

# BURUNDI REGIONAL REFUGEE RESPONSE PLAN

January 2019 — December 2020

*Updated for 2020*



## ADDENDUM: 2020 MID-YEAR COVID-19 REVISION

Summary of the reprioritisation & additional requirements in response to COVID-19

REVISED 2020 PLANNED RESPONSE

**317,000**

PROJECTED REFUGEE  
POPULATION BY END OF  
2020

**47,000**

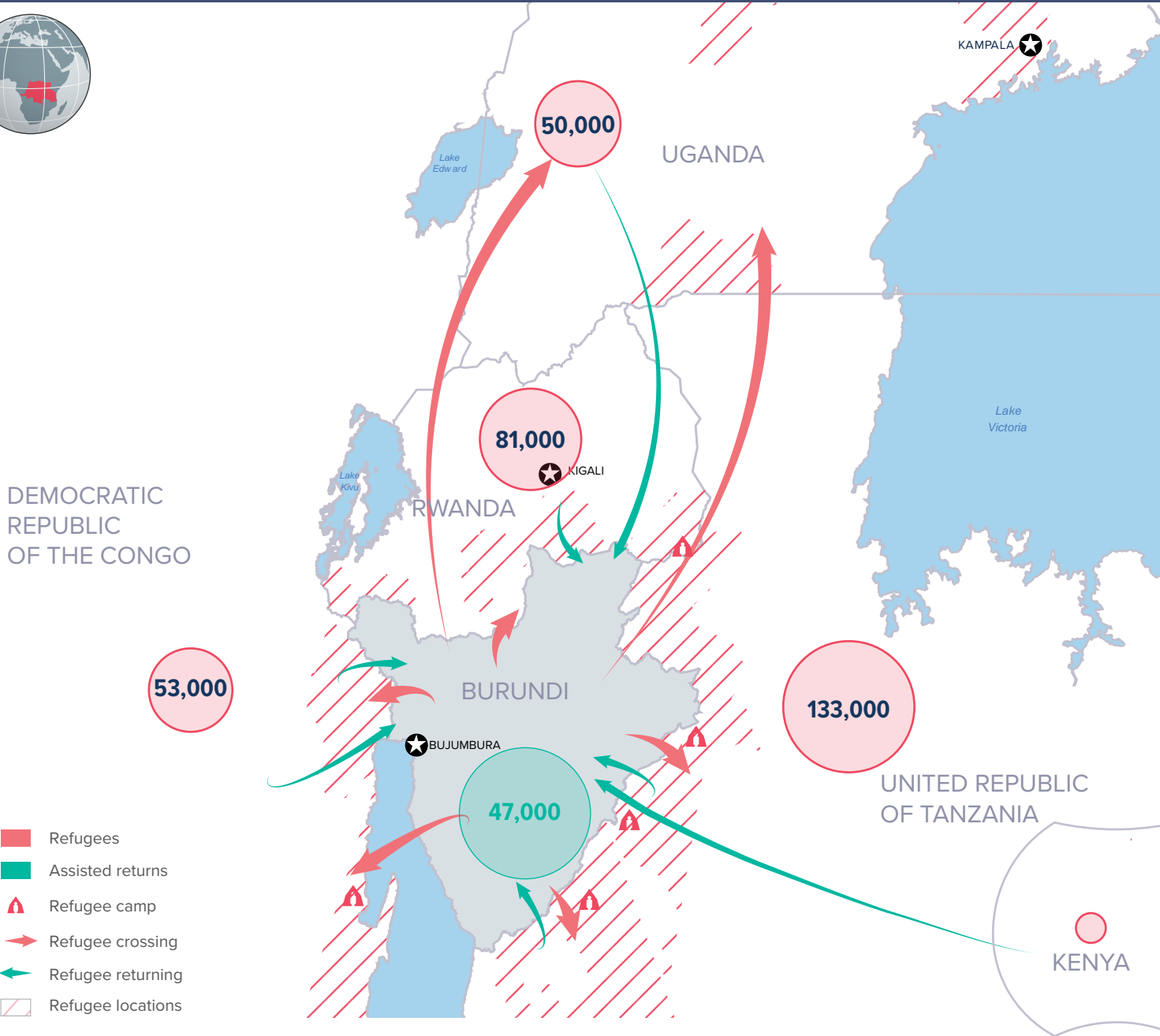
PROJECTED RETURNEES  
IN 2020

**US\$ 298.4M**

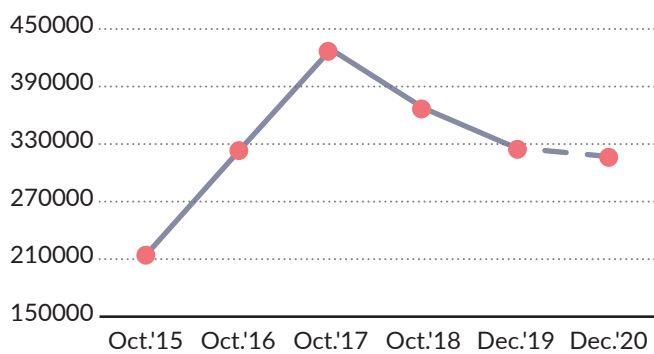
REVISED REQUIREMENTS  
IN 2020

**37**

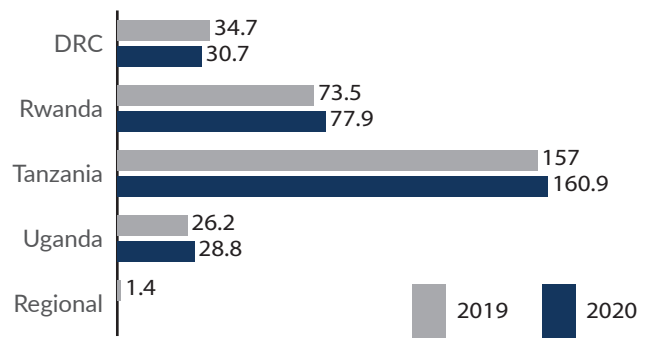
PARTNERS INVOLVED IN  
2020



Refugee Population Trends 2015 - 2020



2019 and Revised 2020 Requirements | in millions US\$



# Burundi 2020 Regional Refugee Response Plan Mid-Year Revision

In June and July 2020, a mid-year revision of the 2020 Burundi Regional Refugee Response Plan (RRRP) was undertaken as an inter-agency consultative process to discuss and document the reprioritization of activities and corresponding budgets for the rest of the year, taking into account the impacts of COVID-19 and other developments. This Addendum and its accompanying budget revision summarize the impact of the pandemic and response priorities, as well as introducing an additional regional strategic objective and reporting indicators to reflect additional activities.

As of August 2020, there had not been any major outbreak in any of the camps or settlements hosting Burundian refugees in the region, but the COVID-19 pandemic had yet to peak in any of the countries hosting Burundian refugees and is expected to be a key feature of the refugee response landscape into 2021.

## Recent Developments in Burundi

Despite heightened tensions during the May elections, there has not been any major forced displacement inside Burundi or across borders. In his inaugural speech on 18 June, the new President of Burundi urged people who had fled the country, including government critics, human rights activists and refugees to return home. UNHCR remains committed to support repatriation to Burundi as the primary durable solution for those refugees who indicate their desire to return. It remains, however, crucial to preserve the asylum space for refugees who do not opt for voluntary return to Burundi at this time and to respect the right to seek asylum.

## Impact of COVID-19 and Needs

The outbreak of the COVID-19 pandemic has posed unprecedented challenges and exacerbated the already precarious condition of Burundian refugees in the region. Burundian refugees are at significant risk as the large majority of the refugee population lives in densely populated camps with weak or inadequate shelter, health services and WASH infrastructures coupled with food ration cuts in several countries due to underfunding. The high mobility of refugees and the porous borders in several parts of the region put refugees in camps at a heightened risk of infection.

The COVID-19 crisis has exposed deep inequalities. Women and girls and other marginalized groups are often disproportionately affected. For refugees with specific needs, protection risks have increased. Increased incidences of cases of violence, including SGBV in the home, have been reported, amplifying challenges that existed prior to the COVID-19 emergency. Prevention measures such as school closures have also led to increased child protection risks with negative consequences for children's social support and their psychosocial well-being, development and protection. While out of school, children's and adolescent's risks to exploitation, abuse and risky behaviour have significantly increased. Without enough support to continue schooling at home through distance and remote learning modalities, the gains made in the area of education may be lost. For example, school closures in camps have

affected over 45,000 school-aged Burundian children in Tanzania. When students returned to class in August in Tanzania – one of the first countries in the region to re-open schools – a significant reduction in the attendance of girls was observed, a challenge which may be expected to manifest with Burundian refugees in other countries.

Prior to the pandemic, the capacity and available resources for primary healthcare institutions were already overstretched. There is a need to strengthen infection prevention and control, strengthen surveillance, increase stock of essential medical drugs and improve the capacity of health care providers, especially at district and local levels. More efforts are needed in epidemic preparedness and response for new arrivals and refugees in camps and settlements. The minimum thresholds on water supply, sanitation and hygiene services remain sub-standard. Resources are required for the improvement of services, procurement of supplies and incentivizing community-based workers. Reduced food assistance for refugees in camps and an increase in food prices add to the challenges.

The crisis has showed that tackling the virus is more challenging in urban areas where access to quality healthcare is uneven, housing inadequate, water and sanitation lacking, transport infrastructure patchy and jobs precarious. The socio-economic impact of the pandemic had rapidly become evident across the region, particularly among persons of concern in urban areas who were self-reliant but lost their livelihoods during lockdowns.

## Response Approach

### **Coordination**

Coordination structures are in place in all asylum countries, with dedicated Crisis Management Teams and Task Forces by sector to identify and address the most urgent gaps. UNHCR is working in collaboration with and under the leadership of the national authorities with technical support from WHO and other partners to ensure the refugee response is fully integrated into national efforts. Refugees are included in the implementation of national and district level COVID-19 preparedness and response plans. For all sectors, business continuity plans were developed and RRRP partners engaged both in the response, coordination and the provision of adapted services in line with public health guidelines and in cooperation with COVID-19 Task Forces.

### **Response Priorities**

While access to refugee communities has generally been maintained throughout, including through movement waivers for RRRP partners, COVID-19 preventive measures, reduced physical presence and scaling down to essential services have had an impact on service delivery to refugees and host communities. COVID-19 response priorities are health, WASH, continuation of protection services and mitigation of the most severe socio-economic impacts through emergency cash assistance where possible. The situation has involved an increasing reliance on community-based structures and refugee workers/volunteers for child protection and persons with specific needs.

In the new context, response partners have worked to identify and strengthen preferred and trusted channels to maintain proximity with refugees, ensuring the continuation of services and to facilitate community engagement. These efforts include ensuring refugees have access to service providers – including through remote channels – in order to access information, provide feedback and raise complaints.



Preventing and reducing the transmission of COVID-19 among refugees, asylum-seekers and the host communities through risk communication and infections prevention and control measures across all sectoral activities continues to be a high priority. Capacity building of the health workforce, especially strengthening the role of community-based health workers also remains urgent. Emergency preparedness and response activities will be strengthened to improve the capacity of health care providers to effectively respond to potential disease outbreaks, including by enhancing disease surveillance, coordination, case management, infection prevention and control, risk communication, vaccination and quarantining arrangements. While investment has been made in establishing basic quarantine and isolation facilities, additional or expanded facilities are needed in a number of locations, especially where closed schools had served as temporary facilities.

SGBV prevention and response activities will continue to be a priority and partners will work closely with the Government in the areas of social services, security, and the judiciary, with the aim of improving access to quality services related to SGBV prevention and response. As needs for Mental Health and Psychosocial Support (MHPSS) services have increased, RRRP partners are working to ensure the continuity of care for persons with specific needs through the use of remote tools and strategies.

Child protection interventions will remain a critical and life-saving service with priority on continued provision of critical case management and safe approaches for the reopening of child-friendly spaces. Engagement and support to trained community-based structures will be strengthened. Community leaders and structures will continue to be guided and supported to play key roles in delivery of critical services using adapted modalities.

In the education sector, RRRP partners will continue to support remote and distance learning solutions to learners through radio, self-study/ home learning materials and digital modalities. In Tanzania for example, schools began to reopen in June and learning is ongoing. Partners have observed reduced school attendance in comparison to pre-COVID 19, a challenge that is expected to manifest throughout the region as children go back to school. In preparation for school re-opening in other countries, partners will prioritize back to school activities including disinfection of schools previously used as quarantine centres, increased provision of WASH supplies and thermometers and dissemination of MOH guidelines to guide safe reopening of schools.

To mitigate the loss of income, RRRP livelihoods partners have prioritized activities to enable access to productive assets and trainings, and promotion of good agriculture practices and climate smart agriculture. In several operations UNHCR expanded or put in place emergency cash assistance (CBI) in urban settings to assist vulnerable refugees who lost their self-reliance due to movement restrictions, price increases of basic commodities and loss of livelihoods. In Kampala, for example, a one-time cash transfer was provided to all refugee households.

UNHCR continues to advocate for the inclusion of refugees in national health plans, social safety nets and other socio-economic programs to mitigate the impact of the crisis. Investment in early recovery / livelihood activities will be needed to help refugees cope with the economic impact of the crisis. In Rwanda, UNHCR is supporting refugees to integrate in local community production systems where the Government has availed land for agriculture and

## Projected Burundi Refugee Population

	Refugee Population 31 Dec. 2019	2020 Projected Arrivals and Popula- tion Growth	2020 Projected Returns**	2020 Projected Year End Total
DRC	47,000	10,300	4,000	53,000
Rwanda	73,369	8,935	1,500	81,000
Tanzania	151,733	20,769	40,000	133,000
Uganda*	45,671	5,370	1,000	50,000
<b>Total</b>	<b>317,773</b>	<b>45,374</b>	<b>47,000</b>	<b>317,000</b>

\*Uganda has updated their population figures as part of the mid-year review, with the end of 2020 projection increasing from an original 35,000 to 50,000. The majority of the increase is due to an underestimation of the 2019 year end population, which had served as the baseline for the 2020 projections. The true population figure, as reported at the end of 2019, was higher, resulting in a corresponding increase to the 2020 projection. A reduction in the projected returns in 2020 has also contributed to the increase in the overall planning figure for 2020.

\*\*In addition to the 46,500 returns projected from the four RRRP countries, a further 500 returns are projected from Kenya.

livestock activities. While reduced household income due to COVID-19 may require short-term emergency cash assistance, RRRP partners will prioritize building long-term livelihood solutions and a strong enabling environment as critical activities to achieve the objectives of resilience and self-reliance.

### Durable Solutions

Facilitated voluntary repatriation was suspended from 15 May until 2 July due to the presidential elections in Burundi, after which returns resumed from Tanzania with enhanced COVID-19 prevention measures in place, such as strengthening handwashing practices, social distancing at every stage of the process, provision of health education at departure centers, thermo-scanning of all repatriating refugees for three consecutive days prior to departure, distribution of re-usable masks and testing, quarantine and isolation facilities in Burundi. At the end of July, a meeting of the Technical Working Group of the Tripartite Commission on the Voluntary Repatriation of Burundian Refugees in Tanzania took place in Kigoma, to review the workplan for the program. The two governments continue to express their desire to see more Burundian refugees returning home while reaffirming the principle of voluntariness.

In August, virtual Tripartite discussions were held with UNHCR and the governments of Burundi and Rwanda where it was agreed to put in place mechanisms to facilitate the voluntary repatriation of refugees in Rwanda who may wish to return.

## Additional COVID-19 Regional Strategic Objective

To complement the six regional strategic objectives of the Burundi RRRP, an additional COVID-19 related objective has been added:

- Burundian refugees are included in national COVID-19 prevention and response efforts, supported and bolstered by the interventions of RRRP partners who have also adapted all regular service delivery and refugee response activities to the COVID-19 context.

## Additional COVID-19 Response Indicators

Several response indicators have been added to the RRRP reporting:

- # of refugees tested for COVID-19
- # of refugees who tested positive for COVID-19
- # of confirmed COVID-19 deaths among refugees
- % of refugees and host community reached with COVID-19 related messaging
- # of COVID-19 isolation centres established / supported
- # of COVID-19 quarantine centres established / supported
- # of health centers established / supported for COVID-19 response
- % of health staff participating in COVID-19 related trainings
- # of additional handwashing facilities established
- % of students reached with remote learning (e.g. via radio, home study packs, etc)
- # of households receiving cash/voucher support as a result of COVID-19
- # of households receiving additional core relief items as a result of COVID-19

## Partners

The following partners joined the Burundi RRRP during the mid-year review:

- Global Humanitarian and Development Foundation
- War Child Canada

## Revised 2020 Financial Requirements

The 2020 Burundi RRRP financial requirements have increased by 11 per cent (USD 29.3 million), from USD 266.2 million to USD 295.6 million. The increase is due to an additional USD 14.7 million required for COVID-19 response programming in the four asylum countries, the majority of which is required for Protection, Health and Nutrition and WASH activities. During the revision, a number of partners also increased requirements for non-COVID programming, with an additional 17.1 million requested.

- In Uganda, the original 2020 financial requirements were based on lower population projections established in late 2018, which were reviewed and updated in July 2020.



- In Tanzania, the population planning figures were updated in late 2019 from the original figures established in late 2018, however a full revision of the existing financial requirements was not possible at that time and was addressed through this revision process.
- In Rwanda, the increase in the cost of food supplies during the COVID-19 pandemic was a main source of additional requirements.

## By Country

COUNTRY	NON-COVID-19 REQUIREMENTS	COVID-19 REQUIREMENTS	TOTAL (US\$)
DRC	27,025,227	3,762,496	30,787,723
Rwanda	74,940,623	3,006,890	77,947,513
Tanzania	154,980,031	5,888,425	160,868,456
Uganda	26,742,329	2,029,184	28,771,513
<b>TOTAL</b>	<b>283,688,210</b>	<b>14,686,995</b>	<b>298,375,205</b>

## By Sector

SECTOR	NON-COVID-19 REQUIREMENTS	COVID-19 REQUIREMENTS	TOTAL (US\$)
Protection	64,390,879	2,623,247	67,014,126
Education	28,007,667	926,036	28,933,703
Energy and Environment	12,685,640		12,685,640
Food security	67,726,974	766,790	68,493,764
Health and Nutrition	33,136,606	5,648,298	38,784,904
Livelihood and Resilience	22,435,292	440,656	22,875,948
Shelter and NFIs	29,697,880	759,390	30,457,270
WASH	25,607,272	3,522,579	29,129,851
<b>TOTAL</b>	<b>283,688,210</b>	<b>14,686,995</b>	<b>298,375,205</b>

## By Organisation

ORGANISATION	NON-COVID-19 REQUIREMENTS	COVID-19 REQUIREMENTS	TOTAL (US\$)
ADRA	200,000		200,000
AFPDE	342,000		342,000
AIRD	400,000		400,000
ALIGHT	2,574,000	206,000	2,780,000
CAFOMI	456,830		456,830

Caritas	300,000		300,000
CEMDO	255,443		255,443
CWS	10,335		10,335
DRC	1,659,278		1,659,278
Finnish Refugee Council (FRC)	28,500	1,500	30,000
GNT	345,900		345,900
Handicap International	686,000	64,108	750,108
Help Age International	595,389	576,252	1,171,641
IRC	5,369,001	694,329	6,063,330
LAF	47,343		47,343
Mercy Corps Uganda (MCU)	44,225	44,226	88,451
MTI	789,200		789,200
NRC	1,750,000	850,000	2,600,000
OXFAM	1,943,386	34,374	1,977,760
Plan International	3,721,340		3,721,340
RtDS	578,780		578,780
Save the Children	1,628,226	1,501,474	3,129,700
TCRS	850,000		850,000
UN-FAO	4,832,768	23,175	4,855,943
UN-IOM	4,865,589	500,000	5,365,589
UN-UNCDF	42,493	8,572	51,065
UN-UNDP	5,673,506		5,673,506
UN-UNFPA	3,567,700	250,000	3,817,700
UN-UNHCR	153,369,257	7,949,352	161,318,609
UN-UNICEF	10,020,415	802,713	10,823,128
UN-UNWOMEN	100,000		100,000
UN-WFP	73,250,930	789,718	74,040,648
UN-WHO	385,000	329,429	714,429
War Child Canada (WCC)	50,000	19,058	69,058
Water Mission	1,733,670		1,733,670
WLAC	157,706		157,706
WVI	1,064,000	42,715	1,106,715
<b>GRAND TOTAL</b>	<b>283,688,210</b>	<b>14,686,995</b>	<b>298,375,205</b>



**2020 REGIONAL RRP PARTNERS**

- Adventist Development and Relief Agency
- Association des Femmes pour la Promotion et le Développement Endogène
- African Initiative for Relief and Development
- Alight
- Care and Assistance For Forced Migrants
- Caritas
- Church World Service
- Community Environmental Management and Development Organization
- Danish Refugee Council
- Food and Agriculture Organization
- Global Humanitarian and Development Foundation
- Good Neighbours Tanzania
- Handicap International
- Help Age International
- International Organization for Migration
- International Rescue Committee
- Medical Teams International
- Norwegian Refugee Council
- Oxfam
- Plan International
- Relief to Development Society
- Save the Children International
- Tanganyika Christian Refugee Service
- The Legal Aid Forum
- United Nations Capital Development Fund
- United Nations Development Programme
- United Nations High Commissioner for Refugees
- United Nations Children’s Fund
- United Nations Population Fund
- UNWOMEN
- Water Mission
- War Child Canada
- Women Legal Aid Center
- World Food Programme
- World Health Organization
- World Vision International

