

BURUNDI REGIONAL REFUGEE RESPONSE PLAN

January – December 2017



December 2016

Cover photograph:

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

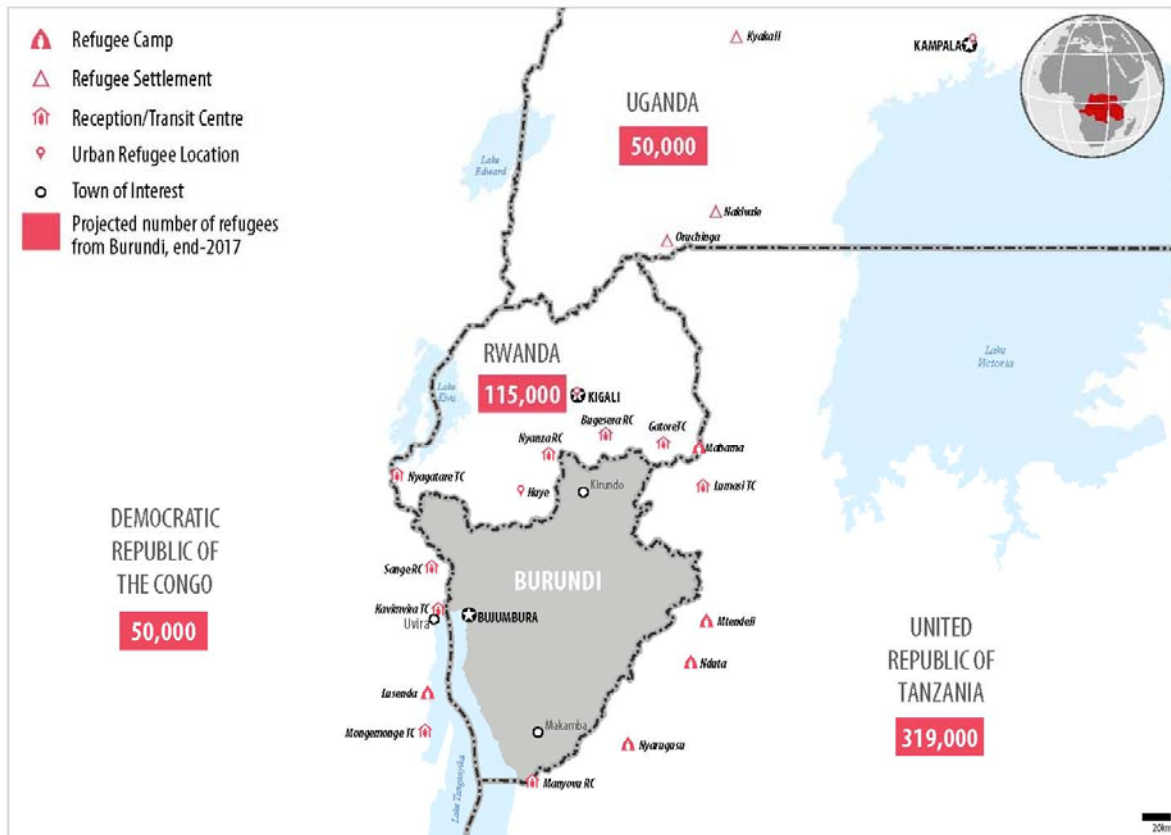
Strategic Overview

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

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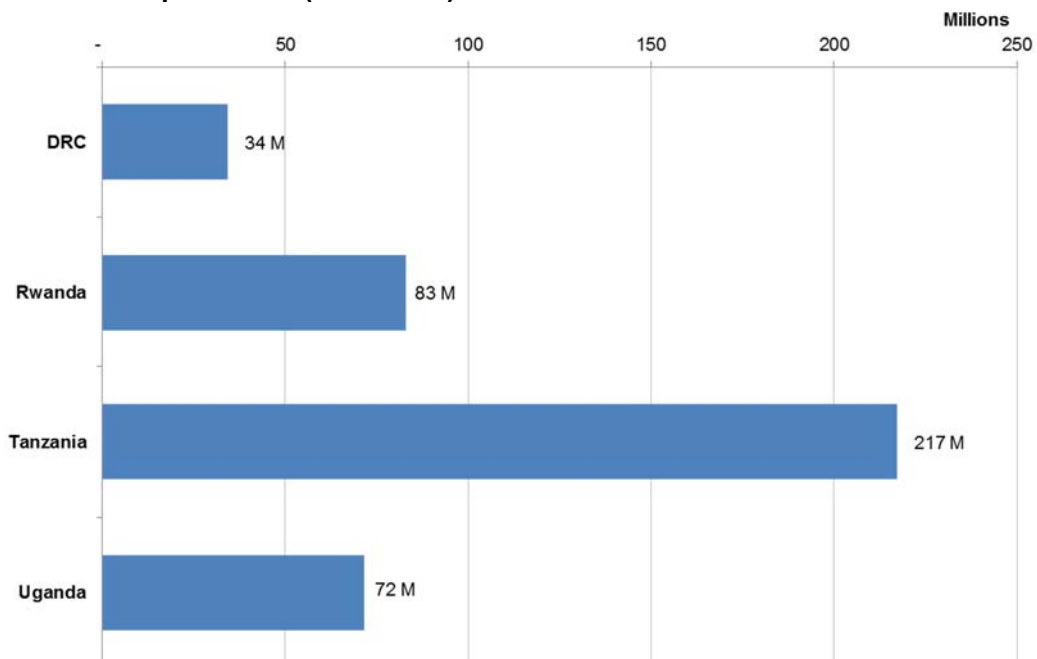
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REGIONAL REFUGEE RESPONSE DASHBOARD



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Sources: UNHCR, UNCS and Uganda (OPM)

Financial Requirements (US Dollars)



REGIONAL STRATEGIC OVERVIEW

Introduction

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

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

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

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

Beneficiary Population

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

Regional Protection and Humanitarian Needs

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

Protection

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

National and local authorities and security forces will receive training on international protection principles, refugee law and on the importance of safeguarding the humanitarian and civilian character of camps to protect refugees from the infiltration of armed groups.

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

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

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

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

Education

Providing education to school-aged children is a priority in all refugee sites. There is a need to increase the capacity, especially in Tanzania. Classrooms are overcrowded and the need for additional camp space to decongest educational infrastructure is high. In addition to the construction of new schools (including semi-durable classrooms), classrooms will need to be equipped with sufficient school desks and learning materials.

For children who have completed primary education, it will be important to increase secondary and tertiary education opportunities, for which collaboration with host communities, local authorities and the Government will be vital. This will not only ensure that refugee children can continue their development, but will also teach them the skills allowing them to contribute more to the local society. Furthermore, this will have positive effects on the protection environment.

Food Security

Refugees' access to food is crucial, not only to meet their nutritional needs, but also to allow them to have the energy to go to school, work and build up levels of resistance to common diseases. In October

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

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

For incoming refugees, food will continue to be provided at border entry points and upon arrival at camp sites. School feeding will also be promoted to ensure that refugee children will be motivated to go to school and have the energy to focus on classes.

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

Health and Nutrition

Efforts are focused on keeping the Crude Mortality Rate under the emergency threshold of less than one death per 10,000 persons per day. However, many refugee hosting areas are prone to communicable diseases, including, malaria and acute watery diarrhoea. There is an urgent need to expand the availability and quality of health services including creation of new structures, hiring of well-trained staff, and procurement of equipment and medical supplies. Considering the declining access to health services in Burundi, it will be crucial to ensure increased health assistance to refugees, including providing vaccinations, screening for acute malnutrition in children 6 to 59 months, identifying acute and chronic serious illness and pregnant women, and referral to appropriate services. This is especially pressing in countries such as Tanzania, where arrival rates have fluctuated between 300-550 people per day.

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

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

Vaccinations have been conducted at transit centres and in camps, which will continue to prevent further outbreaks of diseases. Finally, host communities will also benefit from the assistance given. For

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