uganda was launched on 24 March 2017 under the auspices of the State Minister for Disaster Preparedness and Refugees at a high-level meeting in Kampala. A multi-stakeholder CRRF Secretariat is being established under the leadership of the OPM to serve as a knowledge hub and platform for strategic discussions, building on refugee structures and initiatives already in place to manage and find solutions for refugees. CRRF objectives in Uganda include to:

- Support government policy and protect asylum space;
- Support resilience and self-reliance of refugees and host communities;
- Expand solutions including third country options; and
- Support Uganda's role in the region and invest in human capital and transferrable skills.

On 22-23 June, the President of Uganda and the United Nations Secretary General convened the Solidarity Summit on Refugees in Kampala to rally international support for refugees and their host communities, bringing together more than 800 delegates and raising over US \$344 million in pledges. The CRRF Secretariat will be tasked, among others, to follow up on the pledges and commitments made at the Solidarity Summit.

## MAIN ACHIEVEMENTS & GAPS

The Burundi refugee response has focused on both provision of life-saving assistance and efforts to attend to longer needs. The Office of the Prime Minister (OPM) carries out biometric registration through the Refugee Information Management System (RIMS), while humanitarian partners have spearheaded delivery of protection services, including relocation from border areas, initial screening of specific needs at the reception centre, family tracing, alternative care arrangements for unaccompanied children, and increased capacity in primary education. In the first semester of 2017, major **achievements** included:

- 3,485 new arrivals have enjoyed asylum and access to the territory, with no cases of refoulement known or reported;
- 1,948 recognized refugees in settlements have been allocated plots of land, received shelter kits and NFIs;
- 466 survivors of sexual and gender-based violence

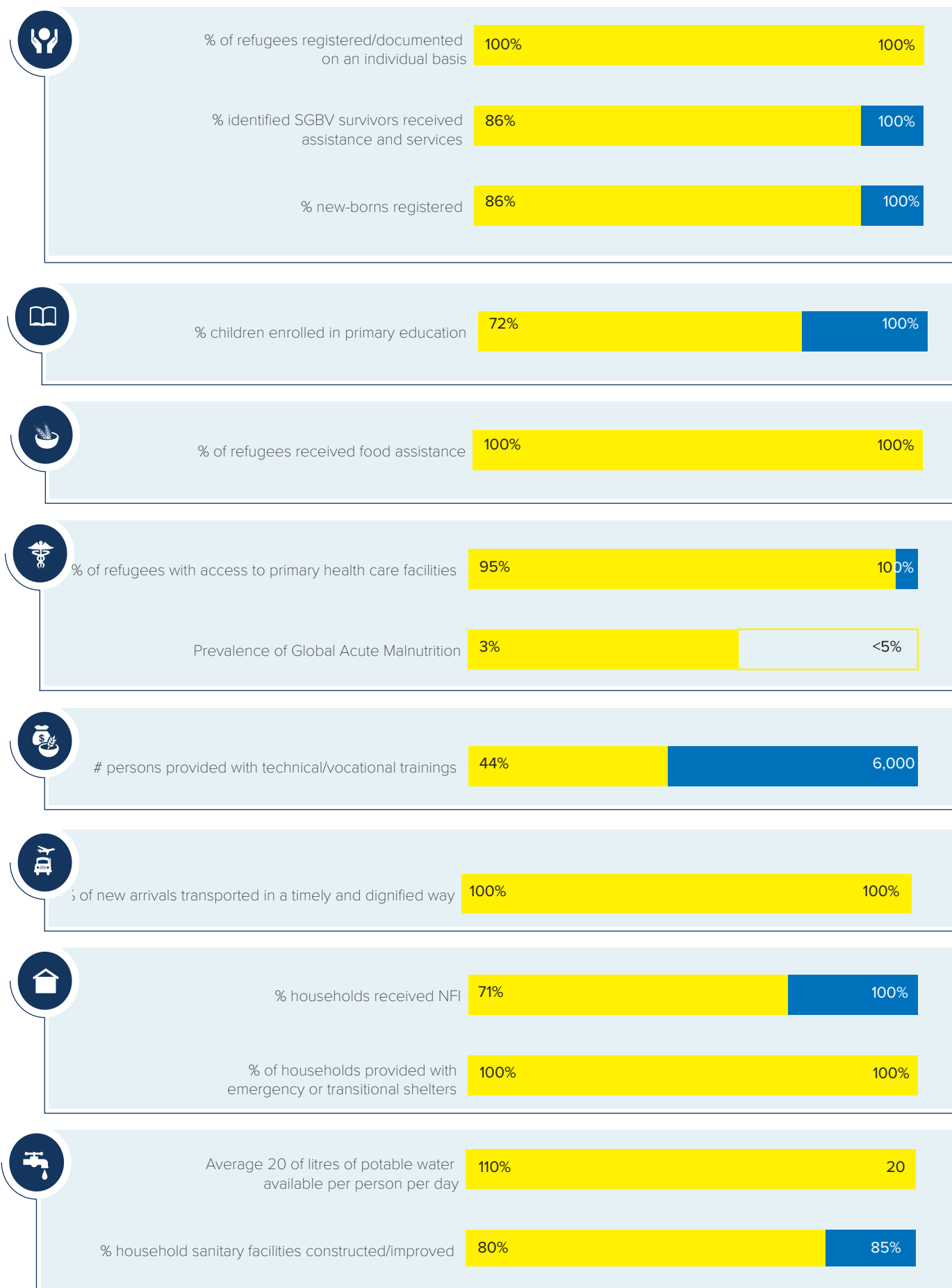
(SGBV) have had access to assistance and services;

- A safe house was built for SGBV survivors;
- 300 Best Interest Assessments (BIAs) were conducted for separated children and children at risk;
- 31 children were placed in foster care and livelihood support was provided to 151 foster families;
- 11,399 medical consultations were provided at the health facilities in the settlements;
- A stable situation can be observed where the crude mortality rate stands at 0.1 and under-five mortality rate stands at 0.2, with 2 maternal deaths in Nakivale;
- 3,485 new arrivals were vaccinated against measles and polio, including 1,116 children;
- 27,426 Burundian refugees and asylum seekers received food assistance;
- 2,725 received seeds for crop production and kitchen gardening.

The below **gaps** remain as of June 2017:

- There is a need to expand scholarships and skills development training for adolescent boys and girls;
- There is a need to provide livelihood support for families fostering UASCs and strengthen psychosocial support and resilience-building as part of the activities undertaken at child friendly spaces;
- Insufficient lighting in communal places;
- Insufficient police coverage in the settlements, especially females;
- Limited resources to provide timely and effective support to SGBV survivors, including medical, psychosocial, psychological, legal advice and safe houses;
- There is an urgent need to increase the number of secondary schools and the number of children accessing secondary school among the Burundian refugees. Nakivale settlement's only secondary school meets the learning needs of 11 per cent of the secondary school population (1,217 enrolled out of 11,400);
- There is an urgent need to construct semi-permanent or permanent health facilities in the settlement areas hosting Burundian refugees and

## MAIN ACHIEVEMENTS & GAPS - JAN TO JUNE 2017



equip them with referral capacity, medicine and medical supplies;

- Despite the fact that Global Acute Malnutrition (GAM) is within the standards, special fortified food is required to treat and prevent moderate and acute malnutrition, including among children below 5 years and women in reproductive age (15 - 49 years);
- 4,909 household latrines and 585 institutional latrines stands are needed to reach the coverage target of 85 per cent;

## NEEDS & VULNERABILITIES

Though the rate of arrivals has decreased, an estimated 15,000 Burundian refugees are expected to arrive in Uganda by the end-2017. Voluntary return intentions will be monitored, although so far no significant return movements have been reported from Uganda.

Priority needs include:

- Provision of non-food items (NFIs) and shelter kits to new arrivals.
- Implementation of the semi-permanent shelter strategy.
- Development of water infrastructure (pipe systems and water outlets) in the settlement while phasing out water trucking.
- Creation of child friendly spaces, early childhood development centres, and one new primary school closer to new settlement areas.
- Establishment of safe spaces for women, girls, and boys, to access information on SGBV, Adolescent Sexual and Reproductive Health (ASRH) and referral pathways.
- Repair or construction of access roads.
- Provision of livelihood support to adolescents and SGBV survivors.
- Provision of food and nutrition assistance.

**Protection** - Protection screening and monitoring will continue with the aim of assessing, identifying and assisting the most vulnerable refugees. It is key to continue engaging with and strengthening the capacity of community-based protection mechanisms to ensure that refugees are fully engaged in shaping the response. There is a need to continue providing technical and

material support to OPM to ensure that refugees are effectively registered through RIMS and receive documentation. Coordination with and capacity-building of District Local Government (DLG) authorities is critical in the management of refugee settlements and to ensure the fulfilment of an integrated service delivery approach.

**Child Protection** - Separation from primary care givers and families exposes children to risk of abuse and exploitation, including child labour. Children also face risk of SGBV and psychosocial distress due to poor livelihood and limited access to primary school due to language barriers and lack of school feeding. Inadequate post-primary education opportunities, especially for the adolescents, expose them to protection risks such as early marriages and pregnancies, drug abuse and survival sex. Children also face barriers to access birth registration due to centralization of the process at a regional level. There is a need for enhanced identification, registration, referral, and effective case management of children at risk, provision of NFIs and other basic needs to strengthen school retention, especially for Unaccompanied and Separated Children (UASCs). It is also critical to look into expanding scholarships and skills development training for adolescent boys and girls. Other needs include providing livelihood support for families fostering UASCs and strengthening psychosocial support and resilience-building as part of the activities undertaken at child friendly spaces.

**SGBV** - Fear or stigma and reprisal by family members and the community continue to be a deterring factor for SGBV survivors to report perpetrators to relevant authorities or share their experience with humanitarian partners. A total of 552 SGBV incidents were reported in the settlements, managed and documented in the GBV Information Management System (GBVIMS). Among those reported, food scarcity was cited as the main trigger for sexual exploitation and violence. There is a need to strengthen awareness activities on prevention of and response to SGBV. Inclusion of SGBV survivors in livelihoods programme remains a gap and needs to be addressed.

**Education** - Overcrowding in classrooms, critically inadequate post-primary options, language barriers, lack of comprehensive school feeding, and high teacher turnover are challenges to enrolment, performance, and progression of refugee children at all levels of education. In Nakivale, children travel long distances to reach school, sometimes up to 10 kilometers. This poses serious protection concerns, with the rainy season bringing an increase in hazards, and overall greatly impacting on children's regular attendance. Many

children face additional challenges adapting to English as the language of instruction. Difficulties in having certificates from Burundian schools and institutions equated in Uganda can halt or regress the learning cycle. Nakivale Secondary School meets the learning needs of 11 per cent of the secondary school population (1,217 enrolled out of 11,400). When children are out of school and lack basic necessities such as food and sanitary towels, they are more vulnerable to exploitation, abuse and risky behavior. Distribution of sanitary materials in schools remains a huge challenge and so is the distant location of the secondary school from the settlement areas in Nakivale, which has contributed to increased dropout among girls and early pregnancies.

**Health and Nutrition** - With the increasing refugee population, primary healthcare institutions remain at a constant risk of being overwhelmed by new arrivals. Existing health centres frequently operate beyond capacity, stretching limited resources and resulting in an overall decrease in the quality of services. There is a need to reinforce the existing health care system and set up new health facilities with full package of interventions. This includes staffing, medical and nutrition supplies, infrastructure, equipment and referral capacities. Reproductive health interventions need to be enhanced, including family planning, ASRH, cervical cancer screening and comprehensive HIV/AIDS services. In terms of contingency planning, preparedness and response activities, there is a need to stock essential drugs and improve the capacity of health care providers and DLGs to effectively respond to potential disease outbreaks. More efforts are needed to facilitate accreditation of health facilities in refugee settlements. In Nakivale, an assessment of the mental health status of the population through Screen for Post Traumatic Stress Symptoms (SPTSS) showed an average score of 24.88, with any score above 20 representing a likelihood of post-traumatic stress disorder. While the Burundians make up 26 per cent of the population in Nakivale, there is a need for greater emphasis on Mental Health and Psychosocial Support for the community as a whole in line with the IASC guidelines on mental health in humanitarian settings. Shortages in the food pipeline are likely to affect the refugee response, resulting in reduction of food rations as well supplies for the supplementary feeding programmes.

**Food Assistance** - New arrivals require high-energy biscuits at border points, hot meals at transit and reception centres and monthly family rations in the settlements. Special fortified food is required to treat and prevent moderate acute malnutrition.

**Livelihood** - support is critical to buffer against food

rationing caused by ongoing refugee influxes. There is also a need to help refugee farmers improve household grain storage and access markets for any surplus they produce.

**Shelter & NFI** - A new shelter strategy will be developed to provide more sustainable housing. This includes exploring cash assistance for shelter for new arrivals. Plans for new settlements will take into consideration the different needs of the operation –emergency response, post-emergency, recovery and long-term solutions- and services and infrastructure will be developed accordingly.

**WASH** - On average, daily water supply stands at 22.2 litres per person per day for the Burundian refugees, in line with both SPHERE and UNHCR standards. Most of the water is supplied through piped systems from surface water sources (Lake Nakivale), with areas such as Kashojwa C and Kabazana A within Nakivale settlement being served through water trucks (3 per cent of the total). In order to phase out water trucking in these areas, there is a need to extend the existing water pipe network and explore ground water potential. Refugee communities living near the lake have received ceramic filters to treat the water, but the project remains small in scale and scope. Due to increased turbidity of Lake Nakivale's water, in the context of declining water levels, there is a need for additional investment to procure and distribute alum for water filtration among these communities. Nearly 80 per cent of Burundian refugees have access to family latrines, but more efforts are needed to reach the target of 85 per cent. Latrine usage is high, but the lack of a faecal waste treatment plant for drainable communal and institutional latrines in Nakivale poses a risk to ground water and needs to be prioritized. Hygiene practices are generally good. However, recent household surveys, based on Knowledge, Attitude and Practices (KAP) methodology, show that hand washing with soap is not common among Burundian refugees. Existing hygiene promotion campaigns need to be strengthened, including through community mobilization.

The humanitarian response to Burundi refugees continued to face three main challenges:

1. the areas allocated to Burundian refugees within Nakivale settlement are under-developed and far away from existing service facilities.
2. the concurrent influx from DRC has put a strain on existing reception facilities and services in a settlement with a population of over 97,000 people.
3. the response plan had received no dedicated funding as of 30 June 2017.

## RESPONSE STRATEGY & PRIORITIES

The 2017 Burundi refugee response in Uganda pursues the following strategic objectives and operational priorities.

1. Preserve equal and unhindered access to territory and protection space, promote the full enjoyment of rights, and maintain the civilian character of asylum.
2. Ensure refugees live in safety, harmony and dignity with host communities and together protect their natural environment while contributing to social cohesion.
3. Foster economic self-reliance for refugees and host communities, thereby contributing to socio-economic growth.
4. Progressively enhance social service delivery capacity in refugee-hosting areas, with a view to integrating services with local government systems, including Ugandan social safety nets or social protection mechanism.
5. Ensure refugees can access durable solutions and those that remain in Uganda progressively move towards increased resilience, sustainable self-reliance and inclusive development.

**Cross-cutting Operational Priorities** - The refugee response will be focused on Nakivale settlement and entry points such as Mirama Hills, Mutukula, Kikagati and Bugango:

- Targeted protection interventions for Burundi refugees including registration, documentation, identification and support to all persons with specific needs, in particular women and children including the prevention and response to SGBV.
- Continued multi-sector life-saving service provision to all new arrivals in 2017, and opening of new settlement areas.
- Improvement of basic social service delivery in all newly established villages.
- Support to affected district authority service systems and infrastructure, to strengthen their service delivery in refugee settlements and transit centres.
- Continued focus on establishment, training and follow-up of community based protection

structures and implementation of effective feedback mechanisms with an overall goal of strengthening community involvement and resilience.

- Strengthening initial livelihood and environment support programmes in all refugee hosting areas to initiate the process of graduating households towards self-sufficiency and resilience.

**Protection** - The overall Protection objective is to ensure that Burundian asylum seekers have access to territorial asylum and fair and swift asylum procedures and fully enjoy their rights as set forth in international and domestic refugee laws, including documentation, freedom of movement, right to work and access to services. By 30 June 2017, a total of 36,278 Burundian refugees and asylum-seekers had been biometrically registered by OPM in the government-administered Registration Information and Management Systems (RIMS) database, of whom 1,857 arrived in 2017. Another 1,628 Burundians who arrived in 2017 are pending biometric registration or refugee status determination.

All Burundian new arrivals continued to undergo medical and protection screening at collection points prior to relocation to reception centres for registration, documentation and refugee status determination. The latter is carried out by Uganda's Refugee Eligibility Committee (REC) for Burundian asylum seekers who arrived after 1 June 2017. Persons with specific needs, including UASCs, single parents, SGBV survivors, persons with disabilities and the elderly were referred to specialized service providers for proper management.

**Child Protection** - Child Protection interventions aimed at ensuring that the best interests of the child were respected. In the first six months of 2017, child protection partners conducted 300 Best Interest Assessments (BIAs) and 13 Best Interest Determinations (BIDs) for children at risk. Some 31 children were placed in foster care, and livelihood support was provided to 151 foster families, including access to a free-of-charge milling machine. Trainings were conducted for 106 members of Child Protection Committees and settlement-based police officers in order to enhance prevention and response to violence against children. In the second half of 2017, the focus will be on strengthening coordination among child protection partners, establishing an additional child friendly space while strengthening the existing 7 child friendly spaces, enhancing birth registration and case management, in addition to continuing community sensitization around child protection issues.

**SGBV** - The main objective of SGBV activities is to



reduce the risk of sexual and based gender violence and improve the quality of response. In the first semester of 2017, 86 per cent of identified SGBV survivors had access to assistance and services, though the number of reported SGBV incidents remained very low. An SGBV working group continued to meet on a monthly basis to tackle arising issues, including through the development of standard operating procedures and community-based SGBV prevention approaches.

Partners continued to harness the *SASA!* Methodology which uses community based protection mechanisms to raise awareness on SGBV prevention and response. "SASA" is a Kishwali word that means "now" to underscore the urgency to prevent violence against women and HIV. A safe house was constructed for SGBV survivors, but the lack of fencing remains a gap. A training on Protection from Sexual Exploitation and Abuse (PSEA) targeted hundreds of humanitarian workers in Nakivale.

For the second half of 2017, the focus will be two-fold: enhancing prevention and reporting of SGBV incidents through individual and community sensitization, and improving response and support for SGBV survivors, including through access to livelihoods opportunities.

**Education** - Promoting quality education for refugees was the overall objective of the interventions. The response helped Burundian refugees access education, including Early Child Development (ECD), Primary and Secondary School. Teaching assistants for the provision of additional English language courses were provided to new arrivals. Secondary school scholarships and support for children with special needs were provided to Burundian refugees as part of the regular programme.

Sensitization activities to increase enrolment, retention and performance of girls targeted Burundian parents and schoolgirls. Education partners have worked and will continue to work closely with the District Education Department to ensure basic standards are met, including quality assurance of teachers and roll out of examinations.

**Food** - By providing food assistance, the response aims to save lives, prevent and treat malnutrition, and support livelihoods. Food assistance activities included provisions of high-energy biscuits and hot meals for new arrivals in transit and reception centres, and dry rations and cooking utensils for refugees after allocation of plots in the settlement. In the first six months of 2017, humanitarian partners provided agricultural inputs including seed, small livestock, and non-agricultural income-generating opportunities to help buffer against food rationing caused by increased emergency influxes. In the future, it will be critical to expand agricultural support as a way to help refugees produce food for both personal consumption and income. Cash for food assistance will also be promoted and linked to livelihoods. Small-scale farmers in the settlements will be supported through training on reducing post-harvest losses and improving income.

A Joint Assessment Mission (JAM) with WFP, market assessments disaggregated by settlement and Food Security and Nutrition Assessment (FSNA) are planned for the last quarter of the year and will provide valuable feedback to inform refugee response decisions. In the second half of 2017, WFP, UNHCR and OPM will undertake a comprehensive study on vulnerabilities contributing to food insecurity among refugee households, and the socio-economic dynamics in



the settlements. Findings will inform food assistance programming and targeting strategy.

**Health and Nutrition** - The overall objective of Public Health and Nutrition interventions is providing a minimum package of health services for the new arrivals, including implementation of Minimum Initial Service Package (MISP) for reproductive health and HIV/AIDS prevention and treatment; supplementary feeding and emergency nutrition programmes; and full integration of comprehensive primary health care services for refugees into the Ministry of Health's national system.

By 30 June 2017, the mortality rate stood at 0.1 deaths per 10,000 inhabitants per day (standard is <1 deaths per 10,000 people per day) and access to health services was within the recommended 5 km walking distance. During the first semester of 2017, the Burundian refugees had access to comprehensive primary health services, with a total of 11,399 consultations across the four health facilities in Nakivale and Oruchinga settlements. The majority of the consultations concerned respiratory tract infections (33 per cent), malaria (29 per cent), skin diseases (5 per cent), and eye diseases (3 per cent). A total of 5,781 laboratory tests were conducted for the refugees who sought health care at the clinics. Between January and June 2017, 3,485 Burundian refugees and asylum seekers received vaccination against measles and polio, including 1,116 children. Some 725 children were dewormed and received vitamin A. Burundian children were enrolled in the Expanded Program on Immunization (EPI). Pregnant women received antenatal and delivery care to prevent emergencies of acute life-threatening conditions. Out of 625 pregnant women, 612 (98 per cent) delivered with a skilled mid-wife in the settlements. Two maternal deaths were reported in Nakivale in the first semester of 2017.

Some 4,977 Burundian refugees were screened for malnutrition. Among those with moderate malnutrition, 94.6 per cent recovered after enrolling in supplementary feeding programme (standard is >75 per cent), while among those with severe malnutrition, 93.5 per cent recovered after admission to community-based therapeutic feeding programme (standard is >75 per cent). Through MCHN programmes, micronutrient-fortified food supplements were provided to PLW and children aged 6 to 23 months to prevent stunting and acute malnutrition.

Universal access to HIV/AIDS protection, prevention, care and treatment services were also provided to Burundian refugees.

**Livelihoods** - The response aimed at improving access

to livelihoods and promote self-reliance. Efforts were geared towards targeting 85 per cent of the population with increased access to food and income at a household level, including through provision of kits for agriculture and livestock production, micro-credit schemes, vocational and business development trainings.

In the first semester of 2017, 2,725 Burundian refugees received seeds for crop production and gardening and 3,239 others were trained in agronomic practices. Humanitarian partners have also delivered business skills development training for 2,118 Burundian refugees, including on record keeping, business start-up and management. Some 11 refugees were enrolled in fish farm management training. As a way to promote entrepreneurship and micro enterprises, 938 Burundian refugees were trained on the Village Savings and Loan Associations (VSLA) methodology and 321 others learnt about formation and management of Savings and Credit Organizations (SACCOs). Some 426 refugees obtained loans from VSLA groups to start up a business and 196 others from the biggest refugee-led SACCO in Nakivale, Moral Brotherhood and Neighbourhood (MOBAN).

In the first semester of 2017, 539 Burundian refugees completed vocational skills trainings, including tailoring (321), carpentry (59), bicycle repair (36), liquid soap making (57) and craft making (66). For the second half of the year, the focus will be on establishing Technology Transfer Centres to facilitate training on climate-smart agricultural technologies including soil conservation practices, water harvesting, low-cost irrigation and agro-forestry. In Nakivale, there is also a plan to better equip five community-managed vocational training groups and strengthen the capacity of MOBAN to enable its members to access a broader range of financial services.

**Shelter and NFI** - Shelter support aims to provide dignified housing and living space to refugees, in addition to contributing to the overall protection of families and individuals.

In the first semester of 2017, temporary communal accommodation was provided to 3,485 Burundian new arrivals at transit and reception centres. After registration and recognition of refugee status, Burundian refugees were given shelter kits and a plot of land within the settlements to build their shelter and to farm. Persons with specific needs received additional support via community-based structures and humanitarian partners to build their homes. There is a plan to develop and roll out a new shelter strategy across all refugee operations in Uganda, including those hosting Burundian refugees. This includes revising communal shelters at transit and

reception centres to ensure that gender requirements are met and SGBV concerns addressed. Family shelters will also be standardized, with a focus on long-term solutions. There is a plan to explore opportunities for cash assistance for shelter and NFIs, where feasible.

The new shelter strategy will be part of a broader site planning review to ensure that settlements are confined to manageable dimensions; that construction of basic facilities such as schools and health facilities is prioritized, and delivery of services is more cost-effective and efficient.

**WASH** - Sector interventions in the refugee settlements aims to ensure 100 per cent coverage of safe water supply with at least 15-20 litres per person per day within 1 km walking distance. During the first semester of 2017, Burundian refugees in Nakivale received in average 22.2 litres per person per day, in line with both SPHERE and UNHCR standards. Partners carried out 11 water quality tests at water points during the reporting point and found that drinking water quality is in line with WHO standards. The average latrine coverage for Burundian refugee communities stood at 79.7 per cent.

As part of future plans, the response will look into phasing out water trucking and investing in the community management of water facilities. This means extending the piped network throughout Nakivale and connecting the water system to the national water grid, managed by the National Water Services. The involvement of the community in the management and maintenance of water facilities is voluntary but will require a cash-for-work scheme, serving also as an opportunity for livelihood. To reduce the risk of ground water contamination, the plan is to invest in a faecal waste treatment plant for drainable communal and institutional latrines.

## PARTNERSHIP AND COORDINATION

With increased emphasis on sustainable, innovative approaches to refugee protection and assistance, the recently established Comprehensive Refugee Response Framework (CRRF) in Uganda will form the over-arching policy and strategy guiding all aspects of the refugee response including the humanitarian emergency response, and solutions oriented initiatives such as the Refugee and Host Population Empowerment (ReHoPE) framework.

The humanitarian refugee response in Uganda, pillar two of the CRRF, is co-led and jointly coordinated by the Office of the Prime Minister (OPM) and UNHCR, with broad participation of UN and NGO partners, consistent with the Refugee Coordination Model (RCM). This coordination arrangement is geared towards achieving an effective and integrated protection response, involving members of the refugee and host communities, Government, UN agencies, national and international NGOs. Coordination is structured over four levels: 1. Leadership level; 2. Multi-sector inter-agency level; 3. Sector level; 4. Regional / settlement level (localised inter-agency / sector coordination mechanisms).

At the country level, inter-agency coordination meetings take place on a weekly (emergency) or monthly (non-emergency) basis, and are co-chaired by the OPM and UNHCR. Similarly, at the district and settlement level, regular inter-agency coordination and sector coordination meetings take place with the District Local Governments (DLGs), UN, and NGOs.

UNHCR together with the OPM facilitates inter-agency planning, implementation, and coordination of the overall response for the refugee emergencies in Uganda. At the field level, the DLGs are at the forefront of the emergency response, working closely with UN and NGO partners supplementing governmental efforts.

As of June 2017, the Burundi refugee response in Uganda involves some 27 partners, including OPM, seven UN agencies/international organisations - UNHCR, UNICEF, UNFPA, WFP, WHO, FAO and IOM - and 19 NGOs - African Initiative for Relief and Development (AIRD), American Refugee Committee (ARC), Agency for Cooperation and Research in Development (ACORD), Adventist Development and Relief Agency (ADRA), Danish Refugee Council (DRC), Finnish Refugee Council (FRC), Hunger Fighters Uganda (HFU), Humanitarian Initiative Just Relief Aid (HIJRA), Lutheran World Federation (LWF), Medical Teams International (MTI), Nsamizi Training Institute of social development (NSAMIZI), Reproductive Health Uganda (RHU), Right to Play (RtP), Samaritan's Purse (SP), Save the Children (SCI), Trauma Counselling (TUTAPONA), Ugandan Red Cross Society (URCS), Welthungerhilfe (WHH) and Windle Trust Uganda (WTU) - of whom 3 have requested money through the RRRP.

In view of the increased emphasis on CRFF, coordination structures will be strengthened towards linkages with development frameworks and actors.

## RRRP PARTNERS

- ARC American Refugee Committee
- FAO Food and Agriculture Organization
- FCA Finn Church Aid
- IOM International Organization for Migration
- Tutapona
- UNFPA United Nations Population Fund
- UNHCR United Nations High Commissioner for Refugees
- UNICEF United Nations Children's Fund
- WFP World Food Programme
- WHO World Health Organization



# Planned response

## PROTECTION

OUTPUTS	INDICATOR	NEW TARGET
New arrival refugees registered and provided with identity documents	% refugees registered with documents,	100%
Refugees new-borns registered and provided with documents	% new-borns registered	100%
PSNs identified and provided adequate support	% of PSNs who receive protection services	100%
Refugees have access to civil documentation	% refugees receiving civil documentation	100%
Protection of children strengthened	% registered in CPIMS and benefiting from BIAs & BIDs	100%
	% of children reunified	100%
Community self-management supported	% settlements with refugee self-management	100%
Access to legal assistance and legal remedies improved	% of persons with access to legal assistance	100%
Access to resettlement	# of persons identified for resettlement submitted	25
Women actively participate in refugee management structures	% of women in community structures	50%
Communities have access to information on changing negative social norms and practices	% of community members receiving information on rights	100%
Survivors have access to multi-sector GBV services	% refugees with access to assistance & services	100%
Children provided with psychosocial, recreational and child friendly spaces	# of children accessing CFS	10,000
Alternative care arrangements maintained	% of UASC with appropriate alternative care arrangements.	100%
Community based child protection committees established and strengthened.	# of community based child protection committees operating	80
PSNs identified and quality of service standardized	# PSNs identified	25,000
Age, Gender & Disability-specific items /direct cash assistance provided	# persons received specific items and cash	8,000
Female representation in leadership/ management structures ensured	% of female representation	50%
Refugee leadership participating in decision-making at camp-level	% camps with refugee leadership structures involved in decision-making	100%

## EDUCATION

OUTPUTS	INDICATOR	NEW TARGET
Measures to improve primary education quality and learning achievement implemented	# of children per teacher	55
Educational infrastructure constructed, improved or maintained	# of children per classroom	55
Early childhood education provided or supported	% children aged 3-5 years enrolled in early childhood education	80%
Primary education provided or supported	% children enrolled in primary education	100%
	% of primary school graduates	82%
Secondary education provided or supported	% of children enrolled in secondary education	40%
	% adolescents accessing formal or informal education	40%

## FOOD SECURITY

OUTPUTS	INDICATOR	NEW TARGET
Food assistance provided to refugees	% refugees receive monthly food assistance	100%
Cash-based assistance provided to refugees	% refugees receive cash-based assistance	50%
Adequate food consumption reached or maintained	% households with poor Food Consumption Score (FSC)	<10%
	% households with borderline FSC	<10%
	Diet Diversity Score	>5%

## HEALTH & NUTRITION

OUTPUTS	INDICATOR	NEW TARGET
Access to primary health care services provided	% persons have access to primary health care	100%
Nutritional well-being improved	Crude mortality rate (per 10,000 ind/day)	<1
	Prevalence of GAM and SAM (6-59 months)	<10%
	Prevalence of anaemia in children (6-59 months)	<40%
	Prevalence of Global Acute Malnutrition	<5%
	Prevalence of anaemia in women	<30%
Referral mechanisms established	% refugees with access to secondary and tertiary medical care	100%
Population has optimal access to reproductive health and HIV services	% refugees have access to comprehensive reproductive health services	100%
	% rape survivors receiving PEP within 72 hours	100%
Essential vaccinations provided	Vaccination coverage	>95%

OUTPUTS	INDICATOR	NEW TARGET
Comprehensive safe motherhood services provided	# of qualified midwives/MCH staff	46
Village Health Team (refugee volunteers) system strengthened	# of refugees per CHW	1000 : 1
Emergency preparedness and effective response to outbreak prone diseases	% health facilities with timely and complete IDSR reporting	100%

## LIVELIHOODS

OUTPUTS	INDICATOR	NEW TARGET
Access to agricultural / livestock / fisheries production enabled	# of persons receiving production kits	3,500
Access to self-employment / business facilitated	# of small business associations formed or supported	200
	% 18-59 year old with own business	3%
Access to training and learning enabled	# of persons with entrepreneurship training	5,000
	# of persons with guidance on business market opportunities	3,000
	# of persons completing vocational skills training	1,000
Protection of the environment promoted	% of refugee households using energy efficient stoves	8%
	# of tree seedlings planted	200,000
	# of community institutions with water harvesting facilities	1

## LOGISTICS & TELECOMS

OUTPUTS	INDICATOR	NEW TARGET
Timely and dignified transport of refugees from reception centre to their allocated plots	% of new arrivals transported in a timely and dignified way	100%
Sufficient warehouse and distribution services capacity	% settlements with sufficient warehouse and distribution capacities	100%

## SHELTER & NON FOOD ITEMS (NFIs)

OUTPUTS	INDICATOR	NEW TARGET
Newly arriving refugees are allocated plots in settlements	% refugees have an allocated plot	100%
Shelter provided	% refugees with emergency or semi-permanent shelter	100%

OUTPUTS	INDICATOR	NEW TARGET
Access roads constructed, repaired and maintained	# of kilometres road constructed or rehabilitated	50+
Essential NFIs provided	% of new arrivals receiving NFI kits	100%
Sanitary materials provided	% refugee women receive sanitary materials	100%



## WATER, SANITATION AND HYGIENE PROMOTION (WASH)

OUTPUTS	INDICATOR	NEW TARGET
Gender-sensitive temporary bath shelters and latrines	# of functional temporary showers/latrines constructed	250
Gender-sensitive permanent drainable latrines constructed at public places and institutions	# of functional permanent drainable latrines constructed	150
Communal Garbage pits built	# of communal garbage pits built	10
Improved Hygiene Promotion practices	# of hygiene promoters recruited	40
Emergency water trucking in new settlement areas	Average # of litres of portable water supplied per person per day	15
Borehole maintenance, rehabilitation or drilling	# of functional boreholes	15
Water supply & distribution pipelines extended/installed	# of metres of pipeline laid	30,000
Construction of Valley tanks/earth dams for catchment Rain water harvesting.	# of valley tanks/earth dams constructed	3
Household sanitary facilities constructed	# of sanitation kits distributed	4,840
Procurement and provision of hygiene kits	# of hygiene kits provided	4,000



# Financial requirements

## BY AGENCY & COUNTRY

ORGANIZATION	TOTAL REQUIREMENTS (USD)
ARC American Refugee Committee	655,207
FAO Food and Agriculture Organization	2,616,946
FCA Finn Church Aid	317,142
IOM International Organization for Migration	1,106,447
Tutapona	22,267
UNFPA United Nations Population Fund	2,102,760
UNHCR United Nations High Commissioner for Refugees	56,044,366
UNICEF United Nations Children's Agency	2,100,000
WFP United Nations World Food Programme	7,764,848
WHO World Health Organization	900,000
<b>Total</b>	<b>73,629,983</b>

SECTOR	TOTAL REQUIREMENTS (USD)
Protection	5,491,386
Education	7,044,021
Food	6,444,481
Health and Nutrition	9,349,058
Livelihoods	9,033,567
Shelter and NFIs	19,134,555
WASH	7,990,102
Operational Support	5,669,022
Logistics and Telecommunications	3,473,791
<b>Total</b>	<b>73,629,983</b>



**ANNEX**

# Financial requirements

## BY AGENCY AND COUNTRY

ORGANIZATION	DRC	RWANDA	TANZANIA	UGANDA	TOTAL
ADRA Adventist Development and Relief Agency		743,000	800,000		1,543,000
AEC African Entrepreneurship Collective		100,000			100,000
AHA African Humanitarian Agency		229,797			229,797
AIRD African Initiatives for Relief & Development			3,295,386		3,295,386
ARC American Refugee Committee		705,468		655,207	1,360,675
DRC Danish Refugee Council			9,998,380		9,998,380
FAO Food and Agriculture Organization	1,100,000		4,977,875	2,616,946	8,694,821
FCA Finn Church Aid				317,142	317,142
GHDF Global Humanitarian and Development Foundation		150,000			150,000
GNT Good Neighbours Tanzania			550,000		550,000
HAI HelpAge International			1,738,440		1,738,440
HI Handicap International		500,000			500,000
IA Indego Africa		100,000			100,000
IOM International Organization for Migration		200,000	3,682,000	1,106,447	4,988,447
IRC International Rescue Committee			4,518,262		4,518,262
LAF Legal Aid Forum		115,089			115,089
NRC Norwegian Refugee Council			2,325,000		2,325,000
OXFAM			6,280,000		6,280,000
PI Plan International		575,000	6,178,000		6,753,000
SCI Save the Children International		1,654,037	6,957,581		8,611,618
TCRS Tanganyika Christian Refugee Service			799,447		799,447
Tutapona				22,267	22,267
UN Women		200,000			200,000

ORGANIZATION	DRC	RWANDA	TANZANIA	UGANDA	TOTAL
UNFPA United Nations Population Fund	1,262,294	1,560,000	3,000,000	2,102,760	7,925,054
UNHCR United Nations High Commissioner for Refugees	21,933,418	57,905,279	100,026,291	56,044,366	235,909,354
UNICEF United Nations Children's Agency	2,017,116	2,548,000	6,990,056	2,100,000	13,655,172
WFP United Nations World Food Programme	11,391,565	17,270,102	65,852,760	7,764,848	102,279,275
WHO World Health Organization		650,000	100,000	900,000	1,650,000
WM Water Mission			3,000,000		3,000,000
WVI World Vision Tanzania			1,700,000		1,700,000
<b>Total</b>	<b>37,704,393</b>	<b>85,205,772</b>	<b>232,769,378</b>	<b>73,629,983</b>	<b>429,309,626</b>

## BY COUNTRY BY SECTOR

SECTOR	DRC	RWANDA	TANZANIA	UGANDA	TOTAL
Protection	5,560,983	11,743,307	26,849,382	5,491,386	49,645,058
Education	3,029,105	5,995,844	14,454,149	7,044,021	30,523,119
Food	10,560,926	15,049,232	64,607,164	6,444,481	96,661,803
Health and Nutrition	2,163,228	15,651,067	18,089,413	9,349,058	45,252,766
Livelihoods	5,648,962	3,127,085	24,854,028	9,033,567	42,663,642
Logistics and Telecoms	1,567,557	4,013,282	10,237,760	3,473,791	19,292,390
Shelter and NFIs	2,651,986	15,732,786	38,242,508	19,134,555	75,761,835
WASH	3,002,715	7,517,215	26,228,410	7,990,102	44,738,442
Operational Support	3,518,931	6,375,954	9,206,664	5,669,022	24,770,571
<b>Total</b>	<b>37,704,393</b>	<b>85,205,772</b>	<b>232,769,378</b>	<b>73,629,983</b>	<b>429,309,626</b>

## BY COUNTRY, AGENCY AND SECTOR

ORGANIZATION	PROTECTION	EDUCATION	FOOD	HEALTH AND NUTRITION	LIVELIHOODS	LOGISTICS AND TELECOMS	SHELTER AND NFIS	WASH	OPERATIONAL SUP-PORT	TOTAL
<b>DRC</b>	<b>5,560,983</b>	<b>3,029,105</b>	<b>10,560,926</b>	<b>2,163,228</b>	<b>5,648,962</b>	<b>1,567,557</b>	<b>2,651,986</b>	<b>3,002,715</b>	<b>3,518,931</b>	<b>37,704,393</b>
FAO					1,100,000					1,100,000
UNFPA	205,000				1,057,294					1,262,294
UNHCR	5,355,983	1,564,733	371,117	1,950,107	3,187,405	1,567,557	2,651,986	1,765,599	3,518,931	21,933,418
UNICEF		780,000						1,237,116		2,017,116
WFP		684,372	10,189,809	213,121	304,263					11,391,565
<b>Rwanda</b>	<b>11,743,307</b>	<b>5,995,844</b>	<b>15,049,232</b>	<b>15,651,067</b>	<b>3,127,085</b>	<b>4,013,282</b>	<b>15,732,786</b>	<b>7,517,215</b>	<b>6,375,954</b>	<b>85,205,772</b>
ADRA		600,000	63,000			80,000				743,000
AEC					100,000					100,000
AHA				229,797						229,797
ARC				605,468	100,000					705,468
GHDF Foundation									150,000	150,000
Handicap International	500,000									500,000
IA Indego Africa					100,000					100,000
IOM					200,000					200,000
LAF	115,089									115,089
PLAN International	575,000									575,000
SCI	154,037	550,000		750,000	200,000					1,654,037
UN Women	100,000				100,000					200,000
UNFPA				1,560,000						1,560,000
UNHCR	10,021,181	4,480,844	167,480	8,889,452	2,327,085	3,933,282	15,732,786	6,517,215	5,835,954	57,905,279
UNICEF	278,000	365,000		515,000				1,000,000	390,000	2,548,000
WFP			14,818,752	2,451,350						17,270,102
WHO				650,000						650,000
<b>Tanzania</b>	<b>26,849,382</b>	<b>14,454,149</b>	<b>64,607,164</b>	<b>18,089,413</b>	<b>24,854,028</b>	<b>10,237,760</b>	<b>38,242,508</b>	<b>26,228,410</b>	<b>9,206,564</b>	<b>232,769,478</b>
ADRA			375,000		425,000					800,000

ORGANIZATION	PROTECTION	EDUCATION	FOOD	HEALTH AND NUTRITION	LIVELIHOODS	LOGISTICS AND TELECOMS	SHELTER AND NFIS	WASH	OPERATIONAL SUPPORT	TOTAL
AIRD						315,072	2,980,314			3,295,386
DRC	700,000				650,000		6,494,280	1,500,000	654,100	9,998,380
FAO					4,477,875				500,000	4,977,875
GNT					550,000					550,000
HelpAge International	1,712,638				25,802					1,738,440
IOM	82,000					3,600,000				3,682,000
IRC	1,426,525	350,000		1,500,000	500,000				741,737	4,518,262
NRC		425,000			600,000		900,000	400,000		2,325,000
OXFAM			283,990		916,010			5,080,000		6,280,000
PI Plan International	3,400,000	1,600,000			800,000				378,000	6,178,000
SCI	3,091,932	2,861,310			554,339		450,000			6,957,581
TCRS		336,372						402,502	60,573	799,447
UNFPA				3,000,000						3,000,000
UNHCR	15,333,759	7,543,939		10,184,827	13,655,002	6,322,688	27,417,914	12,845,908	6,722,254	100,026,291
UNICEF	1,102,528	1,337,528		1,400,000				3,000,000	150,000	6,990,056
WFP			63,948,174	1,904,586						65,852,760
WHO				100,000						100,000
WM								3,000,000		3,000,000
WVI					1,700,000					1,700,000
<b>Uganda</b>	<b>5,491,386</b>	<b>7,044,021</b>	<b>6,444,481</b>	<b>9,349,058</b>	<b>9,033,567</b>	<b>3,473,791</b>	<b>19,134,555</b>	<b>7,990,102</b>	<b>5,669,022</b>	<b>73,629,983</b>
ARC	612,343								42,864	655,207
FAO					2,269,864				347,082	2,616,946
FCA		317,142								317,142
IOM				300,000	164,063	250,000		320,000	72,384	1,106,447
Tutapona	22,267									22,267
UNFPA	928,000			1,019,000					155,760	2,102,760
UNHCR	3,768,776	6,426,879		5,648,230	6,599,640	3,223,791	19,134,555	7,120,102	4,122,393	56,044,366

ORGANIZATION	PROTECTION	EDUCATION	FOOD	HEALTH AND NUTRITION	LIVELIHOODS	LOGISTICS AND TELECOMS	SHELTER AND NFIS	WASH	OPERATIONAL SUPPORT	TOTAL
UNICEF	160,000	300,000		705,000				550,000	385,000	2,100,000
WFP			6,444,481	776,828					543,539	7,764,848
WHO				900,000						900,000
<b>Total</b>	<b>49,645,058</b>	<b>30,523,119</b>	<b>96,661,803</b>	<b>45,252,766</b>	<b>42,663,642</b>	<b>19,292,390</b>	<b>75,761,835</b>	<b>44,738,442</b>	<b>24,770,471</b>	<b>429,309,626</b>



