

KEY FIGURES

90,659

Number of Burundian refugees who have sought asylum in neighboring countries since the beginning of April 2015

47,929 Tanzania (27 May)

27,732 Rwanda (24 May)

9,798 DRC (24 May)

5,200 Uganda (27 May)

PRIORITIES

- Relocation of refugees to safety from border areas
- Preparation of refugee sites allocated by governments of host countries
- Life-saving emergency protection and assistance interventions including in the sectors of registration, shelter, domestic items, food, water, sanitation, hygiene, health.
- Identification and protection of children including family tracing, family reunification and alternative care arrangements for unaccompanied and separated children.
- Prepositioning of relief items for anticipated mass outflows into neighboring countries

BURUNDI SITUATION

UNHCR REGIONAL UPDATE

No. 0015

28 May 2015

Highlights

 UNHCR launched the interagency Regional Refugee Response Plan to respond to the Burundi refugee emergency, seeking USD 207 million [http://www.unhcr.org/555f1dfe9.html].

Tanzania

- The mass evacuation of Burundian refugees from Kagunga was completed on 26 May. UNHCR is in close contact with Immigration officials to ensure that any new arrivals are reported and evacuated rapidly.
- The UNHCR Representative accompanied the Minister for Home Affairs and the UN Resident Coordinator on a visit to Kigoma and Kasulu.

Uganda

 Uganda has registered 5,520 Burundian asylum seekers through the Office of the Prime Minister (OPM), UNHCR's main government counterpart.

Rwanda

- The Rwandan and Ugandan Ministers of the East African Community Affairs (EAC), accompanied by the Governor of Eastern Province and Mayor of Kirehe District, visited Mahama camp on 22 May to assess the refugee situation.
- UNHCR received USD 5.9 million from the United Nations Central Emergency Response Fund (CERF) for life-saving activities. An additional USD 1.9 million has been allocated to WFP, UNICEF, UNFPA and WHO. Meanwhile, ECHO has contributed to UNHCR an additional EUR 1 million for the Burundian refugee response.
- Representatives of diplomatic missions continue to visit refugees in Mahama camp (see picture).



For more information, please contact: TANZANIA: Stephen Mhando, <u>mhando@unhcr.org</u> RWANDA: Martina Pomeroy, <u>pomeroy@unhcr.org</u> OR Erika Fitzpatrick, <u>fitzpat@unhcr.org</u> DRC: Celine Schmitt, <u>schmitt@unhcr.org</u>

Operational Context

- In Tanzania, the final group of refugees were evacuated on 26 May. In total 33,831 refugees were evacuated by boat while 898 walked. Prior to departure of the last boat, UNHCR and partner agency staff undertook a clean-up of the lake surroundings. A decontamination of Kagunga is on-going.
- In the Democratic Republic of Congo, the influx of Burundian refugees remains low due to reinforced border controls (Burundian side). New arrivals claim gunfire, extortions and kidnappings in the Bururi Province (Rumonge).
- In Rwanda, in contrast to previous trends, the majority of newly arriving refugees are persons coming from Bujumbura. They report an increase in roadblocks and checkpoints in Burundi, making it extremely difficult to leave the country. Reasons for flight reported by refugees remain insecurity and violence linked to the political situation.
- In Uganda, asylum seekers arrive in Nakivale, traveling mostly at night or very early in the morning on foot or by commercial means. Fear borne of uncertainty about the stability of their home country is cited as the main reason for flight.



Tanzania

- As of 26 May, total suspected/confirmed cases of cholera were 4,435, including the 31 deaths that were reported previously. Out of 122 samples tested, 50 were positive. The number of suspected cholera cases has dropped significantly due to (1) use of standard case definition of cholera (2) proper cholera management (3) introduction of line listing (4) omission of 'false' cholera cases (refugees tried to get on to the ship out of Kagunga by feigning sickness). WHO is importing 165,000 cholera vaccines for refugees.
- In Nyarugusu, the health and nutrition sub-working group decided that two new health posts need to be created in Zone 8 (where new arrivals are being settled) and to increase the in-patient capacity of the existing health center.
- Partners need to ensure that other critical health concerns (malaria, TB, HIV, Upper Respiratory infections) are not overshadowed by the focus on cholera. For instance, there is also a need for active tracing of HIV and TB patients from Burundi who are yet to be linked to care.

Rwanda

- There are no reported cases of cholera in Rwanda. Screening upon arrival into the country has started and isolation tents are in place as a precautionary measure. ARC has completed an isolation facility in Mahama camp and remains on standby to respond to any epidemic.
- The main cause of morbidity remains respiratory tract infections, which is responsible for 44% of health issues.
- In collaboration with the Ministry of Health, UNICEF and WHO, a two-day immunization campaign, targeting over 10,000 children to prevent against measles (under 15 years old) and polio (under 5 years old) was launched in Mahama camp on 23 May.
- The Standard Expanded Nutrition Survey (SENS) for Mahama camp was completed on 24 May. The results will provide a clearer picture of the nutrition status of the concerned community and the impact of the nutrition interventions that have been thus far carried out by partners.
- UNFPA donated emergency reproductive health kits and provided orientation for health providers in Kirehe district hospital and Mahama camp on their use.

Democratic Republic of Congo

• 37 patients were treated for malaria, intestinal parasitosis, etc.