Burundi Regional Refugee Response Plan

April – September 2015

May 2015

Cover photograph:
Over 25,000 Burundians have fled to Rwanda in recent weeks. Salvatore and Esperanza say they left home at 4 a.m. and trekked seven hours through the bush with their children. UNHCR / K. Holt

Strategic Overview

Period	01 April – 30 September 2015
Current Population	53,727 *(as at 14 May 2015)*
Population Planning Figures	200,000
Target Beneficiaries	200,000 Burundian refugees
Financial Requirements	USD 206,947,543
Number of Partners	18

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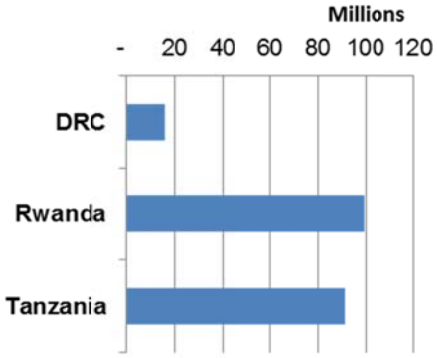
REGIONAL REFUGEE RESPONSE DASHBOARD

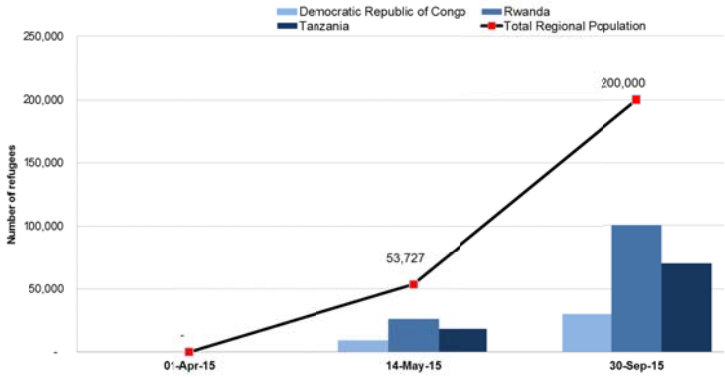
Total Requirements

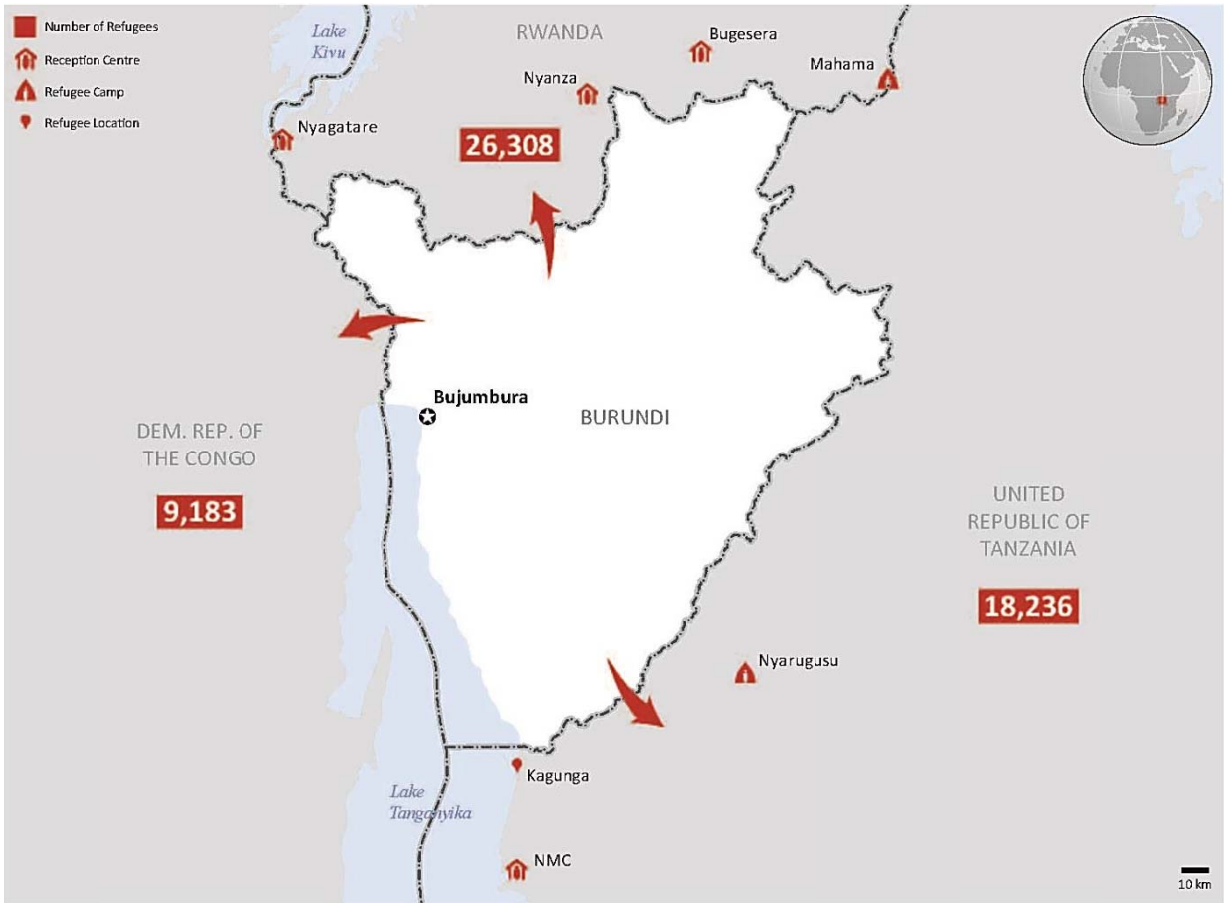
USD 207 million

Planning Figures

200,000 Burundian refugees







REGIONAL STRATEGIC OVERVIEW

Introduction

Since March 2015, socio-political tensions have been rising in Burundi ahead of the general elections to be held in June. The upcoming Presidential and Legislative elections are considered a critical milestone for the long-term peace and stability of the country. However, tensions are increasing and the political landscape is marred by polarization and limited political space. Protests between supporters of the opposing political parties became increasingly violent, mostly in the capital Bujumbura. In particular, intimidation by the *Imbonerakure* — the armed and increasingly violent youth wing of Burundi's ruling party, the National Council for the Defence of Democracy-Forces for the Defence of Democracy (CNDD-FDD) - has been cited as one of the main reasons by Burundians to flee to neighbouring countries. Since the beginning of April, a steady outflow of Burundians has been taking place first into the Republic of Rwanda (Rwanda) and now increasingly to the United Republic of Tanzania (Tanzania), the Democratic Republic of Congo (DRC) and, to a lesser extent, to Uganda.

Several key events in Bujumbura, such as the 26 April announcement of the current President's intention to run for a third term, considered by the opposition as a violation of the Arusha Agreements of 2000, and the attempted coup by military leaders on 13 May while the President was on a visit to Tanzania, have resulted in more violence in and around Bujumbura. Inevitably, the outflow of Burundians to neighbouring countries has dramatically increased. On 22 April, UNHCR declared an L1 emergency and on 11 May, in response to the worsening of the situation, a L2 emergency was declared and a Regional Refugee Coordinator was appointed.

As the situation in Burundi remains tense, unstable and largely unpredictable, it is expected that more Burundians will flee the country in even larger numbers. Though the President has repeatedly called the demonstrators for calm and respect for the rule of law, the threat of the *Imbonerakure* is still large and violence is not expected to scale down throughout and after the end of the electoral process. In a country that has a long history of ethnic and political violence, and with an overwhelming population that live under the poverty line, this current set of events could have wide-ranging negative knock-on effects on the entire Great Lakes region, making old conflict tensions resurface.

While the situation remains fluid and comprehensive scenario planning is difficult, the needs of refugees, who flee through difficult areas to reach safety, are increasing. The Governments of the neighbouring countries that are receiving Burundian refugees need quick and strong support from humanitarian partners to address the situation. This Regional Refugee Response Plan aims at addressing the current and evolving needs for a six-month period, from April until end-September, and will be reviewed as the situation inside Burundi evolves.

Beneficiary Population

	1 Apr 2015	*14 May 2015*	*30 Sep 2015*
Democratic Republic of Congo	-	9,183	30,000
Rwanda	-	26,308	100,000
Tanzania	-	18,236	70,000
Total Population	**-**	**53,727**	**200,000**

Regional Protection and Humanitarian Needs

The socio-political climate in and around Burundi has significant implications on the overall strategy and the regional refugee response. Maintaining a safe and secure protection environment for fleeing Burundians, as well as maintaining the civilian nature and humanitarian character of asylum, is of highest concern. This will include screening arrivals and separating any armed elements from civilians, ongoing border and protection monitoring, including for possible grave child rights violations occurring within refugee sites. In the DRC, the presence of armed elements in the border region with Burundi is a matter of concern and the relocation of refugees farther away from the border is essential. In Rwanda, in itself a small and mountainous country, finding suitable land to accommodate refugees will increasingly become challenging as numbers increase. In Tanzania, refugees are crossing Lake Tanganyika, staying on the lakeshore peninsula of Kagunga before they could be transferred to the mainland. The logistics of transport by boat, not to mention the difficult terrain around the arrival point in Kagunga, are equally of concern as health conditions are quickly deteriorating and an outbreak of cholera has been confirmed. Though the rainy season should be coming to an end in the coming weeks, the interim period will nevertheless be wet and make the terrain even more challenging.

Protection

All three neighbouring countries are signatory to the 1951 Refugee Convention and its 1967 Protocol, thus enabling refugees to freely access their territory, granting them refugee status on a prima facie basis and providing them the necessary documentation. Though there were initial difficulties in gaining access to Tanzania, border restrictions have been lifted resulting in a sudden surge of arrivals. It is not envisaged that access will be limited, unless there is a surge in arrivals of armed persons or militia groups. Protection issues for women and children during the difficult transit needs to be addressed, given the vulnerability of children to disease and women and girls' responsibility for care. Level 1 (household registration) and level 2 (individual, biometric registration) has commenced in all countries, though it is difficult to access groups in host communities in the DRC and those that are transiting across the lake in Tanzania. Immigration and other relevant Government officials will require additional human and technical resources to register and document the 200,000 refugees expected in the region.

Analysis of the composition of new arrivals shows a large proportion of women, children and the elderly. The number of separated and unaccompanied minors is also considered high, even at this early stage of flight. Given the high caseloads there will be need to use vulnerability criteria to identify those most in need, for Best Interest Assessments, and follow up case management, along with other vulnerable children. Though it is not yet considered a dominant trend, there are increasing reports from refugees of being targeted because of their ethnic background rather than political affiliation. This trend needs to be carefully monitored not only within the refugee locations, but also between refugees and their host communities.

The large proportion of men among the refugee population could affect power dynamics within the camp and enforce patriarchy norms necessitating the establishment of women's centres for information sharing and capacity building for their effective involved in community life. Relevant sex and gender disaggregated data need to be compiled and used to inform protection strategies. The protection of women needs to be strengthened and their active participation and visibility in decision making promoted.

Interventions to strengthen family tracing and reunification, enhancing child protection services and setting up prevention and response mechanisms to sexual and gender-based violence are necessary. Psychosocial and trauma counselling may also be required in addition to ensuring adequate health services are in place for survivors of violence. The elderly and persons with specific needs will require additional services to ensure their protection needs are met.

Education

The current unrest has disrupted the education of thousands of children and youth. It will be essential to ensure the immediate resumption of education activities in the camps. Non-formal emergency education can start immediately while arrangements are made for the establishment of formal education based on the Burundian curriculum or through the integration into host country national

education systems. The end of grade 6-exam (concours national) will have to be organised in the various host countries, working in close consultation with the Ministry of Education in Burundi. Furthermore, alternative spaces for transit sites need to be established to ensure schools are not used for long periods and access to education is disrupted.

Shelter and Non-food items (NFIs)
Refugees arrive with almost no belongings and often in poor health. Quickly providing suitable shelter away from external threats is a priority. In Rwanda, a refugee camp needs to be established, upgraded and expanded to accommodate the large numbers of refugees expected. Potentially, a new site will also have to be identified and set up. In Tanzania, the priority is to relocate refugees from the lake area to the existing camp of Nyarugusu further inland. The logistical challenges associated with this relocation are immense. In the DRC, finding a suitable relocation site has proven difficult taking into consideration the local socio-political tensions, but a possible site has now been identified by the Government. This completely new camp has still to be set up and refugees relocated from host communities.

Providing refugees with basic household, sanitary and hygiene goods such as plastic sheets, buckets and soap will need to be done in the first few days of arrival to ensure a sense of dignity and also to prevent further deterioration of health and hygiene standards in confined spaces.

Water, sanitation and hygiene (WASH)
Strengthening interventions in this sector will be critical to ensure an adequate water supply is available at refugee transit sites, reception centres and camps. In the initial stages it may be necessary to have regular water trucking, while other more semi-permanent water sources such as bore holes and pumps are installed. Such interventions may be easier in some areas than others due to low natural water tables. Similarly, latrines and washing areas need to be constructed, repaired and/or expanded to meet the needs of the refugee population. Waste water removal and solid waste disposal mechanisms are required to maintain basic levels of sanitation and hygiene and to avoid worsening of health conditions and prevent the outbreak of water borne diseases.

In addition, refugees will require some level of education in safe hygiene practices, and community groups to train and monitor these practices should be set up. Mobilisation and sensitisation of women in hygiene practices will be critical for community compliance and safety.

Health and nutrition
As previously mentioned refugees arrive in poor health and need immediate health care assistance. Due to the relative poverty of Burundi, the nutrition levels of the population are already low and this is exacerbated during flight. Sub-optimal infant and young child feeding practices contributed to an acute risk for under-nutrition along with the other following factors. The risk of infectious diseases and water-borne diseases spreading is high, not least because of the wet conditions arising out of the rainy season. There are also very high rates of malaria, respiratory illnesses, and diarrhoea which also present major health risks and increased the risks for child malnutrition. Additionally, upper respiratory infections, malaria and watery diarrhoea diseases are the most commonly reported health conditions seen at the health posts. Epidemic surveillance and containment, procurement of vaccines and ensuring immunizations will be important to prevent the outbreak of disease.

The prevalence of Global Acute Malnutrition (GAM) is said to be high already upon arrival and corrective measures need to be made immediately to prevent further nutritional deterioration. Similarly addressing needs of pregnant and lactating mothers to avoid further health deterioration will be necessary. Access to reproductive health services from clean delivery to safe assisted delivery and emergency obstetric care are critical life saving measures that need to be put in place in order to prevent excess maternal and neonatal mortality and morbidity for women and their new-borns. Some refugees arrive dehydrated and require immediate attention. In addition, strengthening the capacity of local health posts will be necessary to avoid overburdening the hosting health systems in rural areas.

Food
Maintaining acceptable nutrition levels depends largely on the availability of nutrient-rich food. Timely and regular food distribution, both at points of entry and later in the camps, is critical. Supplementary feeding for moderately malnourished refugees such as for infants, pregnant and lactating mothers, will

be ensured and therapeutic nutrition management will also be undertaken in refugee hosting locations.

Energy and Environment
The effect that additional populations have on the depletion of natural resources surrounding the camps can be devastating if not managed properly. Rwanda, for example, has strict forest conservation and environmental regulations to manage its natural resources. To ensure that the eco-systems are not placed under any additional burden with the increase in populations, interventions to provide refugees with sustainable energy sources for cooking and lighting and replenishing spent resources will be important.

Livelihood
Similarly, in order to ensure good host and refugee community relations and manage the use of scarce resources effectively, refugees should be provided with opportunities to engage in small-scale livelihood activities. This will not only enhance their sense of dignity, but also provide some added income which could be reinvested into the host communities' local economy by providing access to markets. It would also ensure that refugees would be able to utilise added cash to cover their families' most urgent needs.

Logistics and Transport
The region is well known for its hilly terrain and large lakes. The topography poses problems in the delivery of assistance as it increases costs and travelling time. In addition, in Tanzania, where refugees arrive mostly to remote locations, ensuring speedy relocation to safe areas has proven challenging. In some countries, the road system is not well serviced or non-existent in the areas where refugees are fleeing, adding another level of complexity. Ensuring refugees' needs are met will require careful consideration and utilisation of appropriate transport methods (boats, trucks, off-road vehicles), necessary fleet management and maintenance and protection of vulnerable groups along the way. In addition, appropriate communication tools need to be put in place for close coordination and logistics.

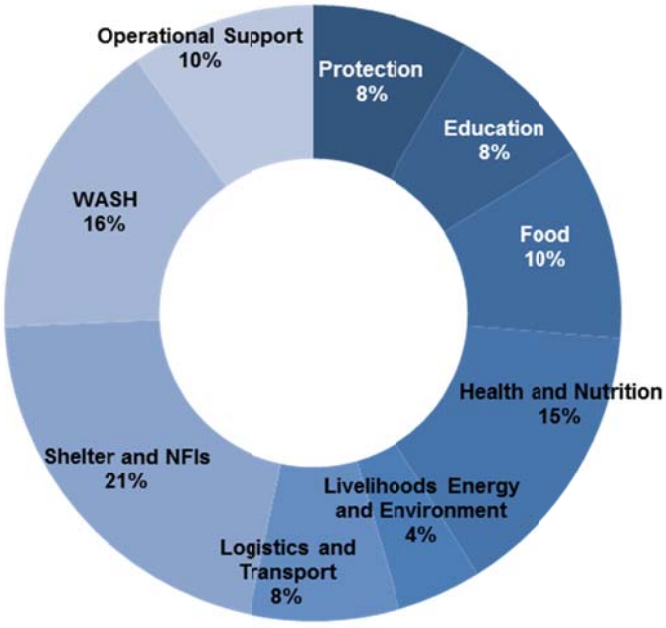
Figure 1: A mother weighs her baby at a nutritional screening centre for new arrivals in Mahama Refugee Camp, Rwanda. UNHCR/K.Holt

Achievements

The most significant achievement to date is the unhindered access that refugees have had to neighbouring countries' territories. Governments are aware of and honour their responsibilities under international law to provide asylum to refugees, and they all abide to the principle of '*non-refoulement'*. Rwanda, as the first country to receive Burundian refugees, quickly reacted in receiving refugees, locating land for transit centres and setting up a new camp in Mahama. The humanitarian community has equally stepped in to provide additional support and guidance to the process. Refugees were quickly registered on arrival and where possible are being transported to more suitable locations where the delivery of assistance and more detailed individual registration and data gathering takes place.

Emergency support in all sectors is being provided, however these all need to be enhanced as the crisis unfolds and more refugees arrive.

Budgetary Requirements (US dollars)



Total: USD 206,947,543

Coordination

The countries forming the Great Lakes region, having had a turbulent history, are not new to hosting refugees from neighbouring countries, in most cases for several decades. In this regard the national and local public structures, vital to ensuring an effective response to refugee emergencies, are largely already in place. Shortly after UNHCR declared L1 emergency in April 2015, the inter-agency refugee response, in close coordination with the Government and under the leadership of UNHCR, as mandate holder for refugee protection and in line with the Refugee Coordination Model (RCM), was set in motion.

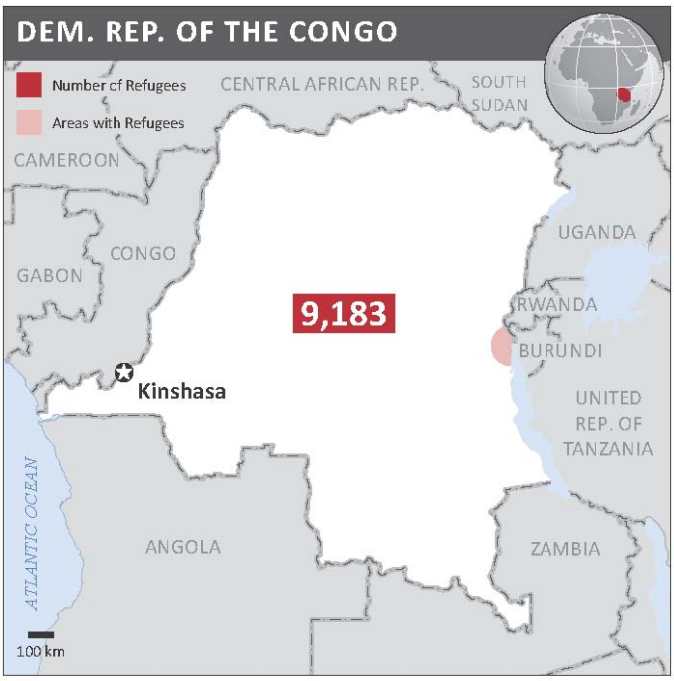
Initially, due to the lower number of refugees in other neighbouring countries, the process was started in Rwanda, which already coordinates jointly under the 'One-UN' model. As the crisis unfolded and violence escalated, more refugees left Burundi to neighbouring countries. In May, with the declaration of an internal UNHCR L2 refugee emergency and appointment of the Regional Refugee Coordinator, a regional approach to the refugee response was adopted. Inter-agency consultations with relevant Government counterparts have commenced in all neighbouring countries and this Regional Refugee Response Plan is the result of these discussions.

Inter-agency meetings are being held on a regular basis, to revalidate the planning assumptions and framework, address any challenges in provisions and most importantly reassess the needs. As the situation in Burundi further unfolds and with the evolution of the election process, appropriate reassessments on the duration of this plan and its initial planning assumptions will be made.

Organizations in the Response

Organization
ADRA Adventist Development and Relief Agency
AHA African Humanitarian Action
ARC American Refugee Committee
Caritas
FAO Food and Agriculture Organization of the United Nations
IOM International Organization for Migration
OXFAM
PAJER Parlement des Jeunes Rwandais
PLAN International
RRC Rwanda Red Cross Society
SCI Save the Children International
UN Women UN Entity for Gender Equality and the Empowerment of 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
WVI World Vision International

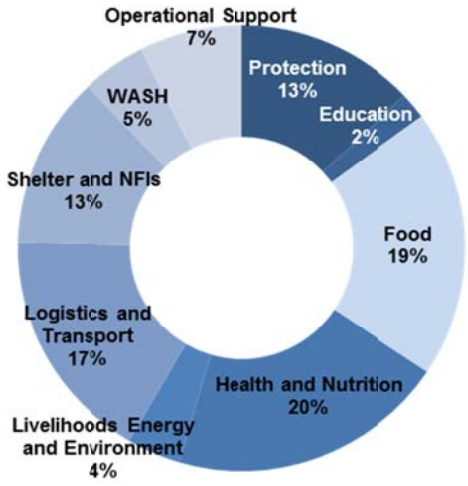
DEMOCRATIC REPUBLIC OF THE CONGO RESPONSE PLAN



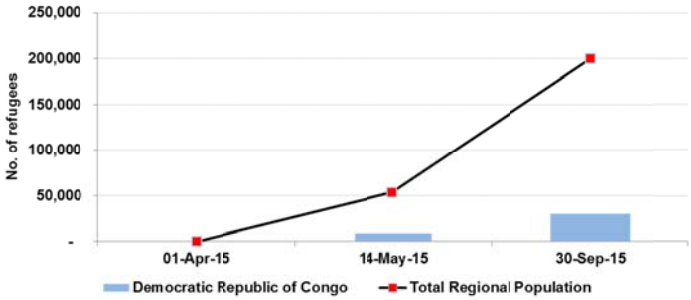
Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 15 May 2015.

Financial Requirements *(US dollars)*

15,992,036



Population Trends



Background and Achievements

The Democratic Republic of the Congo - DRC (formerly Zaire) is a signatory to the 1951 Convention on Refugees and its 1967 Protocol. It is also a State party to the 1969 OAU Convention governing specific aspects of Refugee problems in Africa. At the internal level, the Democratic Republic of Congo has adopted and promulgated laws related to the refugee situation, namely Law № 021 of 16 October, 2002 concerning the refugee status and the Law № 022 establishing the National Commission for Refugees (CNR).

In respect of Article 33 of the 1951 Convention relating to refugee status which is the cornerstone of international protection, the Democratic Republic of Congo respects the principle of '*non-refoulement*'. Thus, it has regularly hosted Burundian nationals fleeing violence in their country. In 1972, thousands of Burundians fled their country following ethnic violence between the Hutu (majority) and the Tutsi (minority) ethnic groups. Sixteen years later in 1988, thousands of Burundians sought refuge in the DRC in the wake of massacres in Ntega and Marangara, Burundi.

In 1993, the assassination of the first democratically elected president of Burundi led to a civil war that forced thousands of Burundian refugees to go to the DRC while the more recent wave of Burundian refugees, prior to the ongoing crisis, arrived in the DRC in 2002 following violence in Itaba, Burundi. Burundian refugees who chose not to return reside in the DRC mainly with the host community, with whom many have family links.

Some 9,000 Burundian refugees who arrived prior to 2015 live in the territories of Uvira, Fizi and areas in the Ruzizi Plain, close to the border with Burundi. However, these regions are affected by conflict between the Bafulero and Barundi people (Congolese of Burundian origin), particularly the area of Ruzizi Plain, Uvira territory. The conflict is over land resources and political influences, but has also an ethnic dimension. In April 2012, the assassination of the Barundi Chief aggravated tensions between Barundi and Bafulero despite reconciliation efforts by the Government and the United Nations. In 2010, UNHCR started a registration process of Burundian refugees in the territories of Uvira and Fizi: around 15,000 refugees were registered. Since 2010, nearly 8,000 refugees have been assisted to voluntarily repatriate in safety and in dignity.

Since March 2015, Burundian nationals are once again fleeing their country, fearing escalating violence following the decision of the current Head of State, Pierre Nkurunziza, to run for a third consecutive term, which is considered by the opposition to be unconstitutional and contrary to the Arusha Agreement of 2000.

These recently arrived Burundian refugees are scattered in many places in the territories of Uvira and Fizi. Some are located in areas close to the border with Burundi in the Ruzizi Plain. By 14 May, 9,183 refugees have been registered in South Kivu, 7,744 in Uvira and 1,439 in Fizi. The most vulnerable (884) were transferred to the Kavimvira Transit Centre, Sange Assembly Point and Mongemonge Transit Centre where they are assisted with food and non-food items. Another, 6,987 individuals (1,398 households) living with host communities also received food for seven days. The refugees are currently residing with the host community, putting further stress on their food security situation as resources are fast depleting. The influx is straining local infrastructure and host population resources in an already fragile humanitarian environment.

The recent influx of Burundians into the Ruzizi Plain may exacerbate existing tensions between the Barundi and Bafulero communities. The presence of the Forces Nationales de Libération (FNL) in the Ruzizi Plain, which was supposed to be dismantled by the joint military operation Kamilisha Usalama II (FARDC and MONUSCO), is still a matter of concern for the safety of Burundians as well as the possible incursion of *Imbonerakure* militia into the DRC. In light of the recent political developments, the situation in Burundi is likely to deteriorate further. It is estimated that due to the general fear of violence and ongoing clashes between various political rivals, some 30,000 people might arrive in DRC from Burundi by September 2015.

Achievements

- Humanitarian partners and the DRC Government agreed to relocate refugees away from the border security considerations. A refugee camp at Lusenda in Mboko (Fizi Territory) has been identified by the Government. This site is far from the border and refugees can benefit from a comprehensive community-based assistance programme intended to strengthen the capacity of existing local structures and not create a camp.
- Burundian refugees have been able to enter the DRC unhindered. The DRC authorities are granting *prima facie* refugee status to the newly arrived Burundian refugees.
- About 9,183 refugees have been registered in South Kivu: 7,744 in Uvira and 1,439 in Fizi. Those with specific needs (884) were moved to the Kavimvira Transit Centre (TC), Sange Assembly Point and Mongemonge Transit Centre and received food rations for one month and non-food items assistance.
- 17 tonnes of food to feed 1,000 persons with specific needs gathered at Kavimvira, Sange and Mongemonge has been provided.
- Some 6,987 individuals (1,398 households) living with host communities received a seven day are currently receiving food rations.
- 166 unaccompanied and separated children were identified amongst the refugees. Response and protection mechanisms to ensure child protection are being set up.
- Since 9 May, biometric registration (Level 2) is taking place at Kavimvira TC and Sange Assembly Point. It will also be conducted in the Ruzizi Plain and in Fizi territory for refugees living with host families.
- Some 64 individuals received health care assistance in the Kavimvira TC and the Sange Assembly Point and 10 persons were transferred to hospitals.
- The extension of Kavimvira TC to additional dormitories and latrines and the electrification of the Sange Assembly Point were completed.
- The construction of a new community space at Kavimvira TC is ongoing.
- A coordination framework with the humanitarian actors working in the province of South Kivu has been established. Weekly coordination meetings take place.
- MONUSCO has provided 5,000 litres of water at the Kavimvira TC. The National Company of Water, REGIDESO, has also provided water. At Sange Assembly Point, drinking water is available and another water tank with a capacity of 3,000 litres is being installed. Both in Kavimvira and Sange, refugees have access to 15 litres of potable water per person per day. In addition to the current water supply arrangements, additional provide potable water will be provided by partners at the current assembly points and in transit centres.

Humanitarian Needs and Vulnerabilities

Of the 9,183 Burundian refugees in the DRC, the majority come from Cibitoke (51%), while smaller percentages are from Bujumbura City (9%), Bururi (7%), Bujumbura rural (6%), Bubanza (6%) and Ngozi (6%). A total of 917 households (10%) have been identified with specific needs. Almost 60% are children including some 166 of whom are unaccompanied or separated, 468 single parent headed households, 109 pregnant women, 106 elderly people, 49 people with serious medical conditions, 42 people living with disabilities and 21 children and adolescents at risk.

Biometric registration of refugees is already being carried out as it establishes legal status and strengthens refugees' enjoyment of rights and access to services. Well managed registration records mitigate fraud and strengthen security, assuring that refugees are able to obtain crucial civil status documents such as birth certificates and also providing evidence of their legal status in the country of asylum. Since a significant number of unaccompanied and separated children were identified, a suitable response mechanism is required such as support for family tracing and other child protection interventions to ensure their safety.

Figure 2: A recently arrived Burundian refugee family awaits registration in the Democratic Republic of the Congo. UNHCR/F.Scoppa

Host communities are the first to bear the burden of an influx of refugees. The food security situation of this area is already weakened by many decades of armed conflicts and population displacements. In fact, the results of the food security monitoring survey conducted by WFP and the Ministry of Agriculture in February 2015 shows that 32% of households in South Kivu are food insecure. Such pressure may create tensions between different communities. Some host families are reported to have withdrawn assistance they have provided so far.

Therefore there is an urgent need to move refugees to a site where humanitarian actors can provide them with comprehensive assistance thus reducing the friction with host communities. However, as relocation to the camp should be voluntary, some refugees may decide to remain among the hosting communities. Humanitarian assistance will be provided on the basis of vulnerability assessments to both refugees outside of the camp and vulnerable host communities. The relocation has also been proposed by the authorities to ensure the safety and security of the refugees.

Moreover, sensitization on HIV/AIDS and sexually transmitted infections (STIs) should be strengthened and encouraged. The response in providing adequate primary health care, comprehensive emergency obstetric care, referral services and care for chronic diseases should be strengthened, while being careful not to weaken the existing local health system of the host country due to increased pressure. Access to holistic response including awareness raising, protection and prevention are all crucial. Sensitization sessions on SGBV are required for refugees and host communities.

Food assistance has been provided to the most vulnerable refugees accommodated in transit centres; high energy biscuits are available for distribution to new arrivals and a distribution of food for one week has been carried out for about 7,000 refugees in host communities. Insufficient food assistance for refugees staying with host families and other factors such as frequent childhood illness, delayed management of childhood illnesses, sub-optimal infant and young child feeding practices may result in exposure to malnutrition and diseases and must be addressed.

Without comprehensive support, the refugee population may be exposed to additional risks of sexual exploitation, child labour, forced recruitment and recruitment into armed groups active in the area. Insufficient water, hygiene and sanitation facilities in both the host communities and for refugees can lead to an increase in water-borne, epidemic and endemic diseases. Lack of women's centres is an

impediment for a more targeted multi-sector approach to providing services, including through having access to information and resources. Women need to organize themselves so that they can be active in the community life within the conditions as a refugee for a more effective humanitarian response.

To ensure peaceful relations with hosting communities community-based projects will be implemented, which include conducting recreational, vocational and educational activities programmes strengthen SGBV prevention and construction of various community infrastructure.

Response Strategy and Priorities

Protection – including Sexual Gender-Based Violence (SGBV) and Child Protection (CP)
The priority for humanitarian actors is to ensure Burundian refugees have access to asylum and thus benefit from protection, including against *refoulement*, and access to registration procedures and adequate documentation. This is achieved through regular consultations with government authorities. In collaboration with Governmental authorities the biometrics registration has been put in place and identity documents will be issued to refugees ensuring their protection, facilitate their access to essential services and enjoyment of rights. Providing legal protection for vulnerable groups such as children, women, victims of sexual and gender-based violence (women, men, girls and boys) to monitor people with special needs, people with disabilities or chronic illnesses, pregnant mothers and the elderly will underpin the response.

Good contacts will be established with the authorities present at the borders to monitor the population movements. This will allow information exchange with refugees and in order to learn about the situation in the country of origin, as well as the border crossing problems that might arise from either side. Frequent border monitoring verification exercises will be carried out to identify possible protection concerns and find remedies together with the competent authorities. Refugees will be moved to a relocation site away from the border for security reasons.

Persons with specific needs (PWSN) will be identified upon arrival and provided with direct assistance or referral as appropriate. Unaccompanied or separated children (UASC) will be identified upon arrival and shall benefit from specialized assistance along with other children with specific protection concerns. Given the high caseloads there will be need to use vulnerability criteria to identify those most in need, for Best Interest Assessments, and follow up case management, along with other vulnerable children. Support for family tracing and reunification will be organized. Pending the results of family tracing, foster families for such children will be organised. Sensitization on forced recruitment by armed groups will be strengthened and the development of recreational, social and child-friendly spaces will be part of the response.

A multi-sectoral approach building on existing structures, response mechanisms and referral pathways will ensure that SGBV prevention and response services will be provided. Partners will focus on the reintegration of SGBV survivors into refugee communities through economic empowerment initiatives and community awareness, intensive sensitization on prevention and response to SGBV. These initiatives will play a key role in reducing the risk of SGBV and improving the quality of the response. An overall strategy for community protection will be in place to identify, respond to and assist vulnerable groups.

Though the majority of refugees will be relocated existing tensions between the Bafulero and Barundi may resurface, especially in light of about 9,000 Burundian refugees already living with host communities in the area. Specific actions are needed to ease tensions and prevent escalation. This includes sensitization and strengthening of existing mediation mechanisms, but also concrete actions to strengthen the absorption capacities of host families and host communities (e.g. improvement of community infrastructures such as local roads, support to ensure reforestation). Such interventions are needed both in the area of the refugee site and in the Ruzizi Plain, where refugees arrive.

Health and Nutrition
The risk of the spread of water-borne, epidemic and endemic diseases is high in the area where refugees will be accommodated. Humanitarian partners will work on the prevention and reduction of morbidity and mortality due to malnutrition, providing immediate basic care and nutrition information

on the prevention and management of malnutrition. In addition, there is an urgent need for case management of malaria, pneumonia and diarrhoea, which are the main causes of child morbidity and mortality. The response will focus on the provision of adequate and quality care for adolescents and young people, integrated sexual and reproductive health services, including STI/HIV. Nutritional support will be provided to people living with HIV on treatment through existing health structures. Children will require immunization against measles and polio virus, comprehensive emergency obstetric care is needed for safe motherhood and new-born care and care for chronic diseases will be necessary. The response strategy is to ensure that the functional inter-agency coordination mechanisms be strengthened and that essential health services, with special emphasis on women and children, will be established. The main strategic objective is the training of community health workers to support daily health sensitization activities conducted for basic health promotion, prevention, and social mobilization to reach the community of refugees.

Basic health kits and emergency reproductive health kits will be provided ensuring that the necessary supply is culturally appropriate and will reach the refugee population on time. Similarly, effective leadership for continuous inter-agency nutrition coordination systems will be provided. The assessment of timely nutritional surveillance systems will be strengthened, and women and children suffering from acute malnutrition will be provided with appropriate management services. Nutritional supplements for all children with moderate malnutrition and for children aged 6 to 59 months, pregnant women and lactating women, will also be made available. Therapeutic feeding will be provided for children under five years and pregnant/lactating women suffering from severe malnutrition. Additional nutrition support will be provided to step up active identification of malnourished individuals.

Water, Sanitation and Hygiene (WASH)
Partners will ensure that refugees have access to drinking water at the rate of 20 litres per person per day. In addition, refugees will be sensitized on personal and food hygiene to minimize the risk of water-borne diseases in the TCs, refugee sites and host communities. It is also essential to build male and female latrines according to standards, that is, one latrine per every 50 people. Similarly, male and female shower blocks will be built. The rehabilitation of water sources and the increasing existing capacity to better serve the refugees and the host community, and the construction of garbage pits will be performed. The distribution of hygiene kits for women and girls of reproductive age on a periodic basis will also be ensured.

Food
During the first phase, food will be distributed to all refugees based on status among host households and target the most vulnerable households as well to diffuse tensions and to alleviate the strain on their already meagre resources. Vulnerability and market assessments will be undertaken during this first phase also to establish a baseline. Once refugees are relocated, unconditional food transfers (in the form of food, cash or vouchers, based on feasibility and market conditions) will be provided on the relocation site in line with the agreed standard of 2,100 kcal/person/day for the first three months. In the meantime, a Joint Assessment Mission will determine the best strategy to address protracted food needs in case the situation in Burundi is not conducive to returns.

Food assistance will also be provided outside of the relocation site, for those refugees who may decide not to relocate, among the host communities and host households, based on vulnerability. Food assistance outside of the camps will be conditional or unconditional depending on needs. To the extent possible, food assistance for assets will be provided to improve infrastructure and enhance the opportunities for both refuges and vulnerable host communities to enhance their livelihood base.

A long-term strategy to support resilience and self-reliance and avoid dependency will be developed. Assistance strategies will be developed with the refugees and host communities in order to determine the most appropriate and gender sensitive way to implement assistance in the form of cash, vouchers, direct food assistance or a combination of the three. Appropriate early recovery tools such as support to access arable land as and when possible will enhance food security and resilience.

Shelter and Infrastructure
Refugees will be relocated away from borders to avoid potential security problems. A relocation site has been identified for Burundian refugees by the Government. This site is at a reasonable distance from the border and refugees will benefit from a community based holistic assistance programme

there. This will strengthen the capacity of existing local structures and be beneficial to host communities as well. A relocation plan will be implemented. Most new refugee arrivals are received in large communal shelters (hangars) and some go directly to live with host communities. This leads to overcrowding and related social and hygiene concerns for refugee and host community populations. The relocation of refugees will also minimize strain on host communities.

At the new relocation site, 500 emergency shelters will be constructed for 2,500 vulnerable refugees. Shelter kits and material tool kits will be distributed to 5,000 households. Community infrastructure, such as a registration building, latrines, community kitchen, storage facility, meeting area and health unit will be established. The extension work for the accommodation capacity of Kavimvira Transit Centre has already been completed. This included adding dormitories and latrines and ensuring electricity supply. The works for the construction of a new community space are ongoing. The electrification at the Sange Assembly Point electrification has also been completed.

The shelter strategy includes gender-sensitive site planning. The objective is to meet the accommodation needs of planned 30,000 Burundian refugees. Once the relocation site is established and refugees are moved, non-food items such as plastic sheeting, jerry cans, kitchen sets, mosquito nets, soap, mats and blankets according to family size will be distributed.

Non-Food Items (NFIs)
The arrival of refugees has put pressure on already limited basic and relief items of the host communities. Most of the Burundian do cross borders little of their own belongings, without basic domestic items (cooking plots, buckets, blankets etc.). General distribution of core relief items need to be done at this earlier stage to avoid disputes around such items between newly arrived refugees and communities. Without a minimum of non-food items, refugees cannot feel dignity during their stay.

Education
In close collaboration with government and partners, advocacy will be conducted to allow easy integration of Burundian children into national education system. Existing school structures in the area receiving refugees will be strengthened. Education will be used to enhance the protection of refugee children, allowing those who may have been traumatized by their journey to resume a daily routine and continue their studies. This will also reduce parental anxiety and family tensions related to the interrupted school year. Education and recreational activities are valuable in protecting children from exploitation, including SGBV and forced recruitment. Educational activities will be linked to community services and community-based activities that include recreational activities and the provision of child friendly spaces. Where feasible, in the schools targeted through this plan, emergency school feeding can be implemented to establish a safety net where children can attend school and alleviate short-term hunger.

Logistics and Transport
Logistics capacity should increase quickly with the creation and expansion of new site for Burundian refugees. Additional needs in terms of transport, storage, light vehicles, trucks, minibuses and rehabilitation of roads to access to the site must be taken into account. Giving that refugees will be moved from the areas of temporary settlement to the new site, ensuring adequate vehicles will be required. The fleet maintenance costs will also increase due to frequency of vehicle movements. Access roads will be rehabilitated and maintained to facilitate continuous access to the identified site.

Figure 3: Some 150 Burundian refugees have been relocated from the Luvungi makeshift camp to Kavimvira transit centre in Uvira, DRC. UNHCR/F.Scoppa

Partnership and Coordination

UNHCR is responsible for coordinating the response to the influx of Burundian refugees in accordance with its mandate and the Refugee Coordination Model. In the DRC, the government authority responsible for the management of refugees is the CNR and is the primary counterpart with regards to defining the parameters of the Burundi refugee response. The inter-agency framework allows for the effective coordination between local authorities, UN agencies and non-governmental organisations. A refugee coordination structure has been established in South Kivu. Weekly coordination meetings take place in various sectors to identify appropriate responses and coordinate actions amongst the partners.

The management of complex crises is the responsibility of the authorities; the humanitarian community participates at several levels, including the preparation of contingency plans for the preparedness and response, in support of government; inter-agency coordination is provided by the local inter-agency committee, Comité provincial Inter Agence (CPIA), with support of the UN Office for the Coordination of Humanitarian Affairs (OCHA).

Public Information
Regularly updated emergency response information will be shared among the government, humanitarian community and the media. Information shall be made available to the local and international media, through interviews with UNHCR, agencies and Government officials, press releases and press conferences. Media field trips to the border and to Lusenda relocation will be organized.

Mass Communication (with persons of concern)
The key principle is to ensure that all beneficiaries and stakeholders are informed on implemented projects. Community radios, a powerful tool for public communication will be used, in addition to leaflets, videos shows, information sessions in the regrouping site, and organization of dialogue with the target audience; using mutually-reinforcing communication techniques to disseminate simple messages. Regular meetings with persons of concern committees, leaders, awareness-building and general public information activities will be conducted.

Planned Response

Protection ***(including SGBV and Child protection)***	- Register all refugees at Level 2, on an individual basis with the minimum set of required data and provide documentation. - Provide training to government officials on human rights and international protection of refugees. - Relocation of refugees to a refugee camp. - Ensure authorities understand and respect national obligations related to the separation, disarmament and internment of armed elements for the preservation of the civilian character and humanitarian character of asylum. - Establish women centres/ safe spaces for multi-sector prevention and response services. - Provide camp security by deploying national police and security officers. - Train and build the capacity of the protection of partners on protection of refugees in emergency situations, the identification of cases of persons with specific needs and referencing different cases. - Undertake joint rapid protection needs assessments; strengthen existing tools and structures and conduct joint protection evaluations - Identify separated and unaccompanied children, finding sustainable solutions for the protection of UASC, organize family tracing and reunification. - Identify temporary sites with host families for UASC. - Continue to raise awareness among refugees on the forced recruitment of children and adults. - Set up and develop child friendly spaces for recreational and social activities for children. - Sensitize host communities and refugees to prevent and protect against SGBV through social communication strategies and behaviour change. - Set up and train community SGBV focal points. - Establish a referral system and multi-sectoral response to cases of sexual and gender-based violence. - Establish income-generating activities for women-at-risk. - Conduct community sensitization campaigns to promote peaceful co-existence with local communities. - Strengthen local mediation and peaceful resolution mechanisms. - Identify PWSN and assess their needs based on age, gender and diversity and ensure protection of PWSN. - Establish a baseline, monitoring and coordination system for PWSN management. - Provide dignity and hygiene menstrual items to women and girls
Education	- Conduct a rapid assessment of education needs to provide a response. - Distribute school kits to 7,500 pupils in primary schools. - Support emergency education for children in primary school. - Provide educational equipment such as tables and benches for existing school. - Construct or rehabilitate education facilities. - Identify and support local schools, which can accommodate children, provide educational and school materials. - Implement emergency school feeding in the targeted schools. - Organise end of the year exams for Gr. 6 (concours national)
Food	- Purchase and distribute agricultural inputs (seeds and tools). - Train and sensitize vulnerable households on agricultural technical and good nutritional practices. - Conduct food security vulnerability assessment among refugees and host communities. - Conduct market assessment. - Provide food assistance to refugees and vulnerable, food insecure host families. - Conduct a Joint Assessment Mission. - Distribute additional food assistance to the extremely vulnerable refugees and/or PWSN.

Health and Nutrition	- Strengthen the capacity of staff in charge of health and nutritional responses. - Supply medicine, nutrition commodities, and emergency health kits to existing health structures. - Manage epidemics, mass vaccination and routine immunization to prevent and treat endemic diseases such as malaria and diarrhoea. - Establish an HIV cross-border coordination mechanism. - Ensure the continuation of AIDS-related care and treatment of people living with HIV (confidential identification, PMTCT, ARV), including nutritional support - Implement guidelines IASC-HIV emergencies and HR. - Assess the nutritional situation of refugees and identify response. - Provide supplementary feeding, the provision of Ready-to-Use Therapeutic Food (RUTF). - Support the promotion, protection of adequate infant and young child feeding. - Organize community-based management of malnutrition. - Implement Minimum Initial Service Package (MISP) for reproductive health. - Supply Reproductive Health Kits to health facilities and partners. - Ensure access to safe delivery and emergency obstetric care.
Logistics and Transport	- Transport Burundians refugees from different border-entry/assembly points to the identified refugee camp. - Hire 10 trucks to transport luggage for Burundian refugees. - Rent minibuses to transport refugees from the pickup point to the assembly point. - Provide special transport for persons with specific needs. - Rent 17 light vehicles available for the transport, - Supply a stock of spare parts for maintenance of the fleet. - Use two available tanks for fuel storage (Bukavu: 52,000 litres, Uvira: 32,000 litres).
Non-Food Items (NFI)	- Acquire and distribute standard non-food items for 30,000 refugees. - Provide an emergency stock of NFIs.
Shelter and Infrastructure	- Identify an appropriate site for the development of a refugee camp and assess its capacity to accommodate new arrivals. - Construction of basic community structures and family shelters for vulnerable refugees. - Distribute shelter kits and tools and building materials.
Water, Sanitation and Hygiene (WASH)	- Set up water trucking system as required. - Build emergency male/female latrines according to SPHERE standards. - Organize campaigns on best hygiene practices. - Assess water resources. - Construct / rehabilitate water sources. - Treat drinking water. - Build emergency latrines. - Provide specific equipment and WASH supplies (pumps, generators, bladders, testing kits water, jerry cans, buckets, soap, water, treatment products, garbage, etc.). - Distribute WASH articles and build garbage pits. - Distribute hygiene kits to women of childbearing age.

Financial Requirements Summary – DRC

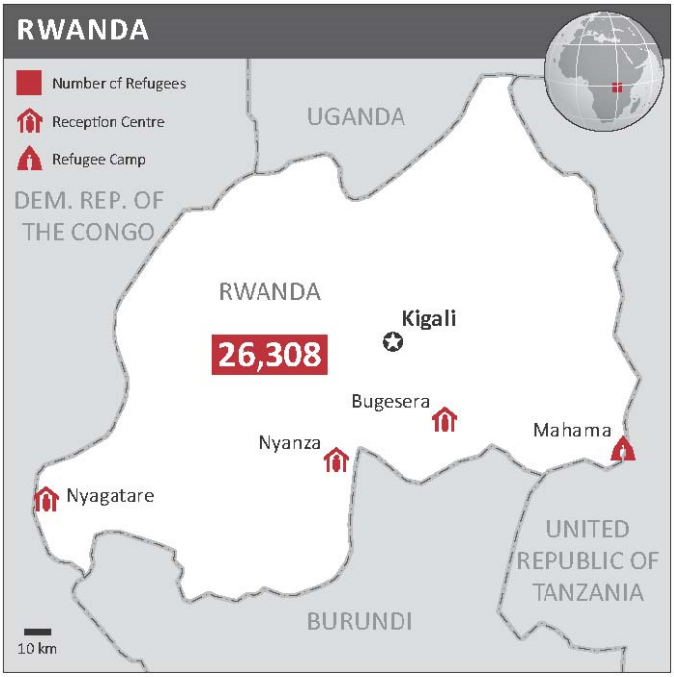
Financial requirements by agency (in US dollars)

Organization	Total
Caritas	**343,410**
FAO Food and Agriculture Organization of the United Nations	**510,000**
IOM International Organization for Migration	**1,800,000**
UNFPA United Nations Population Fund	**698,831**
UNHCR United Nations High Commissioner for Refugees	**6,323,795**
UNICEF United Nations Children's Fund	**2,166,000**
WFP World Food Programme	**3,000,000**
WHO World Health Organization	**1,150,000**
Total	**15,992,036**

Financial requirements by sector (in US dollars)

Sector	Total
Protection	**2,083,000**
Education	**308,100**
Food	**3,105,800**
Health and Nutrition	**3,228,781**
Livelihoods Energy and Environment	**612,350**
Logistics and Transport	**2,720,000**
Shelter and NFIs	**2,005,158**
WASH	**737,500**
Operational Support	**1,191,347**
Total	**15,992,036**

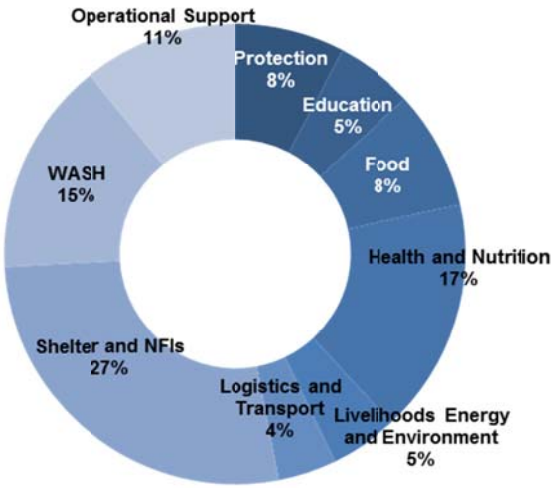
RWANDA RESPONSE PLAN



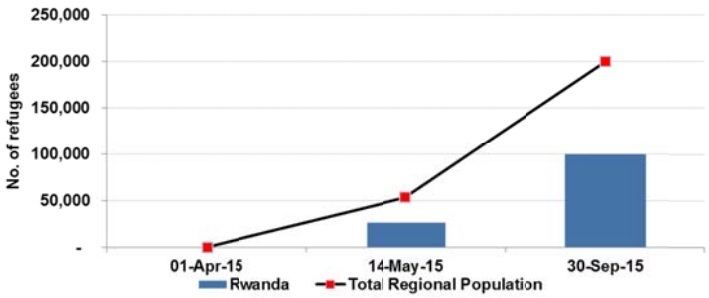
Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 06 May 2015.

Financial Requirements *(US dollars)*

99,574,290



Population Trends



Background and Achievements

On 31 March 2015, tensions linked to the elections in Burundi prompted the flight of the first refugees to Rwanda. Initially, arrivals averaged 300 per day, but began to soar to over 3,000 per day in the third week of April 2015. Refugees were received in two reception centres near the Rwanda-Burundi border, however, due to the surge in arrivals the Government of Rwanda's Ministry for Disaster Management and Refugee Affairs (MIDIMAR) decided to open a new refugee camp for Burundi refugees on 22 April 2015, and also declared *prima facie* refugee status for those fleeing from Burundi. A second refugee camp will be required should the influx surpass 59,000 refugees (as is expected linked to the ongoing tensions in Burundi and upcoming elections).

The Government of Rwanda (GoR) is a signatory to the 1951 Refugee Convention and its 1967 Protocol. It is also party to the 1969 OAU Convention. The GoR abides by the principle of non-refoulement and has been hosting refugees for decades, primarily from the Democratic Republic of Congo (DRC) but also from other countries in Africa. In 2014 a new asylum law came into force, which corresponds to international standards and reaffirmed fundamental principles such as the principle of *non-refoulement*. The Government is fully committed to its obligations under international obligations and displays good faith in doing so.

Burundians have fled ethnic clashes into Rwanda in different waves over three decades, in 1972, 1988, and 1993. Following a sizeable influx in 2004, Burundian asylum seekers living in Kigeme camp were recognized as refugees on a *prima facie* basis. However, refugees who fled to Kigali went through individual refugee status determination process and were recognized under the 1951 Refugee Convention when meeting all the eligibility criteria.

Burundi's next general elections, which will result in the election of members of parliament, senators, representatives of local councils and the President of the Republic, are scheduled to begin in late May 2015 and end in July 2015. The political debate among the opposite factions quickly degenerated, resulting in violent outbreaks between supporters from either party in the capital Bujumbura and its environs. At the beginning of April 2015, people began to flee the country.

During registration by MIDIMAR and the United Nations High Commissioner for Refugees (UNHCR), new refugee arrivals from Burundi declared that they suffered intimidation and harassment by armed youth militias (*Imbonerakure)* loyal to the ruling party. Among other reasons for flight, they report pressure to pledge allegiance to the regime, feared escalation of acts of intimidation and violence by the *Imbonerakure* as elections approach, and the disappearance of relatives.

On 25 April, the ruling party announced that the current Burundian President, Pierre Nkurunziza, will be its candidate for a third term in the presidential election. Simultaneously, refugee movements into Rwanda dramatically increased. As of 14 May, up to 26,308 Burundian refugees are living in camps in Rwanda, while several thousand additional Burundian refugees are as of yet unregistered and living in urban areas. In light of the recent political developments, the situation in Burundi is likely to further deteriorate. The total projected influx is now 60,000 by end-May and 100,000 by end-September 2015 (jointly discussed and agreed between the Government and the UN community).

Achievements

Due to contingency planning ahead of the sudden influx of Burundi refugees, as well as to the ongoing response for Congolese refugees in Rwanda, systems were in place and essential life-saving supplies for providing initial relief to refugees were pre-positioned before the emergency started, which enabled immediate action when the influx from Burundi began. MIDIMAR is the main government counterpart, and as Rwanda is a One UN country, there is close collaboration among UN agencies in the implementation of their respective activities. In December 2014, MIDIMAR and UNHCR developed a contingency plan to prepare for a possible influx from Burundi. This contingency plan was tested by Government of Rwanda (GoR) entities and UN and NGO partners in January 2015 during a four-day simulation exercise. As a result, agencies were prepared for the emergency and began multi-sectoral response interventions from the outset. The Refugee Coordination Model (RCM) is being applied, with UNHCR and MIDIMAR leading coordination for the Burundi refugee response. Since the beginning of the emergency, key achievements have included:

Access to territory: As a result of the Government's open border policies, refugees fleeing Burundi have had unfettered access to asylum, on a *prima facie* basis, and benefit from unrestricted access to host country territory. Newly arriving Burundi refugees are initially transported from the border entry points to two transit centres designated by the GoR in Bugesera and Nyanza districts, in southern Rwanda. Following the dramatic increase in arrivals in the second and third weeks of April, the GoR announced the opening of a refugee camp, and allocated land in the Eastern Province.

Establishment of refugee reception centres and camps: After the GoR designated two reception sites, humanitarian actors immediately began rehabilitation of existing structures and construction of additional communal hangars, registration facilities, communal cooking facilities and distribution of hot meals, WASH facilities, health post, etc. for both sites. Once land was allocated for a new camp, an interagency assessment to the new site, Mahama, was conducted on 17 April, and UNHCR began relocating refugees there on 22 April. Mahama camp currently accommodates over 20,000 refugees as of 11 May 2015, and will be able to host up to 59,000. Approximately 1,000 refugees are currently being relocated from the Nyanza and Bugesera transit centres to Mahama camp a day.

Protection and registration: All Burundian refugees declaring themselves at the border undergo regular registration procedures. Initially all new arrivals in transit centres were registered at Level 2 including biometric data, however due to the surge in arrivals UNHCR began conducting Level 1 registration in both reception centres, and is conducting Level 2 biometric registration at Mahama Camp as of 1 May. MIDIMAR is also conducting registration upon arrival. Thus far, a large number of unaccompanied and separated children have been identified, so humanitarian agencies are conducting family tracing and reunification. Child protection and sexual and gender-based violence (SGBV) prevention and response mechanisms are already established in both reception sites and in Mahama camp. The Government has reported there is an undetermined number of Burundian refugees who spontaneously arrived in the country and went straight to urban areas. Registration for these urban refugees has started at the village level.

Ongoing multi-sectoral response: MIDIMAR and UNHCR are responsible for coordination of the refugee response and camp management in the two reception centres and Mahama Camp. Agencies are engaged in rehabilitation and construction of basic infrastructure, site planning, and emergency shelter, and provision of basic WASH facilities. Emergency food response with provision of hot meals in the two reception centres and general food distribution in Mahama camp is ongoing. A kit of basic non-food items (NFIs) are distributed upon arrival in the reception centres, and firewood is distributed to all households for cooking in Mahama. Basic health care facilities have been established in all sites including vaccinations and reproductive health, with referral to local health facilities for secondary and tertiary referrals. Although Mahama refugee camp is about 25 km from the District's centre, the Government has agreed that refugees can access local public services such as schools and health centres and provisions to encourage the use of these facilities are being put in place. Meanwhile, Early Childhood Development (ECD) services are being provided to children in the camp.

Humanitarian Needs and Vulnerabilities

Partners in the response are working tirelessly to reduce the waiting period between registration of refugees at entry points/reception centres and their relocation to the camp where they undergo more detailed biometric registration. Registration data indicate that a large proportion of refugees will be in need of targeted services.

Burundian refugees fleeing to Rwanda originate mainly from Kirundo, Ngozi and Muyinga Provinces, as well as from Bujumbura. Current statistics show that about 83% of registered refugees are women and children, and 59% are children, and already 1,023 unaccompanied and separated children (UASC) have been identified since the beginning of the emergency. So far, 176 have been reunified

with their parents/customary caregivers or relatives, but substantially more work is needed to continue identifying such children, and scaling up family tracing and reunification efforts.

In addition to children there is also a substantial number of persons with specific needs among the Burundi refugee population. Elderly refugees make up about 2% of the registered population, and persons living with disabilities are identified systematically identified during registration so they can be provided with specific assistance.

The lack of learning and play spaces for children and other protection risks are contributing to greater psychological distress of children. Children without their parents or caregivers are at higher risk of abuse, neglect, exploitation and violence. In addition, children without their normal routines and who experienced displacement are under high stress, and require a substantial level of support. Family tracing and reunification activities need to be strengthened, including cross-border monitoring mechanisms to be urgently operationalized.

Overcrowding of shelters, traditional gender attitudes as well as separation of family members contributes to a greater risk of SGBV. So far, Burundian refugees have been extraordinarily cooperative in supporting the child protection and SGBV prevention and response activities that have been established in all sites.

Other neighbouring countries to Burundi such as Tanzania and DRC are also experiencing increased refugee arrivals and, if the violence in Burundi escalates, further loss of lives and displacements could follow. Maintaining the civilian nature and humanitarian character of asylum will be a key priority, to avoid infiltration of armed groups into the camp.

Figure 4: These Burundian refugees recently fled to Rwanda and are now accommodated in Mahama camp. UNHCR/K.Holt

Due to overcrowding and the lack of adequate sanitation facilities during the initial response phase there is a high risk of spreading of endemic diseases, particularly given that districts hosting refugees are already vulnerable to diseases such as malaria, diarrhoea and Acute Respiratory Infections. Moreover, refugees have a limited knowledge of health related issues: HIV, sexually transmitted infections and unwanted pregnancies may all represent a health risk. In addition, the lack of skilled birth attendance will inadvertently increase the associated risks of childbearing, resulting in increased

maternal and new-borns suffering and risk of death. The response in providing adequate and quality primary health care, comprehensive emergency obstetrics care, referral services and care for chronic illnesses will have to be stepped up, while being cautious of not weakening the existing local health system of the host country due to increased pressure and needs. Women need to be mobilised and sensitised on basic hygiene practices that are critical to address preventable diseases such as cholera, HIV/AIDS etc.

The refugee population has access to food thanks to the blanket distribution of basic food commodities and to special measures for cases of moderate or severe acute malnutrition. Several cases of malnutrition in the refugee community in the camp have already been identified, especially among children and the elderly. Based on screening data and current estimates, the level of malnutrition among children under five indicates a prevalence of 10 % severe acute malnutrition (SAM) rate, while 15% are in need of Moderate Acute Malnutrition (MAM) treatment. Children suffering from SAM have an up to 20 times higher risk of death compared to well-nourished children. This situation could worsen if no concrete and urgent action is taken to improve the situation.

Due to the sudden, mass influx, there are currently insufficient water, hygiene and sanitation facilities in the camp and at the entry sites, to meet minimum humanitarian standards. As a result, refugees, particularly children and the elderly, are exposed to a high risk of WASH-related diseases, which has become evident from a sharp rise in the cases of watery diarrhoea and skin diseases in the reception centres. Moreover, a lack of adequate numbers of secure water points and sufficient numbers of gender-appropriate sanitation facilities increase the risk of SGBV for refugees. There is also a need to properly manage the few WASH structures that are already in place. Sensitization activities directed at motivating refugees to appropriately use and manage such facilities are planned.

Additionally, the topography of the Mahama camp is characterised by undulating terrain near a river; the possibility of water stagnation is very high, which could worsen during the rainy season. An insect-infested, swampy area, there are inherent hazards to young children and pregnant women, with infestation of hazardous insects including anopheles mosquitos with a high possibility of malaria infestation and other endemic tropical diseases.

Should the number of refugees exceed the camp capacity of 59,000 persons, new land will have to be identified to create a second refugee camp for Burundian refugees. In terms of shelter and infrastructure, communal shelters have been erected in Mahama camp for refugees' initial accommodation until they are moved into family tents. The limited availability of land in the camp presents a major challenge also when it comes to establishing appropriate livelihood opportunities such as kitchen gardens and shelter for the animals/livestock that refugees brought with them during their flight.

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 the benefit of local populations, and promote peaceful coexistence and peace-building initiatives among the different communities.

Response Strategy and Priorities

Summary

The Rwanda Refugee Response Plan's main strategy involves ensuring a coordinated, accountable and timely response to the Burundi refugee emergency according to the Refugee Coordination Model, to ensure that the capacities and strengths of all Government, UN and NGO entities in Rwanda complement one another and to avoid duplication. To this end, UNHCR and MIDIMAR hold weekly coordination meetings with Government ministries, UN agencies, and NGO partners to discuss challenges and gaps and to agree upon priorities and urgent interventions. UNHCR also leads sector-level coordination, with UN agencies co-chairing where appropriate. The priority strategy for the RRP period is: a) to ensure access to territory; b) to establish basic infrastructure in two border reception centres and refugee camp(s) meeting emergency standards for safe and dignified reception and

accommodation; c) ensuring protection and providing life-saving multi-sectoral assistance in the new camp, Mahama, and eventually the second camp, with a view to integrating refugees into national health and education systems as much as possible, including for urban refugees.

Protection – including Registration, Sexual Gender-Based Violence (SGBV) and Child Protection (CP)

The primary concern for humanitarian partners is to ensure that refugees fleeing from Burundi have access to territories to seek asylum and receive protection, including from *refoulement*, and access to proper registration and documentation procedures. Currently the GoR maintains an open border policy and has declared *prima facie* status for refugees fleeing Burundi. Humanitarian protection agencies will continue regular coordination; border monitoring, training of border guards, immigration officials and security forces; and advocacy with the GoR to ensure that access to the territory and other protection measures are continued. Registration will be conducted for all newly arriving refugees, including Level 1 registration at the reception sites and full biometric registration at the refugee camps and in urban settings, including systematic identification and referral of persons with specific needs. Partners will also establish mechanisms to issue individual documentation to all refugees after they are registered. Registration and documentation are essential interventions to ensure that refugees can access the different services they are entitled to and avoid abuse and exploitation, and also ensures that humanitarian agencies have the information they need to provide appropriate services to refugees in an age, gender and diversity mainstreaming approach.

Border and protection monitoring will be conducted to report and respond to potential security incidents and to ensure the humanitarian and civil character of asylum. Systems will be developed in all emergency locations to ensure that a clear prevention and response mechanism is in place and able to address the immediate physical, medical, legal and psychosocial needs of the refugees. This includes referrals to service providers as well as legal protection to vulnerable groups such as children, women, survivors of SGBV and persons with specific needs (PWSN) such as persons living with disabilities, with chronic illnesses, pregnant mothers and elderly persons. The management of the SGBV response will incorporate a multi-sectoral approach that ensures that SGBV services will be provided in one place (One Stop Centre model), for effective response. Critical to SGBV management is the availability of Post-Exposure Prophylaxis (PEP), emergency contraception and post-rape treatment. In addition, partners will focus on the reinsertion of SGBV victims into refugee communities through economic empowerment, livelihood initiatives, refugee and community sensitization and awareness on SGBV prevention and response. This will play a key role in reducing the risk of SGBV and in improving the quality of the response. A comprehensive community protection strategy will be put in place, to identify, respond and assist vulnerable groups.

Protection of children will be strengthened by reinforcing community child protection systems through identification of most vulnerable children using locally established criteria. A case management system with an expanded para-social worker model will be established including alternative care options, utilizing a community engagement approach. Enhanced monitoring, reporting, referral and follow-up mechanisms will be set up, integrated child and youth empowerment programmes, more comprehensive mental health and psychosocial support services (MHPSS) will be put in place. Advocacy with Government officials will be pursued to allow for a facilitated integration of refugee children into the national education system. Given the high proportion of unaccompanied and separated children, family tracing and reunification will be a priority to ensure these vulnerable children find their caregivers. Trained tracing volunteers will be deployed and children will be able to make calls to their families.

The active participation and mobilisation of refugee women, men and children will be sought and encouraged. The refugee community will be engaged to contribute to the identification, the development and the response of protection interventions. Particular attention will be paid to the empowerment and participation of refugee women and girls as well as measures contributing to peaceful co-existence between refugee and host communities. To foster cohesion between refugee and host communities, Burundian refugees will be integrated in the monthly community work locally known as '*Umuganda*' in addition to being included in host community socio-cultural activities like '*Akagoroba k'ababyeyi*' – Rwanda's home-grown initiative that provides a platform for communities to discuss and solve challenges they face together.

Resettlement will be made available for new arrivals with urgent legal and physical protection needs, serious medical cases, survivors of violence and torture or women and children at risk. All protection interventions will be taken according to international and national protection standards, strategies and standard operating procedures (SOPs).

Health and Nutrition

Basic health response in the reception centres and refugee camps will be provided, while also supporting Government health facilities in neighbouring districts to enable them to receive refugee patients referred for secondary and tertiary care.

The spread of endemic diseases poses a major risk among the new refugee population, particularly given crowded reception conditions, shelter in communal facilities, basic WASH facilities, etc. Partners will aim to reduce and prevent refugee morbidity and mortality due to malnutrition by providing immediate basic nutritional care and providing information on malnutrition prevention to all Burundian refugees living in Rwanda. The response will focus on providing adequate and quality primary health care, integrated sexual and reproductive health services including FP, STIs/HIV prevention, vaccination against measles and polio virus for children, comprehensive emergency obstetrics care for safe motherhood and new-born care, referral services and care for chronic illnesses. Health interventions in the refugee sites need to be stepped up, while also supporting existing Government health facilities to avoid weakening services due to the pressure of added refugee patients.

Active tuberculosis and HIV treatment, management of chronic life threatening conditions and psychosocial counselling needs should be strengthened and adequate referral arrangements are required accordingly. There is a need for adequate isolation capacity for the management of contagious health conditions. The establishment of an epidemic diseases surveillance system and outbreak response appears critical. Strengthening routine health information systems (including nutrition information), to be integrated into the Rwandan health system through data collection, analysis and use, is essential for the provision of quality services in the camp.

Figure 5: Moussa runs after the rest of his family as they head towards their tent in Mahama Refugee Camp, Rwanda. UNHCR/K.Holt

The response strategy is to ensure that functional interagency coordination mechanisms are strengthened, and that essential care services, with a special focus on women and children, will be established. The main strategic focus will be training of community health workers (CHW) to support daily health outreach activities carried out for the basic health promotion, preventive, and social mobilization to reach out in the refugee community. The CHWs could also support the established

health clinic to early identification and referral of cases, and will form teams made up of individuals from both the refugee and host communities. Basic health kits will be provided (Emergency Health Kits, Diarrhoea Disease kits and vaccine/cold chain, insecticide treated nets (ITN), and essential drugs) ensuring the necessary supply is culturally appropriate and will reach the population in a timely manner.

Similarly, for nutrition interventions, continuous effective leadership for interagency coordination systems will be ensured. Timely nutritional assessment and surveillance systems will be reinforced, and children and women with severe and moderate acute malnutrition will be provided with appropriate management services. The promotion, protection and support to adequate IYCF will be supported. Other health and nutrition services to children on arrival/after screening will include micronutrient supplementation for children 6-59 months with Vitamin A and deworming of children 12-59 months.

Children and women will receive micronutrients from fortified foods, supplements or multiple-micronutrient preparations, and support for appropriate infant and young child feeding (IYCF) will be prioritized through promotional activities Relevant information about nutrition programme activities will be disseminated to the refugee population.

Health and nutrition interventions will also focus on social mobilization towards promoting community based health and first aid in camps and host communities. Capacity of health service providers and community health workers including peer educators will be strengthened. Awareness activities, such as hand washing practices (provision of light water storage containers, soap and disinfectants) and safe use of water practices will further sensitize the refugee community on preventable diseases like malaria, diarrhoea and on maintaining a healthy diet and the prevention of food contamination.

Water, Sanitation and Hygiene (WASH)
Partners in the response will ensure that refugees have access to safe water, improved sanitation and hygiene services and minimize the risk of outbreak of WASH related diseases in camps and host communities. Following humanitarian standards, safe water supply at a minimum of 15 litres per person/day during the emergency stage will be provided. This should gradually be raised to 20 litres per person/day. It is equally critical to construct male and female latrines according to SPHERE standards[1] i.e. one latrine per every 50 people with clear separation of female and male facilities. This ratio should be progressively reduced to 20 persons/latrine after the initial emergency period. Similarly, male and female shower blocks will be constructed. At the beginning of the emergency 80 people will have a shower facility with a clear separation of female and male facilities. This ratio should be reduced to 50 persons/shower after the emergency period.

Moreover, hand washing, hygiene promotion, laundry and solid waste management facilities and critical WASH non-food items (NFIs) will be provided. Safe hygiene practices will also be promoted among the refugees and host communities through interpersonal communication and community mobilisation, including the set-up of 'Hygiene Clubs' which would be charged with supervising waste collection and disposal practices, cleaning tent areas and latrines. It is important to improve and coordinate access of women and girls to menstrual hygiene items.

Food
Timely food and nutrition assistance will be provided to all new arrivals at the entry points (high energy biscuits), reception centres and in the camps. Food commodities will be provided in line with recommended food allowances. Supplementary food for all moderately malnourished children and for children between 6 and 59 months old and pregnant and lactating women will also be made available.

Energy and Environment
As a small, overpopulated country, Rwanda has strict regulations regarding forest conservation and environmental impact of different programmes. To minimise any negative effects the presence of the refugee population could have on the environment, while also recognising the need for refugees to have access to energy and as a preventive measure against SGBV, UNHCR is implementing a SAFE (Safe Access to Fuel and Energy) Strategy in the country, which will be applied to the new Burundi

[1] The SPHERE Project developed internationally agreed minimum standards for humanitarian interventions, which aim to enhance the quality and accountability of humanitarian assistance.

refugee camps. In the emergency phase, providing sufficient quantities of firewood for cooking purposes is necessary, while concurrently developing a more durable and sustainable energy plan including the provision of fuel efficient stoves.

Livelihood
In order to foster independence among refugees which will support their eventual return, partners will work to improve resilience of refugees and host communities through access to agricultural and other livelihood opportunities within existing structures. To improve the livelihood as well as the food security and nutritional status of refugees, partners will intervene through the introduction of kitchen gardens where possible and the distribution of agricultural tools including improved seeds. Strengthening the host community with food/crop production will ensure a sustainable source of food supply for refugees. Refugees can also be assisted in producing short cycle products such as vegetables, while the host environment around the refugees' camp could benefit from other types of food crops. Additionally, livelihoods will be a key intervention for women to prevent exploitation and to promote reinsertion in cases of SGBV.

Shelter and Infrastructure
Refugees are initially received in two reception centres where UNHCR has set up and maintains communal shelters where refugees are accommodated during the first days of their stay in Rwanda. In the new camp, Mahama, UNHCR has also set up communal shelters where refugees are accommodated for the first 1-2 nights of their stay in the camp. For the emergency phase, UNHCR is initially providing new arrivals with family tents. Concurrently, to reduce the need for tents, UNHCR is also already constructing more durable individual shelters for refugees to move into. UNHCR has also conducted site planning for the new camp and has set up basic infrastructure systems including drainage. UNHCR and MIDIMAR jointly handle camp management in all refugee locations. A second refugee camp will be established requiring the construction of an additional site with infrastructure, additional communal and individual shelters, WASH facilities, etc.

Non-Food Relief Items (NFI)
UNHCR will procure core relief items for all refugee households including tents, mosquito nets, plastic sheeting and poles, blankets, sleeping mats, cooking materials including kitchen sets, jerry cans and buckets, and soap, for distribution upon arrival and at the necessary intervals during the 6-month period. UNHCR will also establish and maintain warehouses at both reception centres and both refugee camps.

Figure 6: A Burundian refugee woman and her two children in Mahama camp, Rwanda. UNHCR/K.Holt

Education
The objective of interventions in education will ensure minimal disruption to education services for all students and teachers for refugees in camps and host communities. Access to quality pre-primary, primary and secondary education for all refugee children with specific focus on girls and children with disabilities and other vulnerable children within the Rwandan national school system will be promoted. Where possible refugee children are integrated into existing Rwandan education facilities, in which case additional classrooms will be constructed, teachers trained and education materials provided. Should the second refugee camp be located at a far distance from existing national education infrastructure, UNHCR will have to set up parallel education systems. Partners will provide home-based and centre-based early childhood development services for young refugee children in the reception centres and in the camp, to allow them to be cared for in an environment that nurtures their physical, emotional and cognitive development.

Logistics and Transport
A considerable logistical operation to relocate refugees from the border entry points to the reception centres, and from them to the camps is needed. Fleet maintenance costs will increase due to frequency of vehicle movements. Additional vehicles and buses need to be rented. Furthermore, storage facilities need to be established in reception centres and in the camps, roads will o be rehabilitated and maintained for proper and continuous access.

Partnership and Coordination

MIDIMAR and UNHCR developed a contingency plan specific to the context of a refugee influx, and the Refugee Response Plan (RRP) draws the bulk of its analysis from the existing refugee influx contingency plan. MIDIMAR and UNHCR co-coordinate the interagency refugee response according to the Refugee Coordination Model. Furthermore, inter-agency meetings on appropriate sectoral interventions are held regularly both in the field and in the capital, and the RRP aims at strengthening functional inter-agency / inter-governmental coordination mechanisms already in place.

Public Information
Public information about the Burundi refugee emergency will be promoted including through the production of fact sheets and other materials; providing inputs for web portals, websites, and social media; hosting of events; supporting national and international media coverage of the refugee sites; and regular briefings and visits for members of the diplomatic and donor community. Visibility of donations will also be ensured. Regularly updated emergency response information will be shared among the Government, the humanitarian community and the media.

Mass Communication (with persons of concern)
The key principle is to ensure that all beneficiaries and stakeholders are informed and engaged on implemented projects. Community radios, a powerful tool for public communication will be used, in addition to interpersonal communication tools and approaches such as leaflets, videos shows, community dialogue and information sessions in camps and sites, and organization of dialogue with key groups; using mutually-reinforcing communication techniques to share information and knowledge about key safe and protective practices and where to access services and support. Regular meetings with persons of concern committees, leaders, awareness-building and general public information activities will be conducted.

Age, Gender and Diversity (AGD) approach
The AGD approach will be applied in all aspects of the Burundi refugee response. A key principle will be regular, two-way communication between humanitarian actors and different groups within the refugee community to ensure that perspectives and feedback of all refugees, and their different capacities and vulnerabilities, are effectively programmed into the operational response. This will be achieved by regular participatory assessments and focus group discussions as well as through day-to-day interaction with refugees in all sites. The response plan will continue to mainstream protection and gender concerns across all interventions, with the overarching principle of equitable and non-discriminatory availability of and access to protection and assistance for women, girls, boys and men, while prioritizing the needs of the most vulnerable.

Planned Response

Protection ***(including SGBV and Child protection)***	- Register and document all new arriving refugees. - Provide training to Government officials on human rights and international refugee protection. - Conduct a joint needs assessment on SGBV and child abuse. - Establish and implement emergency inter-agency SOPs for SGBV and child protection responses. - Address violence against women, men and children with social and behaviour-change communication and community engagement strategies. - Procure PEP and post-rape kits for SGBV survivors; provide clinical management and essential medicine. - Provide psychosocial counselling for survivors of SGV incidents. - Strengthen capacity of health providers and refugee women camp managers to identify, support and refer survivors of SGBV for appropriate services. - Ensure health providers coordinate with case managers in survivors' best interests, wishes and as per the confidentiality and do not harm principles. - Enable access to legal assistance to take SGBV cases to court on behalf of survivors. - Develop mechanisms for restorative justice accessible to children. - Provide access to safe houses to SGBV survivors. - Conduct training on SGBV prevention and responses to refugees and host communities. - Provide psychosocial support to female and children headed households. - Provide women and girls with menstrual hygiene items. - Conduct technical training for stakeholders on SGBV at district and sector/camp-levels, including refugee women camp managers. - Identify unaccompanied, separated, and other children at risk (UASC) and improve interagency coordination through regular monitoring and reporting. - Establish women centres/safe spaces for multi-sector prevention and response services. - Carry out Best Interest Assessment and Determination (BIA/BID) for all UAM and most at risk separated children in the context of a case management system. - Provide a comprehensive child protection structure including case management, psychosocial support, alternative and/or community-based care and protection in an age and gender sensitive manner. - Children at risk receive assistance in accessing food-processing services (communal cooking). - Establish and strengthen community based community child protection structures. - Develop youth-led organizations able to find solutions to protection risks for adolescent youth. - Provide child protection training for partners, staff and key stakeholders. - Support People with Special Needs (PWSN) including the elderly, people living with disabilities, pregnant mothers, and people living with chronic illnesses to have equal access to basic services. - Identify PWSN at the point of entry, ensure community follow up and support mechanism for PWSN is set up amongst the refugee community. - Increase social cohesion between refugees and host community by organizing community works in the camp and host community. - Construction community infrastructures to support orientation and psychosocial activities

Education	- Identify children of pre-primary, primary and secondary school age and with special education needs. - Provide psychosocial support to refugee learners. - Support emergency education and distribute of school kits to 25,672 pupils: 8,784 in pre-primary 9,444 in primary schools and 7,444 in secondary schools. - Identify young children and families in need of childhood development (ECD) services. - Implement home-based early ECD adapted to refugee camp context and establish ECD facilities/centres. - Provide recreation, communication and learning materials for ECD facilities. - Recruit and train caregivers (teachers) and mother leaders - Monitor, mentoring and supervision of caregivers. - Conduct Rapid Educational Needs Assessment to inform the action of response. - Identify and engage educators/facilitators to manage the education programme. - Identify and support local schools, that can host the affected children, with provision of teaching and scholastic materials (e.g.: School in-a-box) - Construction/Rehabilitation of inclusive educational facilities (12 schools of 12 classes each). - Provide teaching, academic materials and equipment (desks, tables & benches) for schools in the camp - Establish temporary child-friendly learning spaces for school-going children in collaboration with camp management and site planners. - Organise end of the year exams for Gr. 6 (concours national)
Energy and Environment	- Implement SAFE (Safe Access to Fuel and Energy) strategy. - Distribute 4,364 steres of firewood on monthly basis. - Ensure that 20,000 households have access to energy saving equipment. - Provide 20,000 households with sustainable source of lighting energy, such as solar lanterns. - Support fabrication of improved cooking stoves through community members' participation. - Conduct risk-mapping sessions in all camps and host community and provide community awareness on associated camp environmental risks.
Food	- Provide hot meals in transit centres and reception centres (2,100 kcal per person per day). - Provide water and snack, high energy biscuits or hot meals during convoy movements and on arrival at the camp. - Provide food for communal hot meal in transit centres and refugee camp. - Provide school meals. - Conduct general food distribution (GFD) and monitoring in the camp. - Pre-position food for 100,000 people for six months (including school feeding)

Health and Nutrition	- Establish one emergency health post and one nutrition centre in the refugee camp staffed with two medical. - Hire 20 nurses, 5 midwives, 2 nutrition officers, two clinical psychologists, one sexual and reproductive health (SRH). - Procure one ambulance for medical emergency transport. - Provide regular supplies of medicines, equipment, test and reagents, vaccines, bed nets and medical devices for emergency health centre. - Establish Health Information System in reception centres and camps for health data management. - Train refugees on Community-based Health & First Aid (CBHFA). - Establish primary, secondary and tertiary referrals mechanism for life saving emergencies and MCH cases. - Mobilize and train community health care workers for community health and nutrition activities. - Conduct training on HIV and Tuberculosis prevention, infection control good hygiene practices, vector borne disease-cholera and diarrheal diseases - Train health service providers in integrated SRH/FP and HIV prevention. - Procure reproductive health kits for women and dignity kits for expecting mothers and hygienic accessories for adolescent girls. - Provide reproductive health services for pregnant women and ante-natal services. - Establish three adolescents and youth friendly health corners. - Recruit youth and VCT counsellors in camps. - Assist Ministry of Health to distribute Anti-retroviral treatment and PMTCT to refugees. - Establish comprehensive services for children. - Ensure case management of conditions related to neonatal and child survival. - Set up and expand Programme on Immunization (EPI). - Disseminate health education and sensitization messages and behaviour-change communication to affected populations, focussing on breastfeeding, health-seeking behaviour, safe motherhood, hand washing, hygiene and sanitation, IEC/BCC materials. - Reinforce timely nutritional assessment and surveillance systems, and provide children and women with acute malnutrition responses. - Provide micronutrients to children and women, through fortified foods, supplements or multiple-micronutrient preparations - Support infant and young child feeding (IYCF) for affected women and children. - Disseminate information about nutrition programme activities to the refugee population. - Establish breastfeeding spaces to facilitate exclusive and continuous breastfeeding. - Provide anthropometric equipment and supplies for screening and treatment of acute malnutrition and micronutrient deficiencies. - Recruit and train community nutrition workers to follow up on SAM and MAM cases, provide key messages on Mother, Infant and Young Child Nutrition (MIYCN) including breastfeeding promotion and conduct growth monitoring promotion - 1 community nutrition workers for 500 refugee population. - Provide curative supplementary feeding to 3,000 children under five years with MAM and to 205 PLHIV in ART and TB patients - Provide blanket preventive supplementary feeding to 20,000 children under five years and to 2,700 pregnant and lactating women. - Medical screening at TCs before departure to camp.

Logistics and Transport	- Transport refugees from border to transit centres (TCs) to camp - Provide initial accommodation for refugees coming from Nyagatare TC. - Hire trucks, buses and luggage trucks for refugee transfers with provisions for special transport for persons with specific needs. - Procure light vehicles, pickups, motorcycles, cargo and tipper trucks, as well as spare parts. - Install fuel storage and dispensing facilities. - Procure and distribute standard basic core-relief items (CRI) kits in the camp.
Shelter and Non-Food Items (NFI)	- Distribute standard non-food item kits for all new arrivals. The kit will include: jerry can, soap, mosquito net, mat, synthetic sleeping, kitchen set, plastic, tarpaulins, stove, blanket, sanitary pads and plastic buckets. - Establish refugee camp according to SPHERE standards. - Set up 3,456 emergency shelters. - Distribute 5,050 family tents to vulnerable families - Construct communal shelters in transit centres and reception centres. - Construct additional way stations and reception centres. - Construct access roads, in-camp roads and security parameter roads. - Construct administrative infrastructures to ensure refugees enjoy basic human rights including physical safety and rights to services - Establish refugee committees to increase their participation in decision-making process on infrastructure building.
Livelihoods	- Empower women and girl GBV victims through entrepreneurship skills and start-up capital for the promotion of income generating activities within the refugee camp to reinsert GBV victims into refugee communities. - Identify appropriate land and construct kitchen gardens in the camp - Provide training to communities on agricultural techniques - Distribution of agricultural seeds and tools - Mitigate the risks of major Trans boundary Animal Diseases (TADs) through animal identification, provision of vaccines, laboratory kit for diagnostic opportunities and qualitative capacity of NVL, clinical follow-up alternative, slaughter - Purchase necessary materials (expendables, treatment, mobile corrals and vaccination corridors) for livestock
Water, Sanitation and Hygiene (WASH)	- Ensure access to safe water and improved sanitation and hygiene services to the affected people to minimize the risk of outbreak of WASH related disease, including through water quality testing/ PH & chlorine. - Ensure availability of minimum safe drinking water supply and sanitation facilities amongst refugees in camps and host communities. - Provide two sterile household containers per family of 10 litres capacity each. - Construct male/female latrines according to SPHERE standards with a clear separation of female and male facilities and keep latrine clean - Spraying pesticides and insecticides - Construct male/female showers with a clear separation of female and male facilities. - Set up one mobile garbage bin per block of 8 family shelters. - Conduct drainage system in the camp. - Train refugees in Participatory Hygiene and Sanitation Transformation (PHAST) methodology combined with other hygiene promotion activities. Reinforce and train Hygiene Clubs for WASH activities through the use of existing WASH facilities - Reinforce WASH activities in all camps: use of community awareness on waste collection, cleaning tents areas, latrines - Purchase, setting up and maintenance of hygiene and sanitation basic facilities at entry point (mobile latrines, hand-washing facilities, waste bins).

Financial Requirements Summary – Rwanda

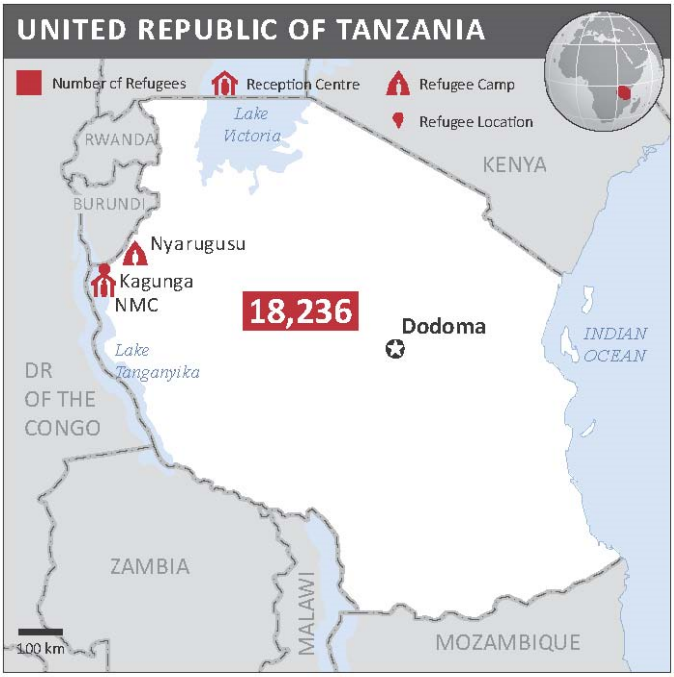
Financial requirements by agency (in US dollars)

Organization	Total
ADRA Adventist Development and Relief Agency	**500,000**
AHA African Humanitarian Action	**300,000**
ARC American Refugee Committee	**850,000**
FAO Food and Agriculture Organization of the United Nations	**1,275,000**
IOM International Organization for Migration	**700,000**
PAJER Parlement des Jeunes Rwandais	**400,000**
PLAN International	**300,000**
RRC Rwanda Red Cross Society	**194,009**
SCI Save the Children International	**500,000**
UN Women UN Entity for Gender Equality and the Empowerment of Women	**500,000**
UNFPA United Nations Population Fund	**1,020,945**
UNHCR United Nations High Commissioner for Refugees	**72,475,420**
UNICEF United Nations Children's Fund	**7,400,000**
WFP World Food Programme	**12,058,916**
WHO World Health Organization	**800,000**
WVI World Vision International	**300,000**
Total	**99,574,290**

Financial requirements by sector (in US dollars)

Sector	Total
Protection	**7,678,722**
Education	**5,470,430**
Food	**8,312,698**
Health and Nutrition	**16,533,080**
Livelihoods Energy and Environment	**4,685,788**
Logistics and Transport	**4,069,131**
Shelter and NFIs	**26,988,968**
WASH	**15,035,007**
Operational Support	**10,800,466**
Total	**99,574,290**

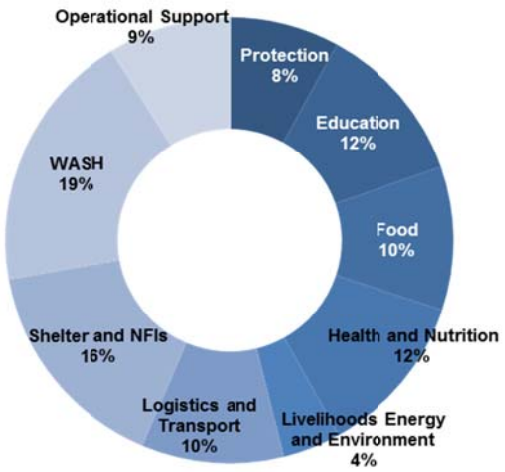
TANZANIA RESPONSE PLAN



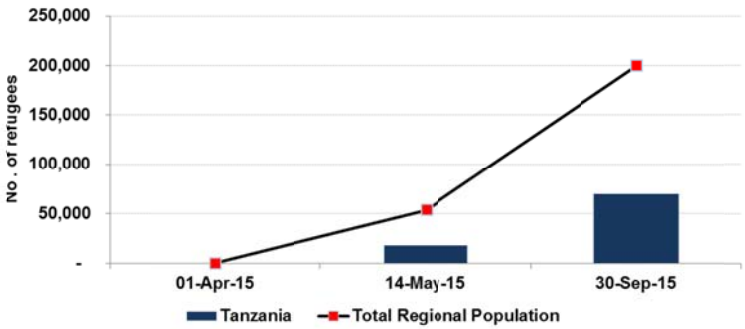
Map Sources: UNCS, UNHCR.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Creation date: 15 May 2015.

Financial Requirements *(US dollars)*

91,381,217



Population Trends



Background and Achievements

Tanzania has been hosting hundreds of thousands of refugees for decades, primarily from Burundi and the Democratic Republic of Congo (DRC),. The Government of Tanzania (GoT) is a signatory to the 1951 Refugee Convention and its 1967 Protocol. It is also party to the 1969 OAU Convention. The national 1998 Refugee Act defines the conditions that apply to refugees and asylum-seekers in Tanzania. The Government is fully committed to its international legal obligations to refugees and asylum seekers in particular the principle of *non-refoulement*, and have displayed good faith in doing so since independence.

Since 1972, Burundians have fled into Tanzania in different waves, following ethnic clashes in their home country. An estimated 265,000 Burundian individuals have remained in Tanzania as refugees for decades since then, and the Burundian refugee caseload was considered one of the longest protracted refugee situations, with no easy solution in sight, as conditions for voluntary return were not met in the country of origin. This impasse came eventually to an end, thanks to the 2000 Arusha Accord, which allowed for a political solution and a return to peace in Burundi. As a consequence, the peace agreement paved the way for durable solutions to be implemented for Burundian refugees in Tanzania: starting from 2012, the GoT offered two durable solutions for refugees from Burundi: naturalization, by offering Tanzanian citizenship to almost 200,000 individuals, and voluntary return to Burundi for some 35,000.

On 25 April 2015, the ruling party announced that the current Burundian President, Pierre Nkurunziza, will be its candidate for a third term in the presidential election. Violent demonstration, mainly in the capital Bujumbura, quickly followed. According to international media, dozens of people have since been killed by police gunfire. Radios were forbidden to broadcast information on the ongoing events, while mobile communications and social media were also shut down. Political opponents and demonstrators were detained.

Simultaneously, refugee movement into Tanzania has dramatically increased. As of 14 May, up to 18,236 Burundian refugees have been registered. However, recent reports indicate that as many as 50,000 are estimated to have crossed into Tanzania and are waiting for transportation and registration at Nyarugusu refugee camp. Another 15,000 are reported to be on the border trying to enter Tanzania. While these figures are being verified, it is clear that the rate of arrivals have increased exponentially, from a few hundred during the first days, to more than 2,000/day in recent weeks. A few asylum seekers who were interviewed explained that the restriction preventing asylum seekers from coming to Tanzania was lifted by Burundian officials on 4 May, allowing them to cross the border freely, mainly to Kagunga, a lakeshore community approximately two kilometres south of the Burundi border. Due to its remoteness and the lack of roads, Kagunga village is connected to Kigoma town only by ferry or an eight-hour trek across mountainous terrain.

New refugee arrivals declare that they suffered harassment by armed youth militias (*Imbonerakure*) loyal to the ruling party. Among other reasons for flight, they report pressure to pledge allegiance to the regime, fear of the escalation of intimidation and violence by *Imbonerakure* as elections approach and the disappearance of relatives.

In light of the recent political developments, the situation in Burundi is likely to further deteriorate. It is estimated that due to the general fear of violence and continued clashes between the various political rivals, at least 70,000 individuals will flee from Burundi to Tanzania by the end of September 2015.

Achievements

Contingency plans have been drafted, simulation exercises have been conducted and essential life-saving supplies for providing initial relief to refugees have been pre-positioned. Partners are closely coordinating with the GoT, particularly the Refugee Services Department of the Ministry of Home Affairs, and ensure required liaison is undertaken with other Government departments, including Immigration, Border Management and Control and the Office of the Prime Minister at the national level, as well as the Offices of the involved Regional Commissioners and the attendant executive structures.

Access and location: As a result of GoT open border policies, all refugees fleeing Burundi benefited from unrestricted access to host country territory and have had access to asylum on a *prima facie* basis. The GoT has also agreed that the first 50,000 people would be accommodated in existing Nyarugusu refugee camp. Should the number of new arrivals exceed 50,000, a new camp will have to be opened and developed in a different location. In case a new camp/s is/are required, the GoT has further indicated its willingness to re-open Karago and/or Mtendeli camps, which were previously used as camp sites.

Protection, registration and transportation: All new arrivals undergo regular registration procedures: Level 1 manual registration is being carried out in the transit centres, while Level 2 biometric registration, which is more detailed and includes fingerprinting, takes place at the refugee camp. Thus far, a significant number of unaccompanied and separated children have been identified, and child protection and sexual and gender-based violence (SGBV) referral mechanisms are being established. In line with the GoT encampment policy, all new arrivals are required to be transported to Nyarugusu camp, and/or other camps if numbers exceed hosting capacity in Nyarugusu (see paragraph above).

On-going interagency multi-sector response: Ready-to-eat food items are provided to refugees that are in transit. Once having passed screening at the reception centre and at the refugee camp, refugees are provided a hot meal. Upon camp placement, refugees are provided a 2-week dry ration and thereafter are included in monthly General Food Distributions. Some refugees are sheltered in churches and schools; they receive non-food items (NFIs) kits including plastic sheets, jerry cans, soap, mats and mosquito nets; dignity kits for expecting mothers; basic health care provisions including vaccinations and access to WASH services. Health/Nutrition screening has started, and refugees with chronic diseases and malnourished children are being treated.

Figure 7: Burundian refugees in Kagunga, on the shores of Lake Tanganyika awaiting transfer to Kigoma, Tanzania. UNHCR/T.W.Monboe

Humanitarian Needs and Vulnerabilities

Burundian refugees are coming mainly from Nyazalake, Gitega, Bujumbura and Bururi Provinces. Current statistics show that 50% are women, 59% are children (under 18 years of age) and 1% are elderly (over 60 years of age).[2] Some 236 unaccompanied minors and 467 separated children have been identified to date. Many of the refugees arrive with very little to no belongings. As such the refugees from Burundi are in need of all forms of humanitarian assistance upon arrival. Further analysis remains to take place to understand better the perceived risks of the fleeing population.

[2] Based on level II registration at Nyarugusu refugee camp as of 15 May

Returnees from Tanzanian refugee camps, especially the 35,000 refugees who returned to Burundi in 2012, as well as the migrants forcibly returned under the Kimbunga operation, and who had difficulties in rebuilding their lives since their return, may very well be among the first who have left Burundi.

So far, ethnicity does not appear to be a major reason for violence or displacement. However, the situation in Burundi could have far reaching consequences in the entire Great Lakes region and civil unrest may degenerate into ethnic clashes over time. If the violence escalates, further loss of lives and displacements could follow. Maintaining the civilian nature and humanitarian character of asylum will be a priority, to avoid infiltration of armed groups in the camp.

The refugee population has a high proportion of elderly and children, including a high number of unaccompanied or separated minors, young people and single female-headed households, who are deemed to be among the most vulnerable and very much in need of humanitarian relief efforts. People with specific needs have also been identified. Partners in the response are working tirelessly to reduce the waiting period between registration of asylum-seekers at entry points/reception centres and their relocation to the camp for detailed individual registration: this operation is particularly difficult and slow (maximum 1,500 persons/day by ferry) due to the need to mainly resort to transport by ferry to the port near Kigoma town. An assessment is being conducted to explore the possibility of using a five hour walking trail that seems to be operating out of Kagunga to Mkigo, where buses can further transport the refugees onward to the camp. Notwithstanding the heavy logistic challenges that this operation is facing, a further delay in responding to the rapidly evolving situation at the border crossing points, particularly at Kagunga village, will have devastating effects on the refugees awaiting transportation, the new arrivals in the camp and the host communities, with the extreme consequence of loss of many lives.

A challenge to the response to the influx is the limited staffing capacity. Personnel are needed, and among those female personnel and social workers, at various locations to facilitate the process of providing initial assistance. Resources are being stretched to their limits to keep up with the influx of newly arriving asylum seekers, as well as to continue extending services to the previously existing camp population.

Since some of the crossing points are in remote areas, where there is no water, sanitation, shelter or medical facilities to support a large influx of people, the sanitary conditions are quickly deteriorating. Several cases of acute watery diarrhoea are already occurring, and the risk of spreading endemic diseases, including cholera outbreak, are real, since the hosting districts are already vulnerable to preventable diseases such as malaria and diarrhoea, which are endemic in the region. There is also a need to properly manage the few WASH structures that are already in place. Sensitization activities directed at motivating refugees to appropriately use and manage such facilities are planned, and this is critical to having women refugee engagement at the very onset, especially in the hygiene promotion activities.

Moreover, refugees have a limited knowledge of health related issues: HIV, sexually transmitted infections, gender-based violence and unwanted pregnancies may all represent a health risk. In addition, the lack of skilled birth attendance will inadvertently increase the associated risks of childbearing, resulting in increased maternal and new-borns suffering and the increased risk of preventable death. The response in providing adequate and quality primary health care including integrated comprehensive emergency obstetrics and newborn care, referral services and care for chronic non communicable illnesses will have to be stepped up among the refugee populations, while providing parallel support to the existing local health system of the host country in order - to meet up with the increased workload pressure and needs.

Insufficient shelter, lack of learning and play spaces for children, and other protection risks are leading to greater psychological distress of children. Children without their parents or caregivers are at higher risk of abuse, neglect, exploitation and violence and thus family tracing and reunification activities need to be strengthened. Overcrowding of shelters, traditional attitudes on gender, combined with gender roles, as well as reduced protection of people separated from their families, may lead to greater risks of Sexual and Gender Based Violence (SGBV) especially to most vulnerable populations of women and girls. Establishment of women's centres will allow for a more targeted multi-sector

approach to providing services, including through having access to information and resources, while upholding the protection, privacy and human rights of those using such centres.

An initial nutritional screening completed at Nyarugusu camp does not report high rates of malnutrition among the new arrivals. However, in view of the increasing influx of refugees, possible cases of malnutrition are highly likely, especially among the children and the elderly. It should be recalled that children suffering from SAM have an up to 20 times higher risk of death compared to well-nourished children. This situation could worsen if no concrete and urgent action is taken to improve the situation. Special attention to the nutrition of pregnant and lactating women is quite important in such situations. Pregnant women suffering from anaemia have a potential risk in dying at child birth if they suffer from bleeding at delivery.

The hosting communities are the first to take on the burden of a refugee influx during an emergency. Thus, 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 the benefit of local populations, and promote peaceful coexistence and peace-building initiatives among the different communities. Civil society and women's organizations have a critical role to play in social cohesion, service delivery and promoting broader peace-building initiatives in country and in the region.

Response Strategy and Priorities

Protection – including Sexual Gender-Based Violence (SGBV) and Child Protection (CP)
The primary concern for humanitarian partners is to ensure that refugees fleeing from Burundi have access to territories to seek asylum and receive protection, including from *refoulement*, and access to proper registration and documentation procedures. This will be achieved through regular consultations with Government authorities. The two levels of registration, at the transit centres and in the camp, will be strengthened, and, in collaboration with the Government, appropriate mechanisms to issue individual documentation to refugees will be established, to enable them to access the different services they are entitled to and to avoid abuses.

Figure 8: Burundian refugees transferred from Kagunga to the MV Liemba that will bring them to Kigoma. The journey will take 3 hours. UNHCR/B.Loyseau

Border and protection monitoring will be enhanced to report and respond to potential security incidents. In cooperation with the Ministry of Home Affairs, partners in the response will support the Immigration department to set up a Displacement Tracking Matrix (DTM) process to conduct regular monitoring of the influx in Tanzania, including outside of main transit points. Systems will be developed in all emergency locations to ensure that a clear multi-sectorial prevention and response mechanism is in place and able to address the immediate physical, medical and psychosocial needs of the refugees. Those systems will take into account the needs and right of women, men, boys and girls of ages and will look at identifying measures that allow for equal access for all. Gender Analysis and Sex and Age Disaggregated Data information will be used as tools to inform the protection strategy. This includes establishment of referral pathways to ensure effective to service providers as well as legal protection to vulnerable groups such as children, adolescent girls, women, SGBV victims and persons with specific needs (PWSN). In addition, partners will focus on the reinsertion of SGBV victims into refugee communities through intensive refugee and community sensitization and awareness on SGBV prevention and response.

Protection of women will be strengthened and their active participation in camp management and programmes will be promoted with priority given to reproductive health life-saving interventions. It is important to setup and establish a well-coordinated mechanism to address and prevent GBV. Access to menstrual hygiene items for women and girls is important essential need that needs to be addressed. The protection intervention will be harmonized across other sectors in order to leverage access to resources as a mechanism for addressing some of underlying causes of the gender inequality in the displaced context. Protection of children will be strengthened. Child protection systems will be developed through a case management system with an expanded para-social worker model, alternative care options, utilizing a community engagement approach, enhanced monitoring, reporting, referral and follow-up mechanisms, integrated child and youth empowerment programmes and improved coordination.

In order to mitigate the protection risks faced by unaccompanied or separated refugee children (UASC), timely identification, family tracing and reunification remains a priority, as well as the provision of alternative family-based care, access to basic services and assistance and continuous monitoring of the situation of UASC. Given the high caseloads there will be need to use vulnerability criteria to identify those most in need, for Best Interest Assessments, and follow up case management, along with other vulnerable children. Prevention of trafficking of unaccompanied and separated children will be provided through child-sensitive interviews of potential victims and referral of identified victims to specialized shelter services, as well as evidence-gathering for protection of victims and future prosecution of perpetrators. Child Friendly Spaces (CFS) with play materials will be established in the camps to create safe play and learning areas for refugee children. Advocacy with Government officials will be pursued to allow for the facilitated integration of refugee children into the national education system.

Emergency Evacuation and Transport assistance[3]

In order to proceed with an emergency evacuation of asylum seekers from Kagunga, two boats with a carrying capacity of 600 and 300 persons at a time respectively have been hired to transport asylum-seekers to the port near Kigoma town. The boats take new arrivals to the transit and reception centre at Kigoma Stadium, before they proceed to Nyarugusu Refugee Camp and a new camp in Miguga hills by hired buses. Another transit centre is being set up by UNHCR in Ngara district. In addition to the transport from transit centres to Nyarugusu camp, transport from entry points to transit centres is also required. In Nyarugusu refugee camp, four reception centres have been established, where new arrivals are registered, issued with family tokens, non-food items (NFIs) and moved to temporary reception centres pending assignation of family shelters.

In order to ensure a safe and dignified transportation of refugees from all reception and transit centres to Nyarugusu and any other camps that may be set up, health staff will be deployed to the main arrival points, namely Ngara, Manyovu, and Kigoma. Pre-departure, medical screening (PDMS) and health assessments will be carried out. For all the travelling asylum seekers/refugees, fit-to-travel (FTT) will be carried out, with medical escorts and care provided as needed. Protection staff will be deployed to prevent gender-based violence during transit and transportation. Mothers with new-born

[3] Partners in Tanzania have agreed to highlight the transport of people into a separate sub-chapter in the response strategy, in view of the particular nature of the emergency, where the evacuation of asylum-seekers is a top priority. For practical standardization purposes, in the financial annexes at the end of the document, all activities related to transport will be budgeted under the section 'Logistics and Transport'

children as well as sick refugees and refugees with disabilities will be given special attention and separate spaces on the ferries and on buses, to ensure safety and privacy. To ease the crowd pressure and stabilize the situation at Kagunga, an alternative footpath to allow able-bodied men, where possible, to reach Mkigo and onwards to the reception centres is currently being put in place.

Health and Nutrition

The risk of endemic diseases poses major risks among the new refugee arrivals. Provision of Long-Lasting Insecticide-Treated Nets (LLITNs), prevention and management of malaria and diarrheal diseases, especially cholera prevention activities, will be institutionalized in the camps. The availability of essential medicines and medical supplies will be ensured for the refugee populations through availing of WHO recommended kits and to ensure that emergency reproductive health kits for emergency situations are distributed to health service providers. Supplemental measles immunization and tetanus vaccines for pregnant women will be available within the temporary health posts in the camp. The nearest health facilities will be strengthened to handle the influx of refugees to provide routine and referral services to the refugee populations.

Partners will work on preventing and reducing morbidity and mortality due to malnutrition, by providing immediate basic nutritional care as well as information on malnutrition prevention. The response will focus on providing adequate and quality primary health care, integrated sexual and reproductive health services including lifesaving services for mothers and new-borns and adolescent and youth sexual reproductive health, access to clinical care for rape survivors.

Active tuberculosis and HIV prevention and treatment, management of chronic life threatening conditions and psychosocial counselling needs will also be strengthened and adequate referral arrangements are required accordingly. Strengthening routine health information system through data collection, analysis and use for programme improvement, is essential for the provision of quality services in the camp.

Figure 9: A Burundian refugee child takes shelter in Kagunga, Tanzania. UNHCR/ T.W.Monboe

Similarly, timely nutritional assessment and surveillance systems will be reinforced, and children and women with severe and moderate acute malnutrition will be provided with appropriate management services. Other services provided to children on arrival/after screening will include micronutrient supplementation for children 6-59 months with Vitamin A and deworming of children 12-59 months. Support for infant and young child feeding in emergencies (IYCFIE) will be provided through counselling to refugee women in the camps and caregivers with children aged 0-23 months; this will

include protection, support and promotion to early, exclusive and continued breastfeeding, as well as prevention of uncontrolled breast milk substitute donation and distribution.

Another strategic focus will be training of community health workers in the refugee community to support daily health outreach activities carried out for basic health promotion, preventive, and social mobilization purposes. Relevant information about availability of nutrition and sexual reproductive health programme activities will be disseminated to the refugee population. Awareness activities, such as hand washing practices (provision of light water storage containers, soap and disinfectants), safe use of water practices, use and distribution of hygiene kits and menstrual protection materials, condom availability and provision of clean delivery kits, will further sensitize the refugee community on preventable diseases like sexual and reproductive health related diseases such as STI, HIV, malaria, diarrhoea and on maintaining a healthy diet and the prevention of food contamination. Women in particular will be mobilized due to their traditional gender roles and the work they carry at the household level. Attention to menstrual hygiene for women and girls is important and therefore information on how to access and utilize will be important for the wellbeing of women and girls.

Water, Sanitation and Hygiene (WASH)
Partners in the response will ensure that refugees have access to safe water, improved sanitation and hygiene services and minimize the risk of outbreak of WASH related diseases in camps and host communities. Following internationally recognised SPHERE standards[4], during the emergency stage safe water supply at a minimum of 15 litres per person/day will be provided (in the meantime water purification chlorine tablets will be provided to treat the available sources of water in the camps). It is equally critical to construct latrines, one latrine per every 50 people with clear separation of female and male facilities. Similarly, shower blocks will be constructed, at a ratio of one shower for every 80 people, with a clear separation of female and male facilities. Implementation of the gender equality minimum standards on WASH will be actively promoted. Moreover, hand washing, laundry and solid waste management facilities will be provided. Safe hygiene practices will also be promoted among the refugees and host communities through interpersonal communication and community mobilisation.

Food
Food commodities, in line with the World Health Organisation (WHO)'s recommended daily requirements (kcal), are being provided to refugees, asylum seekers and other persons of interest at transit centres, reception centres and at the Nyarugusu camp. New arrivals at the camp – once they have completed screening at the reception centre - receive prepared food ("wet feeding") for one day upon arrival. At this time they are also provided with a two-week dry ration (which they are expected to cook on their own), and are thereafter included in monthly General Food Distributions (GFD) and selective feeding coverage. Additionally, ready-to-eat food items (i.e. high energy biscuits) are seen as necessary to support refugee movements from points of entry to either reception or transit centres for onward movement to camp placement.

Targeted supplementary feeding for all moderately malnourished children between 6 and 59 months old and pregnant and lactating women (PLW) will be established. Blanket supplementary feeding for under-5 children and PLW will also be established in order to prevent acute malnutrition and micronutrient deficiencies among these vulnerable groups. Children aged 6-59 months with severe acute malnutrition (SAM) will be treated in the therapeutic feeding programme as per the guidelines for the management of SAM in in-patient (for those with medical complications / no appetite) and in out-patient (for those with no medical complications and with sufficient appetites) therapeutic programmes.

The refugees and the surrounding hosting communities may also benefit from short cycle crops such as vegetables; this will be made possible by encouraging and supporting them to establish kitchen gardens to supplement their nutritional requirements.

Energy and Environment
Tanzania has strict regulations regarding environmental policies. The environment surrounding refugee camp is especially sensitive and fire outbreak may easily occur as a result of using traditional materials of firewood for cooking. A possible escalation towards deforestation in the area has to be considered, since an increased number of trees will be cut to meet the energy needs of refugees. To

[4] The SPHERE Project developed internationally agreed minimum standards for humanitarian interventions, which aim to enhance the quality and accountability of humanitarian assistance.

minimize damage on the natural environment surrounding the camp areas, refugees will be given and trained to use efficient stoves in order to reduce tree cutting in search fuel for cooking.

To minimize any negative effects the refugee population could have on the environment while recognising the need for firewood for cooking and lighting, partners will ensure that refugees will have sufficient access to safe and sustainable sources of energy.

Livelihood
In order to ensure that refugees do not place additional burdens on limited resources in Tanzania, partners will work to improve resilience of refugees and host communities through access to agricultural and other livelihood opportunities within existing structures. Agricultural short term crops such as vegetables and fish farming will be introduced into the refugee camps and the host communities as a means to increase the food and nutritional supply. Back yard gardens will be established around the camps and the provision of seeds and other inputs such as fertilizers and appropriate farming tools to support the establishment of the gardens will be considered.

Relevant trainings such as the Junior Farmer Field and Life Skills trainings will be provided to youth and women in refugee camps and to selected youth around in the host communities, as a way to prepare them to be able to implement basic agricultural based enterprises. At the same time, this will increase the awareness in the community and allow the beneficiaries to become active participants in finding solutions to enhance their food and nutritional requirements.

Interventions will be informed by solid gender analysis and provide for equal access for women and men. The life of women in displacement becomes increasingly difficult as they have to fend for their families and take care of children and elderly. Therefore providing access to income generation opportunities is critical to promoting positive coping mechanism and building their resilience and that of their community.

Shelter and Non-Food Items (NFIs)
To address shelter needs of a planned 70,000 refugees in Tanzania, the existing Nyarugusu camp is currently been used. However, a second camp will most likely have to be established in view of the current influx, since Nyarugusu camp can accommodate up to 30,000 new arrivals. Three transit centres are presently being established: the first one will be Lake Tanganyika stadium as a reception area for asylum seekers ferried from Kagunga village. This will allow the asylum seekers to stay for a day or two at the stadium before onward transportation by road to Nyarugusu. The other reception centres will be located in Manyovu (Kigoma region) and in Ngara (Kagera region).

At the initial reception centres, urgent work has commenced to provide enough temporary shelter. Other ad-hoc arrangements should also be put in place (tents, plastic sheeting, etc.). At the camp level, major expansions will have to be made especially at Nyarugusu camp beyond the current holding capacity. The final objective is to provide all new arrivals with adequate and suitable shelter. Communal shelters will be set up using plastic sheets and poles in addition to the family tents that have already being erected and will take into consideration proximity to services, especially for women and girls, to protect them from sexual assault and provide safe place for survivors of SGBV, waiting places for pregnant women. Clean delivery kits need to be distributed to visibly pregnant women. Camp management systems including women and youth representatives will be put in place ensuring that any shortfalls in shelters, security, drainage etc. can be addressed by a competent authority.

Education
The objective of interventions in education will ensure minimal disruption to education services for all learners and teachers in camps and host communities. Access to quality pre-primary, primary and secondary education for all refugee children with specific focus on girls and children with disabilities and other vulnerable children will be promoted, using, when possible, the curriculum from country of origin to ensure smooth reintegration after return to Burundi. Teaching and learning materials will also be provided. Partners will provide home-based and centre-based early childhood development services for young refugee children in the reception centres and in the camp, to allow them to be cared for in an environment that nurtures their physical, emotional and cognitive development.

Logistics
Logistical demands are expected to quickly increase in line with the creation, and potential expansion, of a new camp and related additional needs for transportation, storage, vehicles, CRIs, road rehabilitation, etc. Fleet maintenance costs will increase due to frequency of movements. Storage facilities need to be established in reception centres and in Nyarugusu, and roads will have to be rehabilitated and maintained for proper and continuous access to the camp.

Partnership and Coordination

The Government of Tanzania and the UN Country Team (UNCT) have compiled a Contingency Plan for Mass Population Influx. The plan provides a framework for emergency coordination in the event of a refugee influx. The Refugee Response Plan (RRP), based on the Refugee Coordination Model (RCM), draws the bulk of its analysis from the existing Contingency Plan, to strengthen the synergies among UN agencies and NGO partners in the response, based on functional inter-agency / inter-governmental coordination mechanism already in place, such as the coordination structure provided through the UN Reform (Delivering as One) initiative.

UNHCR leads the inter-agency assistance for Burundian refugee influx into Tanzania, in close coordination with the office of the UN Resident Co-ordinator in Tanzania. Similarly, partners in the response will closely collaborate and coordinate with the Government of Tanzania through its Refugee Service Department (RSD) and the Border Management and Control Unit of the Immigration Department of the Ministry of Home Affairs. UN field offices where the refugees are located will collaborate and coordinate with the Regional Commissioner's Office.

Coordination and information sharing to address the response to the population influx is being managed under the existing Refugee Programme Working Group, which incorporates members from the Emergency Coordination Group (ECG). Furthermore, inter-agency meetings on appropriate sectorial interventions are held regularly both in the field and in the capital. At field level, UNHCR Field Office Kasulu and Field Unit Kigoma manage refugee protection and assistance and are at the forefront for any new population influx from Burundi.

Public Information
The emergency response centres are to be established at UNHCR offices at three locations – Dar Es Salam, Kigoma and Kasulu, to utilise the coordination forums to disseminate information on new arrivals/demographics/challenges and progress made. Weekly briefing notes for circulation to main actors, other UN agencies and donors will be developed. An Interagency Refugee Information Management Working Group for the purposes of coordinating information management products and sharing interagency information will be established within the first three months of the emergency.

Mass Communication (with persons of concern)
Partners will ensure that mass information campaigns are carried out with the newly arriving population within the reception facilities. They will work with central and regional government departments to establish a community outreach information campaign, and thus ensure that key messages are disseminated and understood by the refugee community.

Planned Response

Protection ***(including SGBV and Child protection)***	- Support local authorities to screen new arrivals. - Register and document all new arriving refugees. - Monitor borders (surveillance of official entry points and identification of new possible entry points) - Support Immigration Department to implement Displacement Tracking Matrix (DTM) to conduct regular monitoring of the influx in Tanzania. - Establish and maintain reception (RCs) and transit centres (TCs). - Support Government security enhancement for TC/RC and refugee camp in order to help maintaining the civilian character of asylum. - Establish women centres/ safe spaces for multi-sector prevention and response services. - Conduct medical screening and identify pregnant mothers before departure to camp. - Hire boats, trucks, buses and luggage trucks for refugee transfers with provisions for special transport for persons with specific needs. - Set-up peace-building and social cohesion activities with host communities. - Establish SGBV multi-sectoral coordination, emergency inter-agency SOPs for SGBV and CP response and conduct a joint needs assessment on GBV and child abuse. - Monitor and supervise the mainstreaming of SGBV interventions as per IASC GBV guidelines. - Strengthen the capacity of health providers and refugee women camp managers to identify, support, treat and refer survivors of SGBV for appropriate services. - Train women in prevention mechanisms and establish women's groups for GBV. - Sensitise men and boys on GBV prevention. - Establish and implement SGBV referral pathways. - Distribute culturally accepted and specific dignity kits to GBV survivors and adolescent girls. - Distribute rape treatment kits for clinical care of SGBV survivors/victims. - Develop social reinsertion interventions for SGBV survivors such that guarantees their protection and upholds their human rights. - Conduct training on SGBV prevention and responses. - Identify unaccompanied, separated, and other children at risk (UASC) - Improve interagency coordination for programming needs for UASC through regular monitoring and reporting. - Programming needs for CFS in the camps. - Carry out Best Interest Assessment and Determination (BIA/BID) for UASC and children at risk in the context of a case management system. - Prevent the trafficking of UASC through child-sensitive interviews and referral of identified survivors to specialized shelter services. - Provide a comprehensive child protection structure including case management, psychosocial support, alternative and/or community-based care and protection in an age and gender sensitive manner. - Provide child protection training for partners, staff and key stakeholders. - Support People with Special Needs (PWSN) to have equal access to basic services. - Family tracing support through training of Tracing Relay community team leaders. - Construction of listening posts shelters in the amps to support community orientation and psychosocial activities.

Education	- Identify and support local schools, hosting refugee children by providing teaching and scholastic materials. - Construction/Rehabilitation of inclusive educational facilities. - Provide teaching, academic materials and equipment (for schools in the camp - Provide temporary learning spaces for children. - Establish child-friendly learning spaces for children. - Identify children of pre-primary, primary and secondary school age and needs assessment of materials and resources needed. - Identify children with special education needs. - Provide hygiene kits to students. - Support emergency education and distribute school kits to 14,000 children in pre-primary, primary and secondary schools. - Identify and train 200 volunteer educators in the refugee community. - Identify young children and families in need of early childhood development (ECD) services. - Establish and provide recreation and learning materials for ECD facilities/centres.
Energy and Environment	- Promote sustainable access to building materials, firewood and promote energy saving devices. - Distribute fuel wood to vulnerable families. - Conduct risk-mapping sessions in all camps and host community. - Promote alternate energy sources for communal kitchens. - Sensitize the refugee community to enhance environmental protection and provide awareness on associated camp environmental risk. - Establish and maintain tree nurseries and demark protected areas. - Provide training on energy efficient cooking practices for women. - Establish energy saving device for communal lighting – schools, streets, Health Centres and staff accommodation - Explore alternative long-term low cost water supply solutions e.g. solar powered pumps
Food	- Provision of hot meals at reception and transit centres prior to refugee camp placement. - Provision of ready-to-eat food items for transit movement of refugees from entry point(s), reception/transit centres to refugee camp as appropriate. - Provision of complimentary food items. - Conduct General Food Distributions (GFDs) and selective feeding activities for refugees in the camp.
Health and Nutrition	- Establish emergency health posts and nutrition centres in the TC/RCs and in the camp/s. - Recruit doctors, nurses, midwives, nutrition officers. - Provide constant supply of medicines, equipment, test and reagents, vaccines, mosquito nets, and medical devices for emergency health centre, including emergency reproductive health kits. - Establish Health Information System for health data management, including SGBV data. - Establish referral mechanism to make referrals for life saving emergencies cases and severe complications of pregnancy and delivery for Comprehensive Emergency Obstetric Care. - Ensure systematic vaccination in TCs/RCs for children under 5. - Implement the Minimum Initial Services Package (MISP) for RH in emergencies - Review and increase reproductive health services capacity in the Health Centres including Adolescent Sexual Reproductive Health. - Review and increase HIV/AIDS services in the health centres - Strengthen HIV prevention activities in the communities. - Support government national AIDS programmes to accommodate refugee needs. - Procure Dignity Kits for women of reproductive age, expecting mothers and for adolescent girls.

Health and Nutrition **(contd.)**	- Establish comprehensive services for children, through case management of conditions with a high impact on neonatal and child survival, such as pneumonia, diarrhoea and malaria. - Disseminate key health education and sensitization messages, with a focus on available health services, danger signs for common life-threatening conditions and universal health promotion and precautions (e.g., breastfeeding, health-seeking behaviour, safe motherhood, hand washing, hygiene and sanitation, prevention of STIs/HIV and prevention of unwanted pregnancies). - Mobilize and train community health care workers for community health and nutrition activities. - Provide and reinforce effective leadership for nutrition sector interagency coordination, linked to other cluster/sector coordination mechanisms at central and sub-national levels on critical inter-sectoral issues - Establish timely nutritional assessment and surveillance systems and effective malnutrition prevention response capabilities. - Provide appropriate human resources for nutrition screening, treatment, equipment and supplies. - Establish programme to support women and children with access to appropriate infant and young child feeding (IYCF). - Ensure access to and management of children and women with acute malnutrition through nutrition screening and provision of supplementary and therapeutic feeding to at-risk and malnourished cases. - Ensure access of children and women to micronutrients from fortified foods, supplements or multiple-micronutrient preparations. - Disseminate relevant information about nutrition programme activities to the refugee population.
Transport (of people) **Logistics and transport of goods**	- Safe and timely transport refugees prioritising pregnant mothers and children from border to RCs/TCs to camp. - Medical screening and identification of visibly pregnant mothers at TCs before departure to camp. - Procure and maintain light vehicles, pickups, motorcycles, cargo and tipper trucks, as well as spare parts. - Install fuel storage, generator and dispensing facilities. - Procure and distribute standard basic core-relief items (CRI) kits. - Manage and maintain warehouses. - Provide airlift operation support to emergency staff deployment. - Ensure proper transportation of humanitarian food and related NFIs from ports, airport and borders (imports). - Coordinate storage and handling of humanitarian food and related NFIs while in transhipment points like ports, airports, and depots. - Provide timely technical advice and/or support to all UN agencies on issues related to transport and logistics such as identification of the right means of transporting refugees, NFIs, clearing, forwarding and warehousing. - Upgrade road access to the identified new refugee site to enable smooth food distribution. - Construct food distribution points at new site. - Establish additional food and NFIs storage facility at Nyarugusu EDP to accommodate food requirement of additional number of refugees.

Shelter and Non-Food Items (NFI)	- Conduct joint rapid assessment for the new sites. - Reinforce support to existing facilities, including service delivery competencies and capacities - Distribute standard non-food item kits for all new arrivals. The kit will include: jerry can, soap, mosquito net, sleeping mat, kitchen set, plastic, tarpaulins, stove, blanket, sanitary pads and plastic buckets. - Establish new refugee camp according to SPHERE standards. - Set up emergency shelters and construct communal shelters in RCs/TCs. - Distribute family tents to vulnerable families. - Distribute shelter kits (plastic sheets, poles, tool kits, etc.) - Construct and maintain additional way stations and reception centres. - Construct and maintain access roads, in-camp roads and security parameter roads. - Construct administrative infrastructures to ensure refugees enjoy basic human rights including physical safety and rights to services. - Establish refugee committees to increase their participation in decision-making process on infrastructure building. - Establish safe place (tents) for survivors/victims of SGBV. - Establish waiting places (tents) for pregnant women.
Livelihoods	- Joint Assessment on livelihood needs and capacity undertaken in the refugee community. - Facilitate access to support resources (e.g. capital, skills building, market access) to start income generating activities (IGA). - Identify active youth women and men willing to take up farming activities, by organizing a training to replicate the Junior Farmer Field and Life Skills methodology. - Establish kitchen gardens for vegetable production around the camps and the host communities to contribute to food requirements. - Identify income generation activities that promote women's employment as a measure to counter underlying protection risks among refugee women and those of host communities. - Skills and entrepreneurship training for vulnerable women with a focus on female headed households, women with disabilities and SGBV survivors. - Facilitate access opportunities for agricultural income generation activities and build capacity for long term resilience.
Water, Sanitation and Hygiene (WASH)	- Establish clean water source in the TCs/RCs. - Water trucking and water tank installation in new camp sites. - Water treatment, surveillance and quality control. - Purchase, set up and maintain hygiene and sanitation basic facilities at entry point (mobile latrines, hand-washing facilities, waste bins). - Maintain, rehabilitate/ drill boreholes. - Ensure equal access to safe water and improved WASH services to minimize the risk of outbreak of WASH related disease. - Ensure availability of minimum safe drinking water supply and sanitation facilities amongst refugees in camps and host communities. - Procure water treatment chemicals. - Ensure gender equality minimum standards implemented and applied in the refugee camp. - Encourage cash for work schemes targeting women's participation in public sanitation campaigns. - Procure sanitation kit and communal latrine excavation tool kit. Construct male/female latrines with a clear separation of female and male facilities and keep latrine clean using chemicals. - Construct male/female showers with a clear separation of female and male facilities. - Provide culturally appropriate menstrual hygiene kits for women/girls. - Provide WASH NFIs (hygiene and water kits) for households in the camp - Conduct drainage system in the camp. - Construct bathing shelter at transit and reception centres. - Construct refuse pits at the transit and reception centres. - Reinforce WASH activities in all camps: use of community awareness on waste collection, cleaning tents areas, latrines. - Increase refugee participation and community sensitization through establishing water committees working on hygiene promotion activities.

Financial Requirements Summary – Tanzania

Financial requirements by agency (in US dollars)

Organization	Total
FAO Food and Agriculture Organization of the United Nations	**3,315,000**
IOM International Organization for Migration	**5,000,000**
OXFAM	**1,500,000**
PLAN International	**6,500,000**
UN Women UN Entity for Gender Equality and the Empowerment of Women	**800,000**
UNFPA United Nations Population Fund	**3,000,000**
UNHCR United Nations High Commissioner for Refugees	**52,609,329**
UNICEF United Nations Children's Fund	**5,315,600**
WFP World Food Programme	**10,241,288**
WHO World Health Organization	**3,100,000**
Total	**91,381,217**

Financial requirements by sector (in US dollars)

Sector	Total
Protection	**7,266,718**
Education	**10,691,047**
Food	**9,512,249**
Health and Nutrition	**10,814,759**
Livelihoods Energy and Environment	**3,833,005**
Logistics and Transport	**9,415,558**
Shelter and NFIs	**14,404,804**
WASH	**17,352,503**
Operational Support	**8,090,574**
Total	**91,381,217**

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

Organization	DRC	Rwanda	Tanzania	Total
ADRA Adventist Development and Relief Agency		500,000		**500,000**
AHA African Humanitarian Action		300,000		**300,000**
ARC American Refugee Committee		850,000		**850,000**
Caritas	343,410			**343,410**
FAO Food and Agriculture Organization of the United Nations	510,000	1,275,000	3,315,000	**5,100,000**
IOM International Organization for Migration	1,800,000	700,000	5,000,000	**7,500,000**
OXFAM			1,500,000	**1,500,000**
PAJER Parlement des Jeunes Rwandais		400,000		**400,000**
PLAN International		300,000	6,500,000	**6,800,000**
RRC Rwanda Red Cross Society		194,009		**194,009**
SCI Save the Children International		500,000		**500,000**
UN Women UN Entity for Gender Equality and the Empowerment of Women		500,000	800,000	**1,300,000**
UNFPA United Nations Population Fund	698,831	1,020,945	3,000,000	**4,719,776**
UNHCR United Nations High Commissioner for Refugees	6,323,795	72,475,420	52,609,329	**131,408,544**
UNICEF United Nations Children's Fund	2,166,000	7,400,000	5,315,600	**14,881,600**
WFP World Food Programme	3,000,000	12,058,916	10,241,288	**25,300,204**
WHO World Health Organization	1,150,000	800,000	3,100,000	**5,050,000**
WVI World Vision International		300,000		**300,000**
Total	**15,992,036**	**99,574,290**	**91,381,217**	**206,947,543**

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

Sector	DRC	Rwanda	Tanzania	Total
Protection	2,083,000	7,678,722	7,266,718	**17,028,440**
Education	308,100	5,470,430	10,691,047	**16,469,577**
Food	3,105,800	8,312,698	9,512,249	**20,930,747**
Health and Nutrition	3,228,781	16,533,080	10,814,759	**30,576,620**
Livelihoods Energy and Environment	612,350	4,685,788	3,833,005	**9,131,143**
Logistics and Transport	2,720,000	4,069,131	9,415,558	**16,204,689**
Shelter and NFIs	2,005,158	26,988,968	14,404,804	**43,398,930**
WASH	737,500	15,035,007	17,352,503	**33,125,010**
Operational Support	1,191,347	10,800,466	8,090,574	**20,082,387**
Total	**15,992,036**	**99,574,290**	**91,381,217**	**206,947,543**

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

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods Energy and Environment	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Total
DRC	**2,083,000**	**308,100**	**3,105,800**	**3,228,781**	**612,350**	**2,720,000**	**2,005,158**	**737,500**	**1,191,347**	**15,992,036**
Caritas							343,410			**343,410**
FAO					510,000					**510,000**
IOM						1,800,000				**1,800,000**
UNFPA				698,831						**698,831**
UNHCR	1,426,000	108,100	105,800	520,950	102,350	920,000	1,661,748	287,500	1,191,347	**6,323,795**
UNICEF	657,000	200,000		859,000				450,000		**2,166,000**
WFP			3,000,000							**3,000,000**
WHO				1,150,000						**1,150,000**
Rwanda	**7,678,722**	**5,470,430**	**8,312,698**	**16,533,080**	**4,685,788**	**4,069,131**	**26,988,968**	**15,035,007**	**10,800,466**	**99,574,290**
ADRA		400,000				100,000				**500,000**
AHA				300,000						**300,000**
ARC					500,000		350,000			**850,000**
FAO					1,275,000					**1,275,000**
IOM				200,000		500,000				**700,000**
PAJER								400,000		**400,000**
PLAN	300,000									**300,000**
RRC			16,698	99,216	43,922				34,173	**194,009**
SCI	150,000	350,000								**500,000**
UN Women	100,000				350,000				50,000	**500,000**
UNFPA	120,945			900,000						**1,020,945**
UNHCR	6,507,777	3,670,430		7,420,948	2,516,866	3,469,131	26,638,968	11,535,007	10,716,293	**72,475,420**
UNICEF	500,000	1,050,000		3,050,000				2,800,000		**7,400,000**
WFP			8,296,000	3,762,916						**12,058,916**
WHO				800,000						**800,000**
WVI								300,000		**300,000**

Organization	Protection	Education	Food	Health and Nutrition	Livelihood Energy and Environment	Logistics and Transport	Shelter and NFIs	WASH	Operational Support	Total
Tanzania	**7,266,718**	**10,691,047**	**9,512,249**	**10,814,759**	**3,833,005**	**9,415,558**	**14,404,804**	**17,352,503**	**8,090,574**	**91,381,217**
FAO					3,315,000					**3,315,000**
IOM	1,000,000					4,000,000				**5,000,000**
OXFAM								1,500,000		**1,500,000**
PLAN	1,500,000	2,000,000						3,000,000		**6,500,000**
UN Women	300,000				300,000				200,000	**800,000**
UNFPA	800,000			1,920,000		40,000	30,000		210,000	**3,000,000**
UNHCR	2,666,718	7,791,047	218,005	5,347,715	218,005	4,575,558	14,374,804	10,536,903	6,880,574	**52,609,329**
UNICEF	1,000,000	900,000		600,000		200,000		2,315,600	300,000	**5,315,600**
WFP			9,294,244	347,044		600,000				**10,241,288**
WHO				2,600,000					500,000	**3,100,000**
Grand Total	**17,028,440**	**16,469,577**	**20,930,747**	**30,576,620**	**9,131,143**	**16,204,689**	**43,398,930**	**33,125,010**	**20,082,387**	**206,947,543**