

# BURUNDI REGIONAL REFUGEE RESPONSE PLAN

*January – December 2017*



December 2016

**Cover photograph:**

*A Burundian refugee carries a cooking pot above her head in Sange Assembly Point, Democratic Republic of the Congo. UNHCR/E.Jalil*

## Strategic Overview

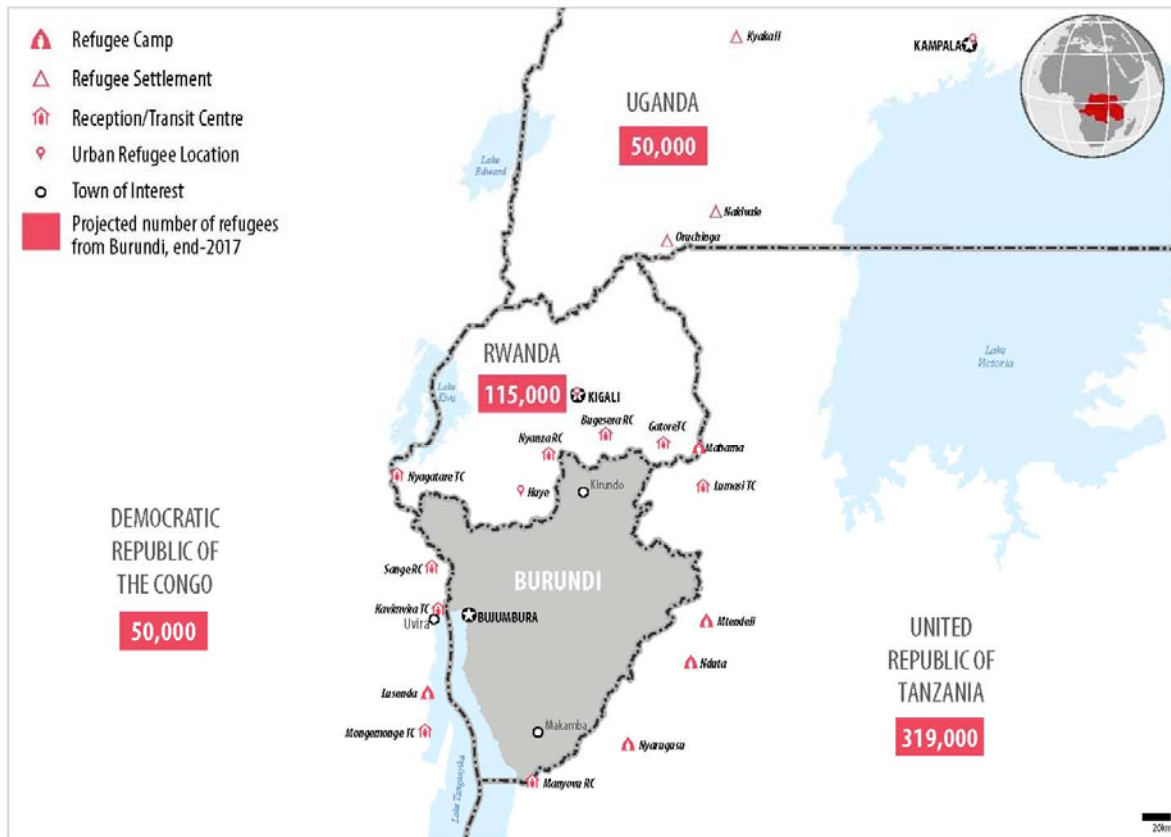
<b>Period</b>	January – December 2017
<b>Current Population</b>	322,273 Burundian refugees <i>(at 31 October 2016)</i>
<b>Population Planning Figures</b>	534,000 Burundian refugees
<b>Target Beneficiaries</b>	534,000 Burundian refugees
<b>Financial Requirements</b>	USD 406,091,011
<b>Number of Partners</b>	30

# Table of Contents

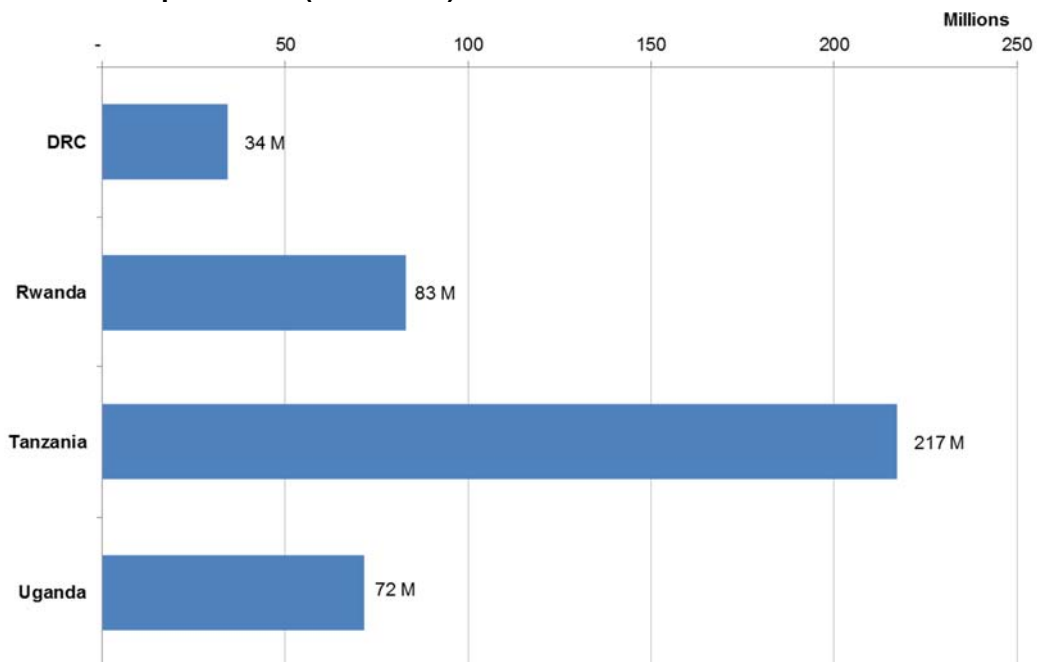
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Regional Refugee Response Dashboard .....	5
Regional Strategic Overview.....	6
Introduction .....	6
Regional Protection and Humanitarian Needs.....	7
Achievements.....	9
Budgetary Requirements .....	10
Coordination.....	11
Organizations in the Response.....	12
Democratic Republic of the Congo Response Plan.....	13
Background and Achievements .....	14
Needs and Vulnerabilities .....	15
Response Strategy and Priorities .....	16
Partnership and Coordination .....	17
Planned Response.....	18
Financial Requirements Summary – DRC .....	20
Rwanda Response Plan.....	21
Background and Achievements .....	22
Needs and Vulnerabilities .....	24
Response Strategy and Priorities .....	25
Partnership and Coordination .....	26
Planned Response.....	27
Financial Requirements Summary – RWANDA.....	29
Tanzania Response Plan.....	30
Background and Achievements .....	31
Needs and Vulnerabilities .....	32
Response Strategy and Priorities .....	33
Partnership and Coordination .....	34
Planned Response.....	35
Financial Requirements Summary – TANZANIA.....	40
Uganda Response Plan .....	41
Background and Achievements .....	42
Needs and Vulnerabilities .....	44
Response Strategy and Priorities .....	46
Partnership and Coordination .....	46
Planned Response.....	47
Financial Requirements Summary – UGANDA .....	51
Annex 1: Financial Requirements by Agency and Country .....	52
Annex 2: Financial Requirements by Country and Sector .....	53
Annex 3: Financial Requirements by Country, Agency and Sector.....	54

# REGIONAL REFUGEE RESPONSE DASHBOARD



## Financial Requirements (US Dollars)



# REGIONAL STRATEGIC OVERVIEW

## Introduction

The outbreak of civil conflict, destabilization and deterioration of the economic situation in Burundi in April 2015 has led to refugee outflows to neighbouring countries. By the end of October 2016, some 322,300 Burundians had fled the country, primarily to the Democratic Republic of the Congo (DRC), Rwanda, Tanzania and Uganda. Nearly 100,000 Burundi refugees fled to these countries in 2016 alone, and the flight trend continues while internal displacement remains relatively low. Political instability has plunged Burundi into a multitude of challenges such as increasing insecurity, the decline of external financial support, and a dwindling economy, which are leading to a rapidly deteriorating humanitarian situation.

The Burundi crisis was internally categorized by UNHCR as a Level 2 emergency on 11 May 2015 and this classification remains. Efforts have been made by the international community to encourage peace dialogues at both national and international levels, but these have not yet yielded the desired results. While international efforts have stalled, a national dialogue regarding changing key provisions of the Constitution is ongoing. Meanwhile the human rights situation in Burundi is of particular concern, as numerous human rights organizations were suspended or closed down in 2016. In April 2016, resolution 2279 (2016) was unanimously adopted by the Security Council which urges the Government to guarantee fundamental freedoms for all and adhere to the rule of law, strongly condemning all violations and abuses of human rights. The resolution also calls on States in the region to contribute to a solution to the crisis in Burundi, and to refrain from supporting the activities of armed movements as well as uphold the 1951 Convention Relating to the Status of Refugees. The African Union offered to send a peacekeeping force of 5,000 soldiers in January 2016, which was refused by the Government. A UN police force, recommended by UN resolution 2303 (2016) in July 2016, also did not materialize as the Government rejected the resolution. In another distancing move, the Government of Burundi started the process of withdrawing from the International Criminal Court (ICC) in October 2016.

As the overall political and economic situation remains unstable with no signs of improving in 2017, it is expected that people will continue to flee to neighbouring countries, mostly to Tanzania, where some 180,000 refugees are already accommodated in three camps. The increased needs in 2017 for refugee assistance, which are reflected in this Burundi Regional Refugee Response Plan (Regional RRP), show that the total refugee population is expected to increase to 534,000 people by the end of the year. Although this Regional RRP focuses on the four largest host countries, smaller numbers of refugees have fled to countries including Kenya, Malawi and Zambia.

Host governments in countries where capacity is already stretched will require continuous support in 2017 to provide assistance to the growing refugee population. As the crisis moves into its third year, the refugee response will continue to provide emergency assistance to the new arrivals and provide care and maintenance for those already in camps, while also seeking avenues to improve livelihood opportunities for refugees and host communities.

## Beneficiary Population

	31 October 2016	31 December 2017
<b>Democratic Republic of the Congo</b>	30,205	50,000
<b>Rwanda</b>	81,307	115,000
<b>Tanzania</b>	180,786	319,000
<b>Uganda</b>	29,975	50,000
<b>Total Population</b>	<b>322,273</b>	<b>534,000</b>

# ***Regional Protection and Humanitarian Needs***

The protection environment continues to be uncertain and volatile. Refugees are fleeing Burundi for numerous reasons, including the deteriorating human rights and humanitarian situation and resulting decline in economic opportunities. Refugees are currently being granted refugee status on a prima facie basis in the DRC, Rwanda, Tanzania and Uganda, and this is not expected to change in 2017. Countries of asylum have continued to accept new arrivals and borders remain open. Border and protection monitoring has been strengthened in 2016 and will continue to ensure non-refoulement, while also giving valuable information on the reasons of flight.

## **Protection**

Provision of refugee documentation, including birth and marriage certificates, are vital for protection purposes. Biometric registration of refugees will ensure that data is collected and stored in an integral manner, which will also facilitate the planning and organization of protection, assistance and eventual durable solutions.

National and local authorities and security forces will 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.

There have been a high number 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 when the 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.

Besides continuing family reunification activities, child protection will also focus attention on refugee youth. Child-friendly spaces will allow children to come together in a protected environment where they are able to continue their physical and psychological development, connect with their peers and process potential trauma. Life skills training, vocational training and peer education will continue, to prepare older children for the future.

People with specific needs, including the elderly and handicapped, will receive additional support, ranging from sign language training and the provision of mobility aids to those who are less mobile.

As the number of Burundian refugees in host countries is increasing, it is vital that improvements made to refugee service delivery also benefit host communities. Building on the commitment made during the 2016 Leader's Summit on Refugees, held in New York in September, it is planned that refugees will be increasingly integrated into national support systems, allowing them to contribute to the society they live in and increasing their level of self-reliance.

## **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 school desks 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, this will have positive effects on the protection environment.

## **Food Security**

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. In October

2016, food rations were almost cut for Burundian refugees living in Tanzania, but fortunately donor support averted a crisis, allowing the assistance to continue. Sufficient support is needed in 2017 to ensure that the growing refugee population has access to food, preventing food insecurity and malnutrition levels to rise.

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.

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, will be targeted to ensure that they and refugee babies 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. 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 6 to 59 months, identifying acute and chronic serious illness and pregnant women, and referral to appropriate services. This is especially pressing in countries such as Tanzania, where arrival rates have fluctuated between 300-550 people per day.

Referral pathways have been developed or strengthened for refugees with serious illnesses, including pregnant women with obstetric complications. Attention is also given to psychosocial support to relieve distress and promote positive coping strategies amongst refugees. Health promotion will continue to focus on prevention of diarrhoea and malaria, oral rehydration for diarrhoea and access to early diagnosis and treatment for malaria.

Reproductive health services are provided to pregnant and lactating women, including preventative interventions such as blanket supplementary feeding for children aged 6 to 23 months and their mothers. This also includes continued access to family planning methods and the prevention of mother to child transmission of HIV.

Vaccinations have been conducted at transit centres and in camps, which will continue to prevent further outbreaks of diseases. Finally, host communities will also benefit from the assistance given. For instance in Uganda, where refugees and host communities live side by side, health services are also open to the local population.

### **Shelter and Non-Food Items (NFI)**

Neighbouring governments have generously hosted incoming Burundian refugees, while also dealing with other refugee influxes. Finding enough land to host incoming refugees has been a challenge. Reception capacity has been enhanced in the camps to cope with the high number of arrivals from Burundi. It is expected that a new camp will be opened in Tanzania soon. Meanwhile, upgrades to semi-durable shelters is ongoing. For instance, in Rwanda the construction of 3,000 shelters in Mahama Camp is underway to improve the living conditions of camp residents.

NFIs will continue to be provided to incoming refugees, which include kitchen sets, buckets and soap, and hygienic sets for women.



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

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.

## **Energy and Environment**

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.

Due to environmental degradation, proper drainage needs to be put in place, especially in Rwanda, as soil erosion is reducing the viability of sites to host refugees.

## **Livelihood**

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 (VSLA) groups 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 in displacement.

## **Logistics and Transport**

Poor road infrastructure often results in challenging terrain to transport large amounts of relief items to the respective refugee sites or for relocating 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.

Continuous inter-agency coordination and communication will be essential to ensure that relief items are transported timely and with care to the different locations.

# ***Achievements***

New arrivals were registered biometrically in 2016, ensuring refugees have a legal status while living in exile and allowing them to access basic service facilities. More than twice as many refugees in the third quarter have been registered compared to Burundians refugees registered in the second quarter (30,252 versus 16,049).

Furthermore, the Regional Child Protection Network (RCPN) and Regional Protection Working Group to the Burundi refugee crisis have been strengthened. At the regional level, the aim is to ensure a more coherent child protection response as part of the broader protection priorities and durable solutions strategy. Expertise and technical support, regular inter-agency consultations and information-sharing

networks continue to be improved in order to provide a regular regional overview of the crisis, accurate and timely information on regional developments, and direct technical expertise to operations for the child protection response when needed.

Information sharing is key. Therefore, a refugee data portal was launched, which in 2017 will be a main source of information for partners, donors and external audiences.

Protection monitoring is a priority and is in place in the refugee-hosting countries. In Tanzania for example, protection monitoring units were established at all six border entry points.

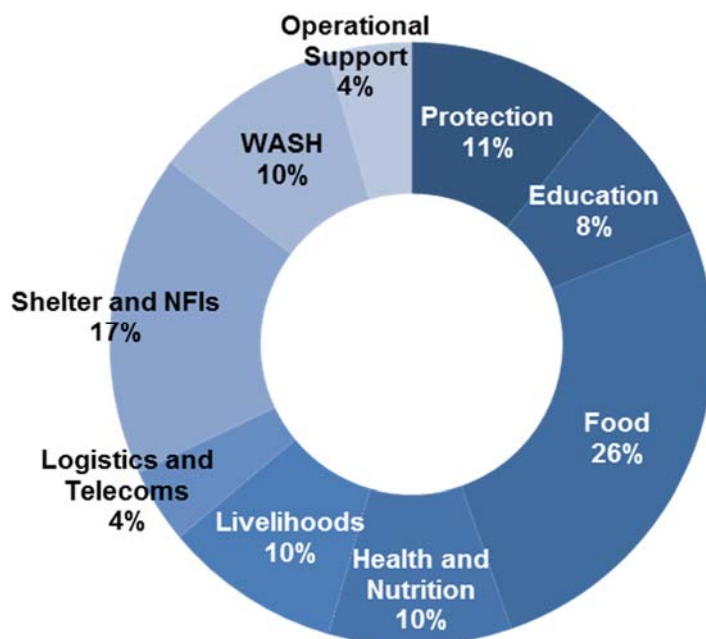
In addition, refugee shelters have been gradually upgraded to semi-durable shelters. For instance, in Mahama Camp in Rwanda, 30 per cent of all refugees are currently living in such shelters, while works are underway to further increase this number.

As refugee numbers continue to rise, it is increasingly important to ensure that refugees live peacefully with local communities. In Uganda, community leadership structures and community-based protection committees have been established with equal representation of women and are already operational. The refugee community is engaged on post-distribution monitoring. Engagement with the surrounding communities, including on natural resource management issues, is being gradually increased, with the aim of enhancing peaceful co-existence.

In order to combat environmental degradation and increase protection against SGBV, it has been important to look at alternative solutions for cooking fuel. Fuel-efficient stoves have been purchased for 10,000 refugee households in 2016 in Uganda. In addition, 30 institutional fuel-efficient stoves have been purchased for hospitals, police stations and reception centres. Those using these stoves are anticipated to use up to 60 per cent less firewood than those using more traditional methods of cooking. Meanwhile, in Rwanda, a private sector partner has opened up a store in the camp which sells energy efficient cooking stoves, while also employing refugees in their business.

SGBV prevention measures have had effects on the number of reported cases by women, as well as an increase in the amount of convictions. In Tanzania for instance, 10 men were convicted for SGBV related incidents, compared to zero in 2016.

## ***Budgetary Requirements (US dollars)***



**Total: USD 406,091,011**

## Coordination

As the outflow of Burundian refugees continues, local, national and international coordination structures will be further strengthened. Support to national governments is essential to ensure that large influxes can be managed and that refugees are able live in dignity and have access to basic services.

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 per sector at the local level and also in the respective capitals.

Finally, work has started globally towards the adoption in 2018 of a Global Compact on refugees, based on the Comprehensive Refugee Response Framework (CRRF). UNHCR is currently working on a CRRF for Tanzania. The CRRF will specify key elements for a comprehensive response to any large movement of refugees. These include rapid and well-supported reception and admissions; support for immediate and ongoing needs (e.g. protection, health, education); assistance for local and national institutions and communities receiving refugees; and expanded opportunities for solutions.

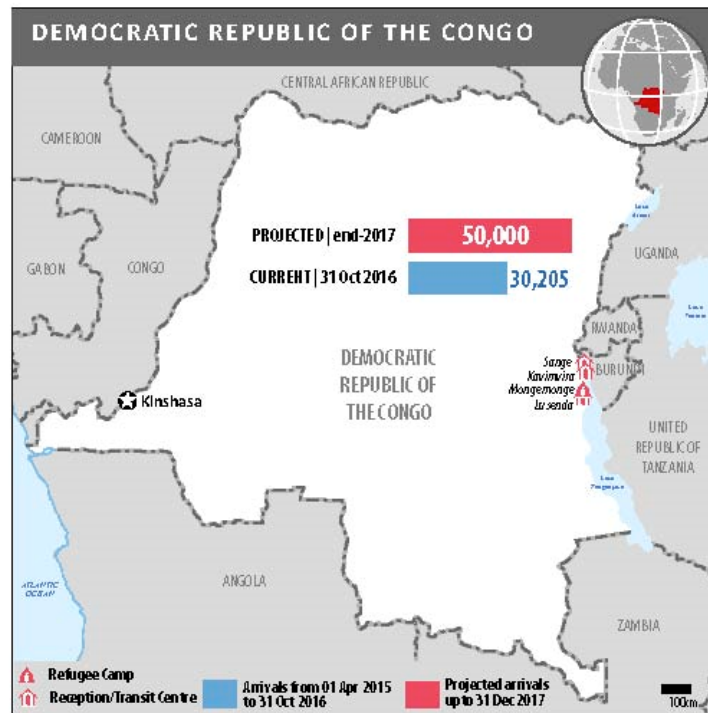


Figure 1: Burundi refugees testing their hula hoops in Nduta camp, Tanzania. UNHCR / B. Loyseau

## ***Organizations in the Response***

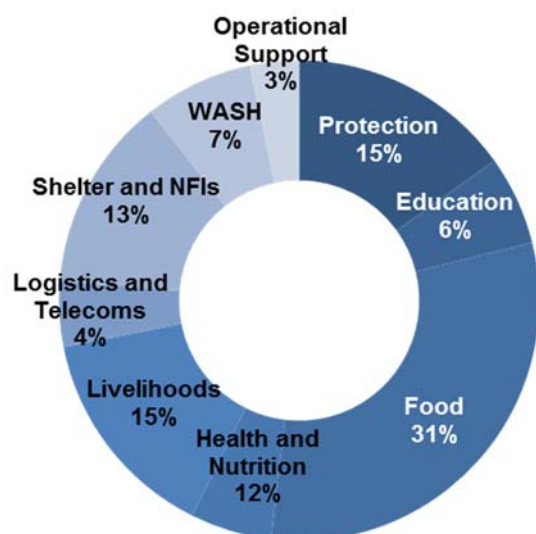
<b>Organization</b>
ADRA Adventist Development and Relief Agency
AEC African Entrepreneurship Collective
AHA African Humanitarian Agency
AIRD African Initiatives for Relief & Development
ARC American Refugee Committee
DRC Danish Refugee Council
FAO Food and Agriculture Organization
FCA Finn Church Aid
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 Fund
WFP World Food Programme
WHO World Health Organization
WM Water Mission
WVI World Vision Tanzania

# DEMOCRATIC REPUBLIC OF THE CONGO RESPONSE PLAN

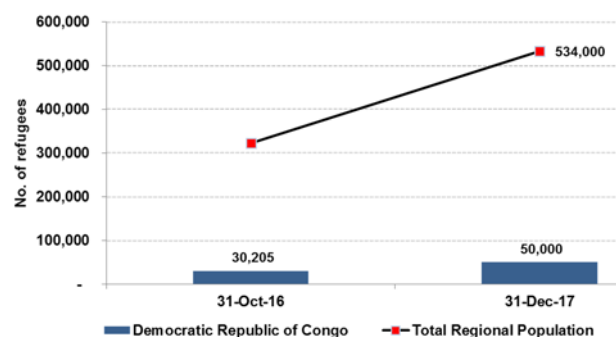


Sources: UNCS, UNHCR  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 16 Nov 2016

## Financial Requirements (US dollars) 34,296,032



## Population Trends



## **Background and Achievements**

Since the outbreak of violence in Burundi early 2015, more than 320,000 refugees have sought refuge in the neighbouring countries. End-October 2016, the Democratic Republic of the Congo (DRC) hosted 30,205 Burundian refugees, out of which 28,300 live in South Kivu and about 1,800 with host communities in Katanga, Maniema and North Kivu Provinces. About 21,800 Burundians are hosted in Lusenda Camp, while others are with host families or in transit centres.

In the DRC an increase in arrivals has been observed in the second semester. Some 4,500 refugees have been registered from January to June 2016, whereas close to 4,700 new arrivals were registered between July and September 2016. The reasons of the refugees departure to the DRC was due to increasing violence, human rights violations and the threatening environment that continues to exist in Burundi.

Burundian refugees enter the DRC into the province of South Kivu, in the territories of Uvira and Fizi. They cross 22 border entry points that are both formal and informal. In South Kivu, the security situation is volatile marked by the presence of armed groups, by internal displacement, and refugees of other nationalities, notably Rwandans.

Refugees have little access to resources to meet their survival needs and are not expected to return to their country of origin in the foreseeable future. Dwindling resources are a growing cause for concern for the co-existence of refugees and their hosts. This situation might lead to tensions for competition over already stretched resources. Furthermore, the presence of the *Forces Nationales de Liberation* (FNL) and the *Forces Républicaines Burundaises* (FOREBU) in the area are matters of concern for the safety of Burundian refugees.

DRC authorities have thus far maintained an open-door policy for refugees. Based on government orientation that assistance should take place in a camp setting, a site has been opened in Lusenda (Fizi territory) where multi-sector assistance is provided to refugees with a community-based approach.

In view of the new arrivals, Lusenda camp has reached its capacity limit, creating significant pressure on the provision basic and essential services. The overcrowding equally poses serious security challenges. Therefore the local authorities have granted additional land (*Katungulu III*) for an extension of Lusenda camp. The new extension may accommodate up to 5,000 people and construction works started in October 2016.

UNHCR coordinates the overall humanitarian 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.

### **Achievements**

- Burundian refugees have unhindered access to the DRC territory, receiving prima facie refugee status.
- 2,631 solar lamps distributed improving the protection environment.
- 235 unaccompanied and separated children were registered and documented
- 68 per cent of students attending the national primary schools near Lusenda Camp are refugees.
- 20,900 refugees received food assistance through monthly vouchers worth 15 USD per person.
- 800 children are enrolled in a treatment programme for moderate acute malnutrition.
- 6,200 emergency shelters and 220 semi-permanent shelters have been constructed in Lusenda camp
- A water distribution system with a capacity of 420m<sup>3</sup> of water per day serves the camp.
- 595 latrine blocks and 338 shower blocks are operational.
- 90 per cent of households have received energy-saving stoves produced locally.
- 30,000 seedlings have been planted and 3,800 vegetable gardening kits distributed
- 162 fishermen from the host community received fishing kits.

## Needs and Vulnerabilities

Based on the current arrival trends and in view of the continuing political tensions in Burundi, it is anticipated that by the end of 2017 the DRC will host about 50,000 Burundian refugees. Two assessments conducted in August and September 2016 focused on the conditions of refugees living outside the camp, assessing the level of services used by the refugees and the host community

The context in which refugee assistance is being provided is complex. South Kivu is an area with a volatile security situation, hosts internally displaced persons and refugees from previous crises. As a result, the protection risks are high and multiple. Most vulnerable and at-risk refugees are relocated to the camp where they can benefit from multi-sector assistance.

The overarching priority of the humanitarian response is to facilitate a comprehensive protection environment with a focus on physical protection, the identification, documentation and referral of unaccompanied/separated children and persons with specific needs, as well as access to basic services.

About 60 per cent of the new arrivals are children and there is a high number of reported incidents of SGBV. Standard operating procedures and referral mechanisms are in place to address protection needs, nevertheless, victims continue to face challenges in accessing services due to limited knowledge about existing procedures and insufficient community support structures.

Considering the planning figure of 50,000 Burundian refugees it is estimated about 10,500 will be women will be of child-bearing age, including 2,000 pregnant women who may need specialised care before and during child-birth. Interventions in health will comprise identifying and providing treatment or counselling for survivors of SGBV and refugees with HIV/AIDS.



Figure 2: Refugee women prepare food for Burundian refugees at Sange Assembly Point, DRC. UNHCR/E.Jalil

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 the provision of livelihood programmes. Lusenda Camp continues to have critical gaps in public health care, education and WASH which need to be addressed.

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 shelter. 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.

In the South Kivu area there are very limited livelihood opportunities and vocational training needs to be strengthened. There is a need to diversify the local food production by providing agricultural tools and improved seeds for refugees' households and host communities. To address environmental degradation, the distribution of energy-saving stoves should be increased while at the same time replenishing the natural resources through planting of trees. Such activities will benefit both refugee and host communities, foster improved relations and avoid escalation of tensions between the groups.

## ***Response Strategy and Priorities***

The overall strategy to respond to the needs of Burundian refugees in DRC will be focused on providing life-saving assistance for the newly arrived refugees and strengthening the camp-based assistance with specific attention on health. In addition, the education system needs to be strengthened to ensure it can cope with the increased demand. The main areas of assistance will encompass water and sanitation, shelter, the provision of non-food items, food assistance and provision of wood for cooking purposes. Furthermore, it will be important to provide access to vital services, such as SGBV prevention and assistance, general health care (including nutrition), reproductive health and HIV/AIDS prevention and treatment, as well as primary and secondary education.

New arrivals will receive food and health care in transit centres. They will undergo a screening to identify any refugee with special needs or vulnerabilities. All refugees will undergo biometric registration. Protection activities will also include border monitoring at formal and informal entry points and screening to separate armed elements from the civilian population. Advocacy with the authorities to maintain the civilian and humanitarian character of asylum will be conducted. Capacity building and provide support to relevant government counterparts to ensure that unhindered access to asylum in the DRC will be provided. The most vulnerable refugees will be hosted in Lusenda Camp where works are ongoing to increase its capacity. Depending on the number of arrivals there might be a need for the establishment of another camp.

Community-based initiatives will constitute a core part of the response. Partners will work to reduce the risk of SGBV, particularly for persons with specific needs, by promoting safe access to firewood, providing energy-saving initiatives and referral pathways for survivors of SGBV. Child protection will be strengthened with a particular focus on the identification and monitoring of unaccompanied and separated children. Education will be used as a protection tool for children and youth by providing secondary education to counter-act risks of forced recruitment and sexual exploitation. At least 54 additional classrooms, nearly 900 desks and school kits are needed to provide decent schooling to the current population

In terms of shelter it is important that emergency shelters in the camp will be gradually replaced by semi-durable structures made of corrugated iron sheets for roofing and using bricks for wall construction. These measures will mitigate several protection risks and help reducing costs in the longer term. Further improvements will be made to the water distribution system in Lusenda Camp, to ensure the population has access to clean drinking water, above minimal Sphere standards. An additional 560 latrines and 860 showers are needed to provide services in line with minimum standards for the expected number of refugees.

Community-based programmes will be promoted for those living outside the camp with the aim of supporting peaceful co-existence between the refugees and the host community. 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 include



also 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, investing in income generating activities and/or diversifying their agricultural-based activities.

The support to refugees living outside camps will be through an area-based approach, targeting core public infrastructures (schools, health facilities etc.) used by Burundian refugees and host communities.

## ***Partnership and Coordination***

The Congolese Government is represented by the Comité Nationale de Réfugiés (CNR), which is the Government's National Commission for Refugees, along with the immigration police and other relevant local authorities in refugee hosting areas.

Coordination meetings are held monthly in Mboko and Bukavu, South Kivu. An Inter-Agency Provincial Committee is established in Bukavu. Sector meetings include NFI/infrastructure, protection, logistics, food security, WASH, health, education and nutrition.

UNHCR, WFP, UNWOMEN, UNICEF, ICRC, WHO, UNFPA, FAO are working in collaboration with the DRC government, the local authorities, with refugee and local communities. In addition, governmental authorities, especially the CNR, will be involved in the implementation of some activities, including monitoring and evaluation of the response.

The main partners which have been involved to date in the assistance delivery at field level are: Actions Humanitaires et d'Aide au Développement Intégré RD Congo (AHADI), Action d'Espoir (ADE), Appui au Développement de l'Enfant en Détresse (ADED), Agence de Développement Economique et Social (ADES), Adventist Development and Relief Agency (ADRA), African Initiative for Relief and Development (AIRD), Comité d'Entraide Familiale (CEF), EBEN-EZER, International Committee of the Red Cross (ICRC), INTERSOS, Norwegian Refugee Council (NRC), OXFAM, Rebuild Hope for Africa (RHA), Save the Children, War Child Holland and World Vision International.



Figure 3: Burundian refugee children wait for food at Kamvivira Transit Centre, DRC. UNHCR/E.Jalil

## Planned Response

SECTOR	OUTPUT	INDICATOR	TARGET
Protection	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	500
	Child protection: Conduct assessments/ best interest determinations for children at risk including UASC	# of best interest assessments conducted	650
	Expand social recreational activities and child-friendly spaces	# children aged 3-5 enrolled in early childhood education	2,600
	Protection by presence provided	# staff members in field locations	55
	Birth registration and certificates provided	# children registered and with documentation	5,000
	Security packages for the police and refugee community policing	# of police in camps / communities	250
	Reception/transit centre infrastructure established and maintained	# of reception centre buildings/ structures	3
	Provision of psychosocial support, legal aid and socio economic support for SGBV survivors	% of reported incidents	100%
	Capacity development supported (Sexual and gender-based violence - SGBV)	# of awareness raising campaigns conducted	10
Education	Participation of community in SGBV prevention and response enabled and sustained	# of community-based committees/groups	6
	School meals to boys and girls in primary school provided school feeding)	# of pupils received school meals	8,500
Food	Primary education provided or supported	# of children enrolled in primary education	13,000
	Refugees' households received vegetable seeds and tools	# HH covered with kits	3,000 HH
	Refugees' household received cash for work transfers	# HH received cash transfer	40,000
	Adequate quantity and quality of food assistance provided	# of people received food assistance	9,600 vulnerable persons

SECTOR	OUTPUT	INDICATOR	TARGET
<b>Health and Nutrition</b>	Access to primary health care services provided or supported	% of refugees to primary health care facilities	100%
	Referral mechanisms established	# people referred to secondary and tertiary medical care	560
	Health facilities are supplied with Emergency Reproductive Health kits	# health facilities received RH kits	2,000
	Access to reproductive health services in targeted health facilities improved	# births carried out by skilled staff	1,600
		# women who received emergency obstetrical care	300
		# new adherents of a modern contraceptive method	525
	Set up / Support friendly services for youth and adolescents	# functioning youth and adolescents services	2
	Medical care provided to SGBV survivors	# SGBV survivors received medical care	50
		# SGBV survivors received PEP Kit within 72 hours	40
	MAM Treatment provided	# of people receiving treatment	1,700 children, 350 women
<b>Livelihoods</b>	Households receive technical assistance for sustainable production	% of beneficiaries trained	80%
	Food assistance for assets to support the restoration of livelihoods assets provided.	# of people receiving food assistance	4,800
<b>Logistics and Telecoms</b>	Warehousing provided, repaired and maintained	# of warehouses maintained	3
<b>Non-Food Items (NFI)</b>	Core relief items provided	# of households receiving core relief items	12,500
	Sanitary materials provided	# of women receiving sanitary materials	17,000
<b>Shelter</b>	Emergency shelter provided	# of emergency shelters provided	6,000
	Transitional shelter provided	# of transitional shelters provided	3,000

SECTOR	OUTPUT	INDICATOR	TARGET
Water Sanitation and Hygiene (WASH)	Environmental health and hygiene campaigns implemented	# of persons reached by campaigns	50,000
	Household sanitary facilities / latrines constructed	# of household sanitary facilities constructed	1,600
	Water system constructed, expanded and/or upgraded	# of refugees served by water system	50,000

## ***Financial Requirements Summary – DRC***

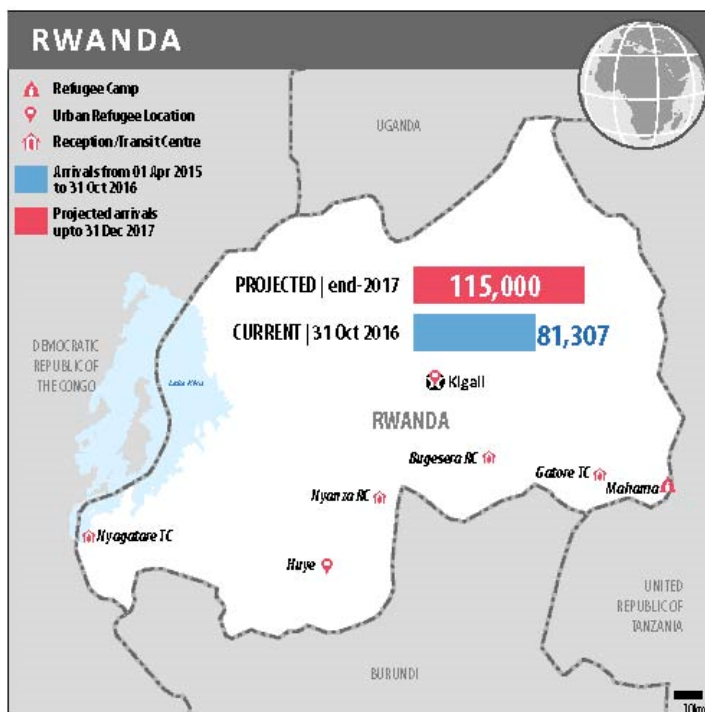
### **Financial requirements by agency (in US dollars)**

Organization	Total
FAO Food and Agriculture Organization	1,100,000
UNFPA United Nations Population Fund	1,262,294
UNHCR United Nations High Commissioner for Refugees	18,723,418
UNICEF United Nations Children's Fund	2,017,116
WFP World Food Programme	11,193,205
<b>Total</b>	<b>34,296,032</b>

### **Financial requirements by sector (in US dollars)**

Sector	Total
Protection	5,181,840
Education	2,059,141
Food	10,548,860
Health and Nutrition	1,881,321
Livelihoods	4,984,785
Logistics and Telecoms	1,506,076
Shelter and NFIs	4,497,590
WASH	2,504,268
Operational Support	1,132,152
<b>Total</b>	<b>34,296,032</b>

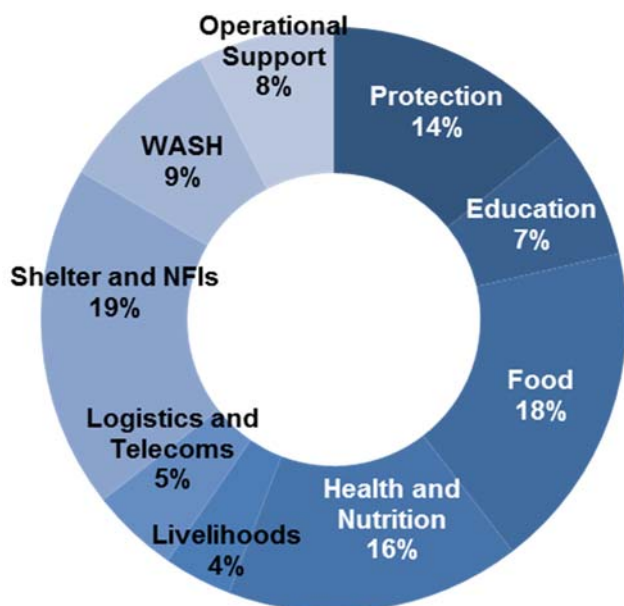
# RWANDA RESPONSE PLAN



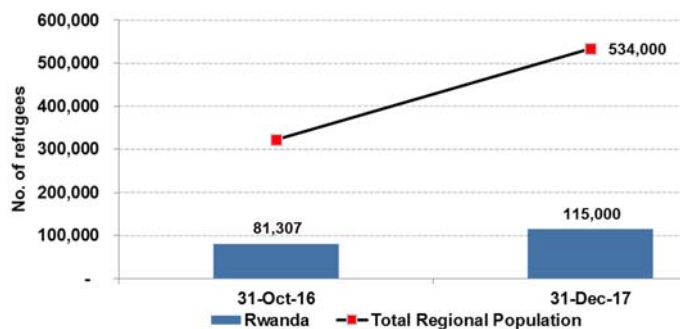
Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 16 Nov 2016

## Financial Requirements (US dollars)

82,901,738



## Population Trends



## **Background and Achievements**

As of end-March 2015 Rwanda began to experience an influx of refugees from Burundi, fleeing election-related violence. Under the leadership and coordination of the Government of Rwanda, 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 81,300 Burundian refugees in Rwanda, which was already hosting some 74,000 Congolese refugees prior to the start of the Burundi crisis.

Refugees were initially received in four reception/transit facilities where refugee response actors set up emergency protection and assistance services in the first week of April 2015. A new reception centre, Gatore, was opened in early 2016 near Mahama Camp. As the pace of the refugee influx intensified, the Government designated land for the establishment of a new refugee camp, Mahama - the country's sixth, located in the Eastern Province. Following an interagency multi-sector assessment of the site on 17 April 2015, work immediately began and it opened on 22 April 2015. The site has the capacity to host up to 60,000 refugees and has potential for expansion. Today, Mahama is divided into two camps (Mahama Site I and Mahama Site II) and is home to slightly over 51,200 Burundian refugees, with an additional 730 currently in reception/transit facilities pending transfer to the camp. The remaining 31,700 Burundian refugees live mostly in urban areas, primarily Kigali and Huye. A key strategic focus in 2016 was the transition from emergency shelters to semi-permanent structures, which has seen the construction of more durable and dignified duplex shelters, replacing unsustainable pit latrines with dischargeable latrines, and the opening of a health centre made of durable materials, rather than plastic sheeting.

All Burundian refugees declaring themselves at the border follow normal registration procedures revealing a substantial proportion of unaccompanied and separated children. End-October 2016, over 883 unaccompanied and 1,221 separated children have been identified. In this demographic context, child protection including family tracing and reunification and SGBV prevention and response mechanisms were established in reception sites, Mahama Camp, and in urban areas as an immediate priority, and have been scaled up over the course of the refugee response. As of 31 October 2016, 1,095 unaccompanied and separated children have been reunited with their parents/customary caregivers or relatives. Advocacy, border monitoring, 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.

Basic services have been established in all sites including shelter, primary health care, routine screening to identify malnutrition in 0-59 months' old children and their treatment, vaccination and reproductive health services. In addition, access to water and sanitation facilities has been ensured. However, water presented a key challenge in Mahama Camp, where borehole drilling failed to yield adequate quantities of water to meet the needs of the growing refugee population. As such, expensive and ineffective water trucking had to be carried out until a durable solution was identified. In late 2015 a temporary water treatment system, which purifies water from the Akagera River which runs next to the camp, was established, while work was carried out on a permanent water treatment system. The permanent water treatment plant is expected to be completed by early 2017 to ensure access to the minimum standard of 20 litres per person per day.

With regards to shelter, at the start of the emergency, family tents were erected however these have a life-span of 6 months, as such transitioning from tents to semi-permanent shelter has been a key priority since late 2015 and the transition is expected to continue until 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 a transit ration of High Energy Biscuit was also provided. In case of high levels of malnutrition, enriched and fortified food (Super Cereal) will be introduced in 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. Children under five years with

Moderate Acute Malnutrition (MAM) were assisted with a curative supplementary feeding with PlumpySup. As the nutrition situation improved, the targeting of the supplementary feeding for children was revised from 6 to 23 months. All food interventions in Mahama Camp and reception/transit centres were well coordinated through the food and nutrition sector's coordination working group.

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. Refugee response partners have built up capacity of the local school system in order to accommodate Burundian refugees during the course of 2015, and in 2016, while Early Childhood Development and learning (ECD) support is provided to over 5,000 children in the camp, over 19,000 Burundian refugees are attending primary and secondary school alongside host community students in a national school next to the camp.

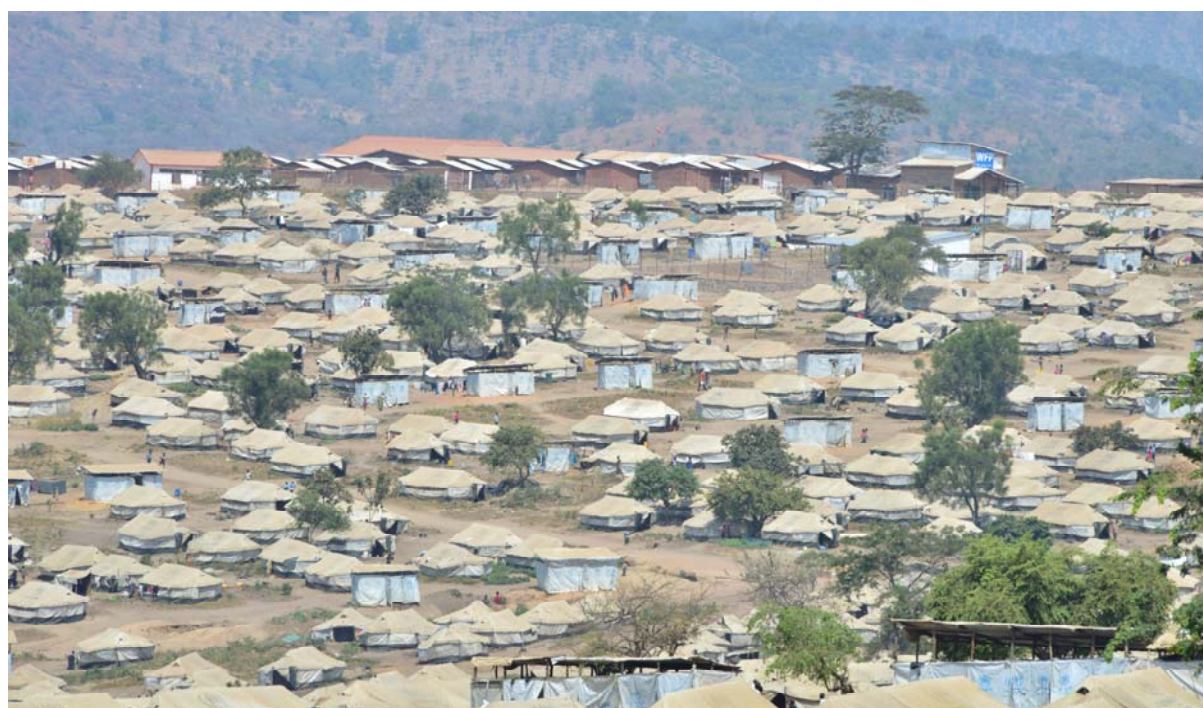


Figure 4: View of Mahama Camp, Rwanda. UNHCR

### Achievements

- Burundian refugees have unhindered access to asylum, on a prima facie basis, and have unrestricted access to host country territory.
- The establishment Mahama Camp was possible by the swift action of the Government of Rwanda and refugee response partners.
- Two reception centres were established in 2015 near the border. In 2016, a third reception centre was constructed near Mahama Camp.
- Level 2 biometric registration is conducted for all Burundian refugees.
- SGBV response and prevention systems were set up.
- All refugee children aged 0-59 months were screened for malnutrition and provided treatment in health facilities.
- All refugees received a monthly food basket composed of cereals, pulses, Super Cereals, oil and salt to meet 100 per cent of their dietary needs.
- High-energy biscuits were distributed upon arrival and when relocating to Mahama Camp.
- Standard Expanded Nutrition Surveys (SENS) were conducted in May 2015, October 2015 and May 2016. The GAM rate falling from 10.3per cent in May 2015 to 4.7per cent in May 2016.
- 30 per cent of refugees in Mahama living in semi-permanent shelters in 2016.

## ***Needs and Vulnerabilities***

The Burundian refugee population in Rwanda end October stands at 81,307 persons. New arrivals continue to enter the country at an average of 15-20 individuals per day. The inter-agency population planning scenario for 2017 is based on analysis of the pace of refugee arrivals, country of origin information from Burundi and options for voluntary return and is estimated to be 115,000 Burundian refugees in Rwanda by end-2017. Maintaining the civilian nature and humanitarian character of asylum will be a key priority, to avoid infiltration of armed groups in the camps.

During registration specific needs and other vulnerabilities are identified, 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 51 per cent of the camp population. The population also has a substantial proportion (6.9 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, 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, and sexual and reproductive health programmes are key including family planning given that the proportion of women of reproductive age is 27.2 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.

Though the health situation in Mahama Camp is now stable, cases of communicable diseases including typhoid fever, 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 SENS surveys, conducted in May 2015, October 2015 and May 2016, 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 4.7 per cent and 37.1 per cent respectively, and anaemia prevalence remains persistently high at 34.7 per cent among the same age group and more than 20 per cent for women.

In addition to poor knowledge of healthy nutrition and feeding practices, refugees arriving 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 referral medical care had been extremely prioritized, with which a significant number of refugee patients with serious medical conditions could not be supported fully through the UNHCR refugee health assistance programme.

Although the permanent water treatment system will be operational by end 2016 in Mahama Camp, the quantity of water it supplies only up to the level of the humanitarian standard (20 litres per person per day). Additionally, 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, as shelters need to be built, transformed, rehabilitated, or maintained. In Mahama Camp, 1,247 semi-permanent shelters host 10,123 out of 48,601 Burundian refugees. The remaining 38,478 refugees still live in tents and hangars built from poles and plastic sheets, 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.



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 will therefore extend 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. Medical assistance was reduced to a minimum in 2016 and there will be a need in 2017 to build capacity of local health facilities for smooth integration of urban refugees into the national health system.



Figure 5: A shop in Mahama camp, where refugees can buy essential items. UNHCR

## ***Response Strategy and Priorities***

Key strategic areas for the 2017 refugee response are:

- Continue to ensure comprehensive, community-based protection for all Burundian refugees;
- Focus delivery of multi sectoral assistance on expansion of the camp to accommodate increasing population and finalizing the transition to semi-permanent structures (including protection, shelter, health and WASH, and education facilities);
- In line with Government policy, continue the integration of refugees into national systems, including building capacity of local health and education facilities;
- Ensure food security and nutrition for all refugees through blanket food assistance and targeted supplementary feeding for specific groups as well as school feeding.

The main strategy for 2017 is to build upon the gains achieved in 2015-16 and to finalize the transition from emergency structures to more durable facilities in light of the planning outlook which does not foresee organized return in 2017, though a minimal number of spontaneous returns could take place. This transition involves infrastructural interventions, such as construction of semi-permanent shelters and dischargeable latrines. 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.

The urban refugee strategy developed in 2015-2016 focuses on specific pillars of intervention, in particular health, education, exceptional assistance, and provision of child- and SGBV prevention and response services through a community-based approach, including services for persons with specific needs. While concerned activities will be enhanced in 2017 such as including all urban refugees into the national health insurance system by year-end, protection of urban refugees will be strengthened by linking them to livelihood opportunities with the aim to improve their level of self-reliance.

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 are to 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.

## ***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 thirteen NGO partners. Inter-agency, 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 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.

However, due to the continuing influx of refugees and need to enlarge Mahama Camp into two sites, a decision was taken to engage additional partners. A call for proposals was issued in July 2015, followed by a multi-functional review of 52 concept notes from 32 prospective partners in August-September 2015. In September 2015 the new partnerships were announce, which is reflected in the 2016 and 2017 Burundi RRP for Rwanda.

The inter-agency response will scale up engagement with private sector partners and development actors and partners for further mainstreaming refugees into national programmes. Inclusion of refugees is already taking place in the provision of medical care and education, thanks to increased capacity in national structures provided by the inter-agency response. This also includes the construction of classrooms and provision of equipment. Refugee children in Mahama Camp are since January 2016 attending the local school near the camp alongside host community students, and secondary and tertiary health services are provided in national health centres. The refugee response has also piloted procurement from private contractors for construction of semi-permanent shelters, allowing for market-based employment opportunities for Burundian refugees that in turn improve refugee self-reliance.

## ***Planned Response***

<b>SECTOR</b>	<b>OUTPUT</b>	<b>INDICATOR</b>	<b>TARGET</b>
<b>Protection</b>	Referral system from border to relevant authorities established and functional	Extent referral system from border to relevant authorities is functional	100%
	Refugees on arrival and new-borns registered and provided with documents	# of refoulement cases	0
	Vulnerable refugees identified and provided adequate support	% refugees and new-borns registered	100%
	Prevention activities on child protection, SGBV and other key protection areas developed through a community based approach	% of vulnerable refugees received appropriate protection services	100%
	Government officials trained on refugee and migrant protection	# of community-based protection structures established and functioning	150
		# of government officials trained	300
<b>Education</b>	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%
<b>Food</b>	Food assistance provided to refugees	% refugees receive timely monthly food assistance	100%
	School feeding for pupils including ECDs provided	# of school children assisted	11,802
		# of ECD children assisted	6,660

SECTOR	OUTPUT	INDICATOR	TARGET
<b>Health and Nutrition</b>	Crude mortality rate remain better than the SPHERE emergency standards	Crude mortality rate (per 1,000 /month)	0.1
	Under 5 year Mortality Rate among the new arrivals remain better than the SPHERE standards.	Under-5 mortality rate (per 1,000 /month)	0.2
	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	100%
	Improved nutritional status of refugees (especially children, pregnant and lactating women and people living with HIV/AIDS)	% persons have access to nutritional programmes	100%
<b>Livelihoods</b>	Vocation training provided	# persons provided with vocational trainings	200
	Access to businesses facilitated	# of refugees provided with support to expand or formalize their businesses	600
<b>Logistics and Telecoms</b>	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%
<b>Non-Food Items (NFI)</b>	Standard non-food item kits procured and distributed to refugees on time	per cent of NFIs procured on time	100%
		# of refugee households received NFIs	16,000
<b>Shelter</b>	Family tents distributed in case of emergency influx	# of families distributed with tents	1,000
	Semi-permanent shelters constructed	# of semi-permanent back-to-back shelters constructed	3,096
	Minimum safe drinking water provided	# of litres of safe drinking water provided	20l per persons/ day
<b>Water Sanitation and Hygiene (WASH)</b>	Gender-sensitive semi-permanent showers and latrines constructed	# of functional showers/latrines constructed	350
	Hygiene promotion and environmental campaigns in the camps conducted	% of population reached with hygiene promotion activities	100%

## ***Financial Requirements Summary – RWANDA***

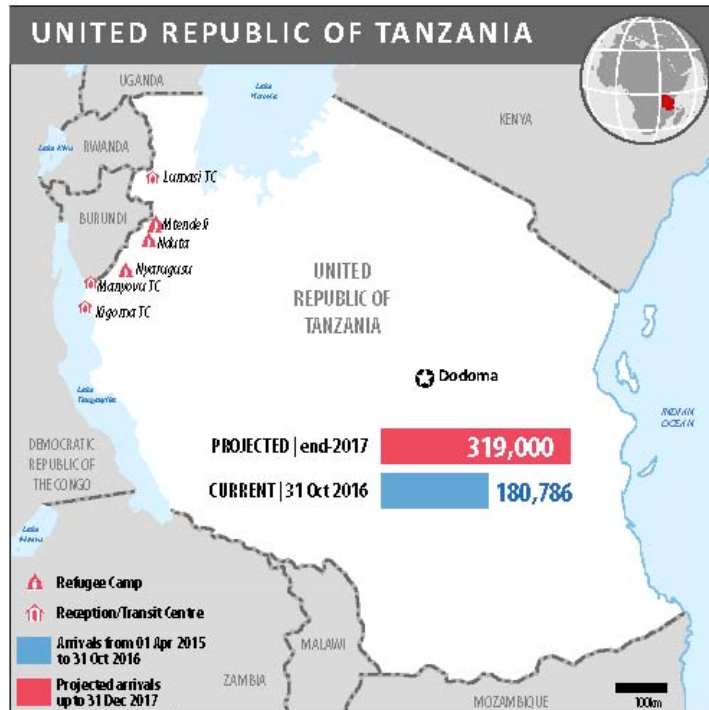
### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
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
PI Plan International	575,000
SCI Save the Children International	1,494,976
UN Women	200,000
UNFPA United Nations Population Fund	1,560,000
UNHCR United Nations High Commissioner for Refugees	55,760,306
UNICEF United Nations Children's Fund	2,548,000
WFP World Food Programme	17,270,102
WHO World Health Organization	650,000
<b>Total</b>	<b>82,901,738</b>

### **Financial requirements by sector (in US dollars)**

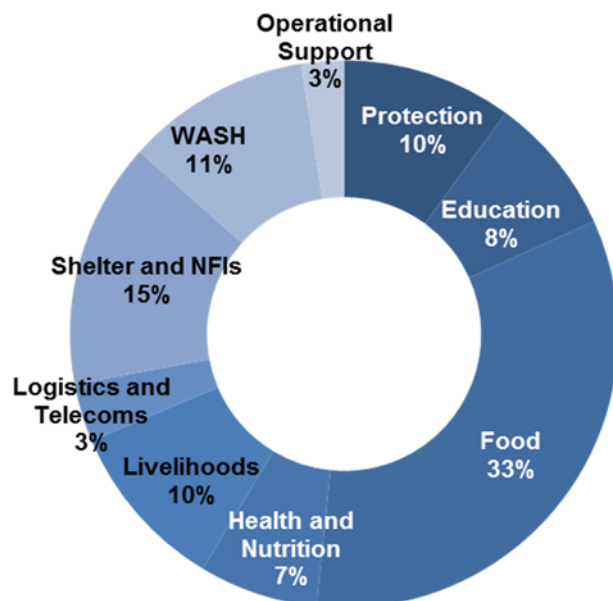
<b>Sector</b>	<b>Total</b>
Protection	11,743,307
Education	5,995,844
Food	15,049,232
Health and Nutrition	13,487,358
Livelihoods	3,127,085
Logistics and Telecoms	4,013,282
Shelter and NFIs	15,732,786
WASH	7,517,215
Operational Support	6,235,629
<b>Total</b>	<b>82,901,738</b>

# TANZANIA RESPONSE PLAN

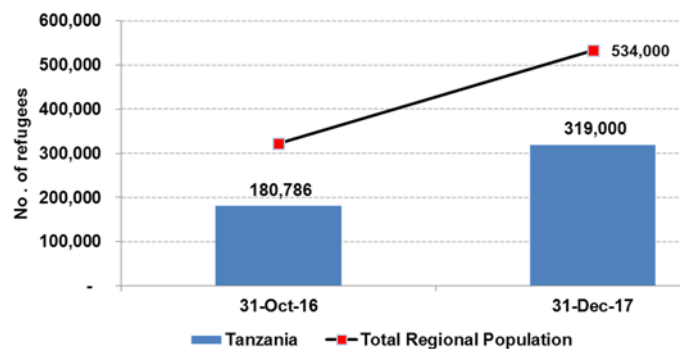


Sources: UNCS, UNHCR  
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## Financial Requirements (US dollars) 217,250,427



## Population Trends



## **Background and Achievements**

The United Republic of Tanzania hosts more than 242,400 refugees and asylum-seekers, mainly from Burundi (180,786) and the Democratic Republic of Congo (DRC) (65,000). The majority 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 180,786 Burundians have fled to Tanzania, making Tanzania the largest host of Burundian refugees in the region. All new arrivals from Burundi are granted *prima facie refugee status*. As the camps are not far from the Burundian border, some spontaneous returns to Burundi have been reported. However these numbers are relatively low.

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.

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 Burundi crisis started in April 2015. The camp population increased to over three times its carrying capacity, 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, Karago's insufficient water supplies made it unsuitable to host large groups of refugees. Discussions are ongoing to identify additional land to accommodate a potential influxes from Burundi and DRC in the future.

End-October, some 63,800 Burundian refugees are accommodated at Nyarugusu camp in addition to about 68,000 refugees mainly from the Democratic Republic of Congo (DRC) bringing the total camp population to about 132,000. While relocations of Burundian refugees to new camps have decreased the population of Nyarugusu, the camp still remains severely overcrowded. The decongestion of Nyarugusu is still a priority, as the present camp population exceeds the government recommended carrying capacity of the camp (50,000). Early April 2016, Nduta Camp also reached its capacity hosting some 55,000 Burundian refugees. However, the camp has been receiving new arrivals to host an additional 10,000 refugees as an interim measure, pending the government decision a new camp to replace Karago. Currently all convoys relocating refugees from the border points are directed to Nduta Camp, whose population has increased to over 57,000 refugees. Meanwhile, Mtendeli Camp is at full capacity with 50,732 refugees and unable to receive more.

### **Achievements**

- All new arrivals were registered in Nyarugusu, Nduta and Mtendeli camps.
- 61,590 Burundian refugees relocated from border entry points to transit centres and camps and over 300 family reunifications have been facilitated.
- 50 per cent increase in reporting of sexual and gender-based violence (SGBV).
- 6,275 unaccompanied and separated children (UASC) were identified and documented.
- 8,498 children visited child-friendly spaces (CFS) across the three camps.
- 12,303 youth benefitted from training and awareness raising sessions.
- 16,280 persons with specific needs (PSNs) were identified, assessed and documented.
- 1,732 children participated in the Accelerated Education Programme (AEP) and catch up classes.
- 194 permanent classrooms, and two host community schools were constructed.
- Refugees and host community members receive free primary health services with four additional health facilities established in 2016.
- Both crude and under five mortality rates remained within the SPHERE standards.
- A nutrition survey conducted in September 2016 reached 40,630 children.
- Over 167,000 refugees received 36,341 tonnes of food which meets the minimum daily requirement of 2,100 kilocalories per person/day.
- 1,353,000 tree seedlings have been planted in the camps and surrounding communities.
- 18,493 emergency family shelters were constructed and 7,466 tents were provided to refugee families.
- Water supply is maintained at 22 litres per person per day Nyarugusu and Nduta camps.

## ***Needs and Vulnerabilities***

Based on recent arrival trends, the projected refugee population is expected to be 318,000 end-2017. This number takes into consideration potential returns, deaths and births. Some 58 per cent of the refugee population is composed of children below the age of 18 of which some 6.4 per cent are UASC. Women and children make up 78 per cent of the total population, with around 6 per cent of refugees identified with specific needs and require additional support.

Given the current situation in Burundi it is not expected there will be significant interest in voluntary repatriation to Burundi. There is therefore the 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 living in camps therefore have limited to access markets and income generating opportunities. The government of Tanzania however, is committed to the review the policy to see what options would work best in the current context.

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



*Figure 6: A man at the barber shop in Nduta camp, Tanzania. UNHCR/B.Loyseau*

Major protection gaps include the lack of sufficient social workers for the increasing population requiring support (child protection, SGBV-assistance and PSNs), including limited services and safe spaces for these at risk groups. Transport to health services for PSNs is required for those refugees who are less mobile. It will also be important to support the juvenile justice system, introducing procedures protecting children that are in violation of the law. Despite achievements made in mainstreaming protection in other sectors, there are still gaps to be found, especially in WASH. There is still a lack of locks for toilet doors and showers, especially at the borders.



With a student to classroom ratio of 200:1 there is a critical need to build additional infrastructure and expand access to all levels of education, including early child care and the development of accelerated learning programmes. Additionally, trained teachers and educational materials are needed to provide quality education. About 59,700 Burundian students were enrolled in school at the end of September 2016 in all three camps. This includes 4,605 in pre-school programmes, 47,451 in primary school and 7,671 in secondary schools.

The use of natural resources, including water and fuel wood for cooking not only impacts the environment, but also gives rise to serious protection risks and increased tension between refugee and surrounding communities. The water supply in Mtendeli Camp was maintained at 15 litres per person per day. However, the situation remains precarious and alternative options are urgently needed to evade health risks or increase of inter-communal tensions.

In addition, there is a critical need for additional health and nutrition infrastructure and equipment, supported with sufficient staffing capacity. Life-saving equipment such as ambulances, incubators and X-ray machines are needed, as well as continuous drug supplies and increased psychosocial health services.

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 their wellbeing, which if not carefully managed can generate tensions amongst communities.

## ***Response Strategy and Priorities***

In 2017 the Government's review of the national refugee legal framework will continue to be supported especially to enhance freedom of movement for refugees. Advocacy will be geared towards maintaining an open-border policy and increase the levels of safety and security of refugees through registration and documentation and to maintain the civilian character of asylum. A regular humanitarian presence in border areas will be maintained, while reception sites are to be improved to address existing gaps.

The inter-agency response will establish new sites or expand camp facilities where necessary. Should additional camps not be identified soon enough, assistance to refugees may be provided at the places where they are concentrated. Refugees will be transported from border entry points to the designated camp locations.

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 and continuous verification. PSNs will be considered across all sectors for inclusion.

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.

Early identification, registration and supplementary care for children and adolescents at risk will be implemented. Support systems will be strengthened, including the enhanced involvement of the government, refugees and host communities to focus on prevention of all forms of abuse, neglect and exploitation against children. Advocacy to promote the importance of birth registration will continue. Strengthened SGBV prevention will include increased engagement with community groups and the district protection systems. Appropriate support for SGBV survivors, including access to all services in a safe and timely manner, will be maintained. Protection considerations will be operationalized by all sectors to ensure safe and dignified living conditions and access to services for all persons of concern.

Efforts to improve education will focus on increasing the number of children and youth with access to quality education opportunities through additional infrastructure, well-trained teachers and adequate school materials. There will be increased efforts to reach out-to-school children and youth through accelerated learning programmes and vocational training. Advocacy efforts to promote the host country curriculum will continue.

In order to avoid possible reductions of the food rations (the minimum daily requirement of 2,100 kilo calories per person/day and supplementary feeding) advocacy needs to continue in 2017. At the same time, refugees and host communities will be trained on how to start small-scale farming to reduce dependency on food aid. This will be done to supplement nutrition- and vocational training, and micro-enterprise development opportunities, according to market demand and capacity.

The health and nutrition response will continue to focus on systematic medical screening upon arrival. Preventative health care and surveillance activities and access to primary health will be strengthened in camps and surrounding communities to avoid outbreaks of diseases. Medical referral support systems will be strengthened to meet the secondary and tertiary health needs of the refugees.

The WASH response will ensure safe and adequate water and sanitation and monitoring systems. Water networks will move to solar/generator pumping systems for sustainability and from communal to individual family WASH facilities that meet protection standards.

Priority environmental activities in the camps and surrounding communities will include the introduction of alternative cooking fuels and energy efficient cooking programmes, as well as continued reforestation activities and the development of camp-wide energy management plans.

The shelter response will focus on transitional shelters to replace less durable tents and emergency family shelters while maintenance and rehabilitation of existing structures will continue to be supported.

UNHCR will continue to advocate with the wider UN community and donors to attract more development funding, particularly through the One-UN Mechanism, committing 2.75 per cent of the funds raised to the host community. The Tanzania part of the Burundi RRRP for 2017 covers the needs of an estimated 318,400 persons of concern with the budgetary amount of USD 217,250,427.

## ***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. The MoHA co-chairs the Refugee Operation Working Group Meeting in Dar-es-Salaam and the Inter-Agency/Inter-Sector Coordination Working Group Meeting 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, working groups and camp specific CCCM in the Kigoma Region meets regularly. 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 2016, with participation of the government and partners. The goal of the workshop was to agree on planning scenarios and population projections in view of 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 in October 2016.

Several joint assessments were conducted, including the 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.

## Planned Response

SECTOR	OUTPUT	INDICATOR	TARGET
Protection	Regular border monitoring and prevention of refoulement strengthened	# of border monitoring and sensitization activities conducted	12
	All refugees registered and receive documentation	% persons registered and documentation issued	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, capacity building session and support provided	33
	Peaceful co-existence activities initiated	# of peaceful co-existence activities initiated	6
	Legal assistance to refugees provided	% persons receiving legal assistance	80%
	Psychosocial counselling provided	# of individuals received multi-sector response support	3,500
	Participation of community in SGBV prevention and response enabled and sustained	# of men and boys participating in SGBV prevention activities	63,000
	Capacity development supported	# of community leaders trained and referring SGBV incidents	1,976
	Safe and survivor centred SGBV procedures and coordination mechanisms functional	# of community members sensitized/trained on SGBV	151,600
	All at risk children identified and case management system strengthened.	% at risk children identified screened and registered	100%
	Family reunification promoted	% of families reunified	80%
	Children provided with psychosocial, recreational and child friendly spaces	# of children accessing CFS	15,000
	Alternative care arrangements maintained	% of UASC with appropriate alternative care arrangements	100%

SECTOR	OUTPUT	INDICATOR	TARGET
Protection (contd.)	Community based child protection committees established and strengthened	# of community based child protection committees operating	34
	SGBV and violence against children (VAC) prevention activities conducted	# children reached with GBV	100,000
	PSNs identified and quality of service standardized	# PSNs identified	15,000
	Age, Gender & Disability-specific items /direct cash assistance provided	# persons received specific items and cash	4,000
	Access to psychosocial and recreational for PSN provided	# of PSN receiving psychosocial support	9,000
	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	Inclusive early childhood education provided	# of children attending early childhood education	15,510 children
	Inclusive primary education provided	# of children attending primary education	56,048
	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	17,625
	Education monitoring system established	Functional education monitoring system established	Yes
Education infrastructure provided with disability access	# of permanent educational facilities constructed	1,199	

SECTOR	OUTPUT	INDICATOR	TARGET
Food	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		Yes
	Community Household Surveillance (CHS) conducted		Yes
Health and Nutrition	Provide adequate human resources to health and nutrition sectorial response	Consultation per clinician per day	<50
	Strengthen referral systems for communicable and non-communicable diseases	# of referrals to secondary and tertiary facility	10,000
	Children with acute malnutrition have access to treatment services	Prevalence of Global Acute Malnutrition	<5%
	Access to on-arrival and routine immunization ensured	Measles vaccine coverage rate	95%
	Built capacity of Community Health Workers (CHW) on health promotion and Preparedness, Alert and Response, to strengthen resilience against outbreaks	Proportion of health workers trained	100%
	Standard HIV treatment and care is available (including VCT, PITC, PMTCT)	Proportion of eligible HIV positive client on treatment	80%
	Access to standard reproductive health care, MCH and Family planning	Coverage of complete ANC	100%
	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	1-4
	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%

SECTOR	OUTPUT	INDICATOR	TARGET
Livelihoods	Refugees have access to financial services and market	# refugees provided with financial services	2,250
	Support provided to micro entrepreneurs	# traders in the market	3,300
	Refugees trained to entrepreneurship; business and vocational skills	# refugee micro entrepreneurs supported	4,400
	Refugees trained to entrepreneurship, business and vocational skills and start-up kit provided	# of refugees trained & start-up kits/cash provided	9,870
	Refugees provided with supports for agricultural inputs	# households provided with agricultural inputs	6,700
	Host community provided with livelihoods support	% persons from host community	7%
	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%
Logistics and Telecoms	Improved integration of refugees and local community into the environmental decision making process	% camps with gender inclusive environment and well-being committees	100%
	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
Non-Food Items (NFI)	Warehouses maintained and operational	# of warehouses functional	3
	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	60%
	CCCM mechanisms established and strengthened	% of camps with established CCCM mechanisms	100%

SECTOR	OUTPUT	INDICATOR	TARGET
Shelter	Infrastructure constructed and maintained	# of buildings constructed by population arrivals.	40
	Safe and private emergency shelter constructed, allocated and maintained	# of active maintenance committees per camp	1 per camp
	Transitional shelters constructed	% of population with access to emergency shelter	100%
	Access and secure roads assured and maintained	% of population in transitional shelters	40%
	Shelter space use optimized in camps	kilometres of road constructed and maintained	300km
	Lighting is installed in key locations according to safety audits (and maintained)	# of quarterly shelter sweeps conducted per camp	4 per camp
Water Sanitation and Hygiene (WASH)		# lights installed in each camp	500
	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)	% of the population has access to communal sanitation facilities	100%
	Safe and dignified household level sanitation facilities constructed and maintained (lockable/private)	% of households with sanitation facilities	30%
	Hygiene promotion delivered and timely hygiene supplies provided	% of households reached by hygiene promotion activities	100%
	Wash facilities constructed in schools	% of schools with WASH facilities	100%

## Financial Requirements Summary – TANZANIA

### Financial requirements by agency (in US dollars)

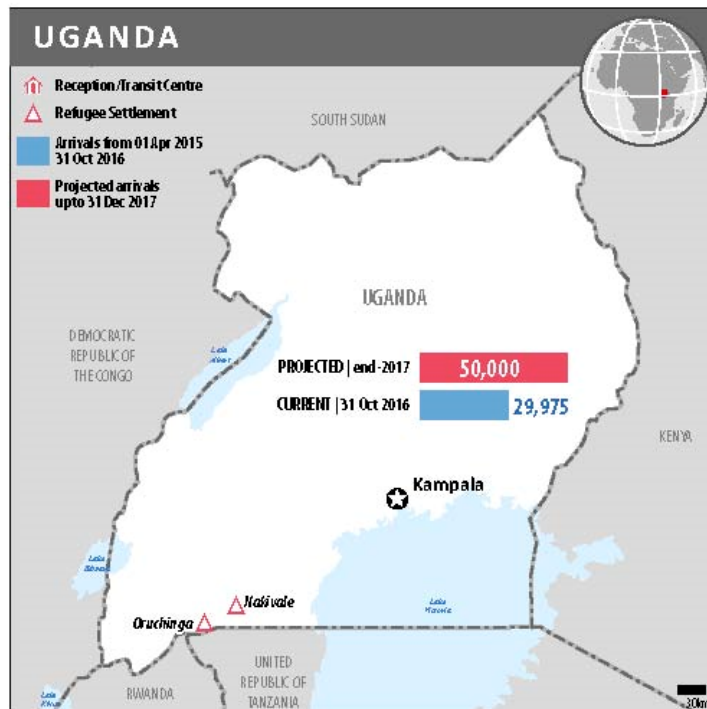
Organization	Total
ADRA Adventist Development and Relief Agency	800,000
AIRD African Initiatives for Relief & Development	3,040,727
DRC Danish Refugee Council	9,998,380
FAO Food and Agriculture Organization	4,977,875
GNT Good Neighbours Tanzania	550,000
HAI HelpAge International	581,687
IOM International 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	11,088,586
TCRS Tanganyika Christian Refugee Service	799,447
UNFPA United Nations Population Fund	3,000,000
UNHCR United Nations High Commissioner for Refugees	73,769,516
UNICEF United Nations Children's Fund	6,990,056
WFP World Food Programme	73,870,891
WHO World Health Organization	100,000
WM Water Mission	3,000,000
WVI World Vision Tanzania	1,700,000
<b>Total</b>	<b>217,250,427</b>

### Financial requirements by sector (in US dollars)

Sector	Total
Protection	21,819,015
Education	17,831,740
Food	72,446,901
Health and Nutrition	15,234,519
Livelihoods	21,753,765
Logistics and Telecoms	7,440,478
Shelter and NFIs	31,607,622
WASH	23,634,739
Operational Support	5,481,648
<b>Total</b>	<b>217,250,427</b>

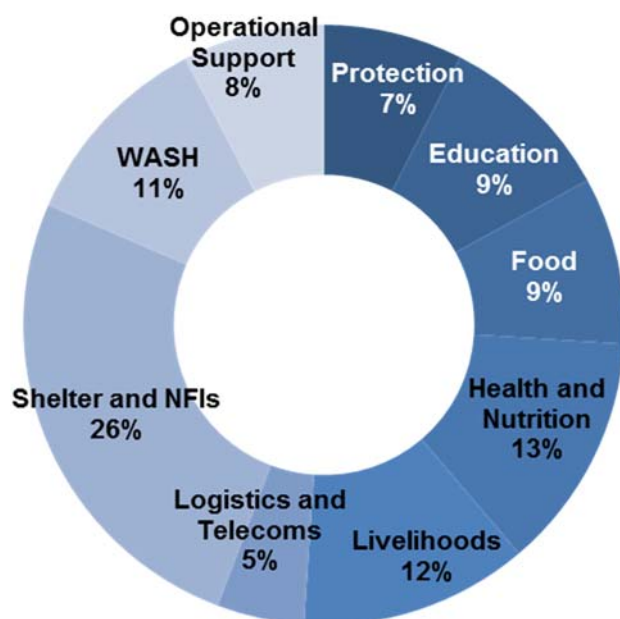


# UGANDA RESPONSE PLAN

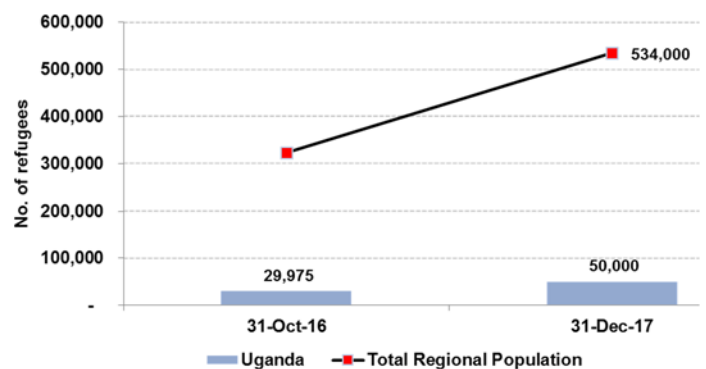


Sources: UNCS, UNHCR  
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 16 Nov 2016

## Financial Requirements (US dollars) 71,642,814



## Population Trends



## **Background and Achievements**

Uganda has seen a steady arrival of Burundian refugees despite not directly bordering the country and during 2016 the rate of arrival has been higher than initially anticipated. After experiencing a peak in arrival numbers in March 2016, the arrival rate started to decline from May onwards. In 2017, it is expected that Uganda will continue to receive a steady number of Burundi refugees unless significant changes take place either in Burundi, or in countries of passage to Uganda such as Rwanda and the DRC.

Burundian refugees enter Uganda mainly through Rwanda, and in smaller numbers through the DRC. The main border entry points in Uganda are Mirama Hills, Mutukula and Bunagana. Refugees are mainly settled in Nakivale settlement, but also in urban areas. End-October 2016, Uganda had seen about 29,975 new arrivals in 2016.

During the first half of 2016, the refugee arrivals consisted of some 55 per cent adolescent and adult men. These men have cited concerns about forced recruitment by the *Imbonerakure* in Burundi as the main protection concern, and also killings, extortion of money and food by militia groups among other protection issues. Of all new refugee arrivals from Burundi in 2016, some 67 per cent are women and children.

The response partners are coping with continued arrivals facing two main challenges. Firstly, the settlement areas in Nakivale settlement assigned for Burundian refugees are remote and under-developed. Nakivale settlement already hosts a large population of refugees from other countries. Secondly, Nakivale is receiving refugee arrivals in particular from the DRC. This puts increasing pressure on the reception facilities and basic services in the settlement. New plots need to be constructed far away from existing service infrastructure.

Since January 2015, a total of 29,975 new Burundian refugees (end-October 2016) had arrived in Uganda. The Burundi refugee response includes immediate life-saving humanitarian assistance and efforts to attend to longer term needs. The Burundian refugee response constitutes one of the three major refugee emergencies in Uganda.

End-October, Uganda hosts over 922,000 refugees, the largest groups are from South Sudan, DRC, Somalia and Burundi. The country has a long tradition of providing asylum to refugees. Uganda maintains a very favourable protection environment for refugees, which facilitates a non-camp approach to protection and assistance. Refugees are integrated within the host communities and benefit from:

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

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, which provide a pathway for refugees to become self-reliant.

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

The majority of Burundian refugees are hosted in gazetted refugee settlements in south west Uganda. About 21 per cent of all new arrivals choose to live in urban areas. The emergency response is focused in the rural settlement areas, where the most vulnerable refugees live, while refugees in urban areas can access Government services and targeted support for persons with specific needs.

Since March 2015, the registration of refugees is directly carried out by the Government of Uganda through the Office of the Prime Minister (OPM). Refugees are now registered in the Refugee Information Management System (RIMS). Asylum seekers are temporarily accommodated at the reception centre in Nakivale settlement. They are provided with food, non-food items (NFIs) and access to basic services. After registration they are provided with plots of land within the settlement, household items, shelter kits and farming implements.

Since the start of the arrival of Burundian refugees, different partners have contributed to increased protection responses through initial screening of specific needs at the reception centre, and have put up services for family tracing, alternative care arrangements for unaccompanied children, increased capacity in primary education. They have also set up community based protection structures and trained staff to improve capacity to undertake prevention and response activities. In the area of education, refugee children are supported to adjust to the new school curriculum and language classes are held during holiday periods. The Ministry of Education has been involved in the design of both school facilities and teacher trainings, ensuring that the arrangements within the settlement are in line with national educational policies and standards.

### **Achievements**

Uganda has been affected by three parallel refugee influxes. In this complex environment, major achievements include:

- Continued access to asylum given to refugees, with all refugees registered upon arrival and no cases of *refoulement* known or reported.
- All registered new arrivals in settlements have been allocated plots of land, received shelter kits and NFIs.
- Strengthened sexual and gender-based violence (SGBV) referral systems, and prevention and response mechanisms.
- 11 Refugee Welfare Committees and 11 Child Protection Committees were formed and members received training on their roles and responsibilities.
- 163 Best Interest Assessments (BIAs) were conducted with incidents including cases of separated children and children at risk.
- Emergency temporary sanitary facilities were provided in all new Burundian villages in accordance to the Sphere minimum standard of 1 stance per 50 persons.
- 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 no reported maternal mortality.
- From January to Sept 2016, the supplementary feeding programmes treated about 4,224 children under 5 years (3,316 moderate acute malnutrition and 908 severe acute malnutrition).
- 6 supplementary and four therapeutic feeding programme centres were established.
- 25,370 Burundian refugees received food assistance from January to October 2016.
- 29 per cent of pre-primary school age children have access to early childhood development centres.
- 20 acres of land in Nakivale settlement has is ready for cultivation by refugees.
- Seven livelihood associations were connected to Moban SACCO in order to get access to small loans in order to generate business activities.



Figure 7: Young refugees, predominantly from Burundi and Democratic Republic of Congo, playing at play area at the Reception Centre in Nakivale. UNHCR/C. Yaxley

## ***Needs and Vulnerabilities***

Though the rate of arrivals has decreased an estimated 50,000 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.

More investment in basic social services is required where Burundi refugees are settled since Nakivale settlement is reaching its maximum capacity. Water trucking is still the only source of safe water in the new settlement areas. Roads are either non-existent or in bad condition, limiting access to food and water. Additionally, primary schools are often too far away for children to reach them in a safe and feasible manner.

Priority needs include:

- Issuance of NFIs and shelter kits to arrivals.
- Implementation of the semi-permanent shelter strategy.
- Water infrastructure (pipe systems and water outlets) to be established while continuing 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, ASRH and referral pathways;
- Repair or construction of access roads.
- Provision of livelihood support to adolescents.
- Provision of food and nutrition assistance.

Protection screening, for reliable disaggregated data based on demographic elements (age, sex, ability, and health/HIV), will continue for an accurate profile of the population for planning purposes. Technical and material support will be required to OPM to ensure that effective registration continues through RIMS.

Strengthening community child protection structures including Child Protection Committees will be necessary. Targeted support to Unaccompanied Minors and separated Children (UASCs), including their identification, registration, referral, and provision of NFIs to support attendance at school are a priority. Supporting community mobilisation/dialogues and raising awareness with refugee and host communities will strengthen community-based protection mechanisms. Providing life skills and recreational activities targeting adolescent girls and boys from both refugee and host communities will enhance community relations. The response will include strengthening local governments and OPM so refugees are registered and receive documentation and case management will be improved.

New settlement areas need to be opened, made accessible and services need to be set up. Construction of access roads, safe drinking water and health facilities are among the priorities in the new settlements. The establishment and strengthening of refugee self-management structures and community engagement requires continued support. All settlements also fall within the administrative responsibility of respective District Local Government authorities and efforts to improve the linkages between Districts and refugee settlements, to improve service delivery and strengthen national systems at the local level, will continue.

To enhance protection and support livelihood efforts, a new semi-permanent shelter strategy is being developed, providing more sustainable shelters. All new arrivals will require household NFI kits. Access to water is a critical and requires priority interventions to maintain Sphere minimum standards. The implementation of medium-term water supply options will phase out water trucking operations. More water pipelines need to be installed to service all the new settlement areas.

Recruitment of hygiene promoters will be essential to raise awareness raising for good hygiene practices at household and community level. There will also be need to support refugees with basic hygiene materials and the menstrual hygiene management kit for females. The increase in the refugee population will put pressure on existing institutional WASH facilities. It will be necessary to construct additional permanent drainable latrines in schools, at health centres, at new food distribution points, community centres and potentially at the transit/reception centres.

Existing refugee and host community health centres operate beyond capacity, stretching limited resources. With the increasing refugee population primary health care institutions need to be strengthened and improved. Reproductive health interventions need to be improved, including family planning, adolescent sexual and reproductive health, and cervical cancer screening and comprehensive HIV/AIDS services. The Joint UN assessment identified challenges in HIV prevention which need to be addressed. Emergency reproductive health equipment and supplies are required in health facilities, and capacity of service providers should be strengthened to provide integrated and comprehensive sexual and reproductive health (SRH) services to refugees in the settlements.

Screening of new refugee arrivals at border entry points will be conducted by health and nutrition teams. Based on the current global acute malnutrition rates it is anticipated that approximately 1,200 children will receive treatment and rehabilitation at the feeding programme in the settlements hosting refugee new arrivals. Cases with severe acute malnutrition aged below five years with medical complications will be enrolled and treated in the inpatient therapeutic care others will be enrolled and rehabilitated in the outpatient therapeutic care. Ready-to-use-supplementary food (RUSF) will be provided at the border crossing to initiate treatment of malnourished people and nutrition support should continue until refugees are settled. MUAC screening will be undertaken monthly across settlements. Deworming programmes will be implemented to prevent infection with intestinal worms among refugee population, treated mosquito nets will be provided to prevent and reduce malaria transmissions.

New arrivals at border points require emergency food assistance through the provision of high energy biscuits, hot meals at transit and reception centres and monthly family assistance to refugees in the settlements. Special fortified food is required to contribute to preventing and treating moderate acute malnutrition. Livelihood support has become an essential as agricultural interventions provide increased food security. These programmes often have additional benefits in enhancing peaceful co-existence

between refugees and host community members. Agricultural inputs including seed, small livestock, and non-agricultural income-generating opportunities are provided to buffer against food rationing caused by increased emergency influxes. The added value of increased peaceful co-existence due to decreased strains on food, further reinforces the principle directives of Burundi refugee response strategy and priorities.

## ***Response Strategy and Priorities***

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

- i. Preserve equal and unhindered access to territory and protection space, promote the full enjoyment of rights, and maintain the civilian character of asylum.
- ii. Ensure refugees live in safety, harmony and dignity with host communities and together protect their natural environment while contributing to social cohesion.
- iii. Foster economic self-reliance for refugees and host communities, thereby contributing to socio-economic growth.
- iv. 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.
- v. Ensure refugees can access durable solutions and those that remain in Uganda progressively move towards increased resilience, sustainable self-reliance and inclusive development.

### **Operational Priorities**

The refugee response will be focussed in Nakivale, Mirama Hills, Mutukula, Kikagati and Oruchinga

- 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 sexual and gender based violence.;
- 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.

## ***Partnership and Coordination***

The refugee response in Uganda is led and coordinated by the Office of the Prime Minister (OPM) and UNHCR, in close consultation with UN and NGO partners. This coordination arrangement is geared towards achieving an effective and integrated response mechanism involving members of the refugee and host communities, government UN agencies and national and international NGOs. Coordination takes place at three levels, the leadership level, the sector level, and the regional/settlement level.

Inter-agency coordination meetings take place on a weekly (emergency) or monthly (non-critical emergencies) basis, and are co-chaired by OPM and UNHCR, in Kampala and in the operational regions. Similarly, at the district and settlement level, regular inter-agency coordination and sector-based meetings take place with the District Local Governments (DLGs), UN, NGOs and refugee committees.

Together with the OPM, UNHCR 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 October 2016, 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, listed here below:

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).

In view of the increased emphasis on the Settlement Transformative Agenda (STA) and the Refugee and Host Population Empowerment (ReHoPE) framework, coordination structures will be strengthened towards linkages with development frameworks and actors.

## ***Planned Response***

<b>SECTOR</b>	<b>OUTPUT</b>	<b>INDICATOR</b>	<b>TARGET</b>
<b>Protection</b>	New arrival refugees registered and provided with identity documents	% refugees registered with documents,	100%
	PSNs identified and provided adequate support	% of PSNs who receive protection services	100%
	Refugees have access to civil documentation	% refugees receiving civil	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	
	Women actively participate in refugee management structures	% of women in community structures	100%
	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%	

SECTOR	OUTPUT	INDICATOR	TARGET
Education	Measures to improve primary education quality and learning achievement implemented	# of children per teacher	55
			55
	Educational infrastructure constructed, improved or maintained	# of children per classroom	
	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	80%
		% of primary school graduates	82%
Food	Secondary education provided or supported	% of children enrolled in secondary education	40%
		% adolescents accessing formal or informal education	82%
	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)	< 12.9
		% households with borderline FSC	< 13.4
Health and Nutrition		Diet Diversity Score	> 5%
	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 anaemia in women	<30%	



SECTOR	OUTPUT	INDICATOR	TARGET
<b>Health &amp; Nutrition (contd.)</b>	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%
	Comprehensive safe motherhood services provided	# of qualified midwives/MCH staff	1,000
	Village Health Team (refugee volunteers) system strengthened	# of refugees per CHW	1,000:1
	Emergency preparedness and effective response to outbreak prone diseases	% health facilities with timely and complete IDSR reporting	85%
<b>Livelihoods</b>	Access to agricultural / livestock / fisheries production enabled	# of persons receiving production kits	7,000
	Access to self-employment / business facilitated	# of small business associations formed or supported	65
		% 18-59 year old with own business	10%
	Access to training and learning enabled	# of persons with entrepreneurship training	20,000
		# of persons with guidance on business market opportunities	2,000
		# of persons completing vocational skills training	2,000
	Protection of the environment promoted	% of refugee households using energy efficient stoves	30 %
		# of tree seedlings planted	50,000
		# of community institutions with water harvesting facilities	100%

SECTOR	OUTPUT	INDICATOR	TARGET
<b>Logistics and Telecoms</b>	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%
<b>Non-Food Items (NFI)</b>	Essential NFIs provided	% of new arrivals receiving NFI kits	100%
	Sanitary materials provided	% refugee women receive sanitary materials	100%
<b>Shelter</b>	Newly arriving refugees are allocated plots in settlements	% refugees have an allocated plot	100%
	Shelter provided	% refugees with emergency or semi-permanent shelter	100%
	Access roads constructed, repaired and maintained	# of kilometres road constructed or rehabilitated	50+
	Gender-sensitive temporary bath shelters and latrines	# of functional temporary showers/latrines constructed	400
	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
<b>Water Sanitation and Hygiene (WASH)</b>	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 Summary – UGANDA***

### **Financial requirements by agency (in US dollars)**

<b>Organization</b>	<b>Total</b>
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
Tutaona	22,267
UNFPA United Nations Population Fund	2,102,760
UNHCR United Nations High Commissioner for Refugees	54,057,197
UNICEF United Nations Children's Fund	2,100,000
WFP World Food Programme	7,764,848
WHO World Health Organization	900,000
<b>Total</b>	<b>71,642,814</b>

### **Financial requirements by sector (in US dollars)**

<b>Sector</b>	<b>Total</b>
Protection	5,360,258
Education	6,820,404
Food	6,444,481
Health and Nutrition	9,152,532
Livelihoods	8,803,939
Logistics and Telecoms	3,361,622
Shelter and NFIs	18,468,787
WASH	7,742,365
Operational Support	5,488,426
<b>Total</b>	<b>71,642,814</b>

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

<b>Organization</b>	<b>DRC</b>	<b>Rwanda</b>	<b>Tanzania</b>	<b>Uganda</b>	<b>Total</b>
ADRA Adventist Development and Relief Agency		743,000	800,000		<b>1,543,000</b>
AEC African Entrepreneurship Collective		100,000			<b>100,000</b>
AHA African Humanitarian Agency		229,797			<b>229,797</b>
AIRD African Initiatives for Relief & Development			3,040,727		<b>3,040,727</b>
ARC American Refugee Committee		705,468		655,207	<b>1,360,675</b>
DRC Danish Refugee Council			9,998,380		<b>9,998,380</b>
FAO Food and Agriculture Organization	1,100,000		4,977,875	2,616,946	<b>8,694,821</b>
FCA Finn Church Aid				317,142	<b>317,142</b>
GHDF Global Humanitarian and Development Foundation		150,000			<b>150,000</b>
GNT Good Neighbours Tanzania			550,000		<b>550,000</b>
HAI HelpAge International			581,687		<b>581,687</b>
HI Handicap International		500,000			<b>500,000</b>
IA Indego Africa		100,000			<b>100,000</b>
IOM International Organization for Migration		200,000	3,682,000	1,106,447	<b>4,988,447</b>
IRC International Rescue Committee			4,518,262		<b>4,518,262</b>
LAF Legal Aid Forum		115,089			<b>115,089</b>
NRC Norwegian Refugee Council			2,325,000		<b>2,325,000</b>
OXFAM			6,280,000		<b>6,280,000</b>
PI Plan International		575,000	6,178,000		<b>6,753,000</b>
SCI Save the Children International		1,494,976	11,088,586		<b>12,583,562</b>
TCRS Tanganyika Christian Refugee Service			799,447		<b>799,447</b>
Tutapona				22,267	<b>22,267</b>
UN Women		200,000			<b>200,000</b>
UNFPA United Nations Population Fund	1,262,294	1,560,000	3,000,000	2,102,760	<b>7,925,054</b>
UNHCR United Nations High Commissioner for Refugees	18,723,418	55,760,306	73,769,516	54,057,197	<b>202,310,437</b>
UNICEF United Nations Children's Fund	2,017,116	2,548,000	6,990,056	2,100,000	<b>13,655,172</b>
WFP World Food Programme	11,193,205	17,270,102	73,870,891	7,764,848	<b>110,099,046</b>
WHO World Health Organization		650,000	100,000	900,000	<b>1,650,000</b>
WM Water Mission			3,000,000		<b>3,000,000</b>
WVI World Vision Tanzania			1,700,000		<b>1,700,000</b>
<b>Total</b>	<b>34,296,032</b>	<b>82,901,738</b>	<b>217,250,427</b>	<b>71,642,814</b>	<b>406,091,011</b>

## ***Annex 2: Financial Requirements by Country and Sector (US dollars)***

<b>Sector</b>	<b>DRC</b>	<b>Rwanda</b>	<b>Tanzania</b>	<b>Uganda</b>	<b>Total</b>
Protection	5,181,840	11,743,307	21,819,015	5,360,258	<b>44,104,420</b>
Education	2,059,141	5,995,844	17,831,740	6,820,404	<b>32,707,129</b>
Food	10,548,860	15,049,232	72,446,901	6,444,481	<b>104,489,474</b>
Health and Nutrition	1,881,321	13,487,358	15,234,519	9,152,532	<b>39,755,730</b>
Livelihoods	4,984,785	3,127,085	21,753,765	8,803,939	<b>38,669,573</b>
Logistics and Telecoms	1,506,076	4,013,282	7,440,478	3,361,622	<b>16,321,458</b>
Shelter and NFIs	4,497,590	15,732,786	31,607,622	18,468,787	<b>70,306,785</b>
WASH	2,504,268	7,517,215	23,634,739	7,742,365	<b>41,398,587</b>
Operational Support	1,132,152	6,235,629	5,481,648	5,488,426	<b>18,337,855</b>
<b>Total</b>	<b>34,296,032</b>	<b>82,901,738</b>	<b>217,250,427</b>	<b>71,642,814</b>	<b>406,091,011</b>

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
<b>DRC</b>	<b>5,181,840</b>	<b>2,059,141</b>	<b>10,548,860</b>	<b>1,881,321</b>	<b>4,984,785</b>	<b>1,506,076</b>	<b>4,497,590</b>	<b>2,504,268</b>	<b>1,132,152</b>	<b>34,296,032</b>
FAO					1,100,000					<b>1,100,000</b>
UNFPA	205,000				1,057,294					<b>1,262,294</b>
UNHCR	4,976,840	678,101	359,051	1,783,228	2,523,228	1,506,076	4,497,590	1,267,152	1,132,152	<b>18,723,418</b>
UNICEF		780,000						1,237,116		<b>2,017,116</b>
WFP		601,040	10,189,809	98,093	304,263					<b>11,193,205</b>
<b>Rwanda</b>	<b>11,743,307</b>	<b>5,995,844</b>	<b>15,049,232</b>	<b>13,487,358</b>	<b>3,127,085</b>	<b>4,013,282</b>	<b>15,732,786</b>	<b>7,517,215</b>	<b>6,235,629</b>	<b>82,901,738</b>
ADRA		600,000	63,000			80,000				<b>743,000</b>
AEC					100,000					<b>100,000</b>
AHA				229,797						<b>229,797</b>
ARC				605,468	100,000					<b>705,468</b>
GHDF									150,000	<b>150,000</b>
HI	500,000									<b>500,000</b>
IA a					100,000					<b>100,000</b>
IOM					200,000					<b>200,000</b>
LAF	115,089									<b>115,089</b>
PI	575,000									<b>575,000</b>
SCI	154,037	550,000		590,939	200,000					<b>1,494,976</b>
UN Women	100,000				100,000					<b>200,000</b>
UNFPA				1,560,000						<b>1,560,000</b>
UNHCR	10,021,181	4,480,844	167,480	6,884,804	2,327,085	3,933,282	15,732,786	6,517,215	5,695,629	<b>55,760,306</b>
UNICEF	278,000	365,000		515,000				1,000,000	390,000	<b>2,548,000</b>
WFP			14,818,752	2,451,350						<b>17,270,102</b>
WHO		600,000	63,000			80,000				<b>743,000</b>

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and NFIs	WASH	Operational Support	Total
<b>Tanzania</b>	<b>21,819,015</b>	<b>17,831,740</b>	<b>72,446,901</b>	<b>15,234,519</b>	<b>21,753,765</b>	<b>7,440,478</b>	<b>1,607,622</b>	<b>23,634,739</b>	<b>5,481,648</b>	<b>217,250,427</b>
ADRA			375,000		425,000					<b>800,000</b>
AIRD						441,860	2,598,867			<b>3,040,727</b>
DRC	700,000				650,000		6,494,280	1,500,000	654,100	<b>9,998,380</b>
FAO					4,477,875				500,000	<b>4,977,875</b>
GNT					550,000					<b>550,000</b>
HAI	540,640				41,047					<b>581,687</b>
IOM	82,000					3,600,000				<b>3,682,000</b>
IRC	1,426,525	350,000		1,500,000	500,000				741,737	<b>4,518,262</b>
NRC		425,000			600,000		900,000	400,000		<b>2,325,000</b>
OXFAM			283,990		916,010			5,080,000		<b>6,280,000</b>
PI	3,400,000	1,600,000			800,000				378,000	<b>6,178,000</b>
SCI	2,338,623	6,835,603			1,464,360		450,000			<b>11,088,586</b>
TCRS		336,372						402,502	60,573	<b>799,447</b>
UNFPA				3,000,000						<b>3,000,000</b>
UNHCR	12,228,699	6,947,237		7,151,539	9,629,473	3,398,618	21,164,475	10,252,237	2,997,238	<b>73,769,516</b>
UNICEF	1,102,528	1,337,528		1,400,000				3,000,000	150,000	<b>6,990,056</b>
WFP			71,787,911	2,082,980						<b>73,870,891</b>
WHO				100,000						<b>100,000</b>
WM								3,000,000		<b>3,000,000</b>
WVI					1,700,000					<b>1,700,000</b>
<b>Uganda</b>	<b>5,360,258</b>	<b>6,820,404</b>	<b>6,444,481</b>	<b>9,152,532</b>	<b>8,803,939</b>	<b>3,361,622</b>	<b>18,468,787</b>	<b>7,742,365</b>	<b>5,488,426</b>	<b>71,642,814</b>
ARC	612,343								42,864	<b>655,207</b>
FAO					2,269,864				347,082	<b>2,616,946</b>
FCA		317,142								<b>317,142</b>
IOM				300,000	164,063	250,000		320,000	72,384	<b>1,106,447</b>
Tutapona	22,267									<b>22,267</b>
UNFPA	928,000			1,019,000					155,760	<b>2,102,760</b>
UNHCR	3,637,648	6,203,262		5,451,704	6,370,012	3,111,622	18,468,787	6,872,365	3,941,797	<b>54,057,197</b>
UNICEF	160,000	300,000		705,000				550,000	385,000	<b>2,100,000</b>
WFP			6,444,481	776,828					543,539	<b>7,764,848</b>
WHO				900,000						<b>900,000</b>
<b>Grand Total</b>	<b>44,104,420</b>	<b>32,707,129</b>	<b>104,489,474</b>	<b>39,755,730</b>	<b>38,669,573</b>	<b>16,321,458</b>	<b>70,306,785</b>	<b>41,398,587</b>	<b>18,337,855</b>	<b>406,091,011</b>