

BURUNDI - REGIONAL RRP

Consequences of Underfunding and 2018 Achievements

31 May 2018



396,058

BURUNDIAN REFUGEES
HOSTED IN THE REGION
AS OF MAY 2018

434,000

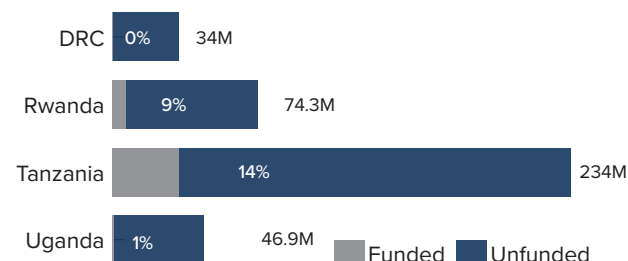
BURUNDIAN REFUGEES
PROJECTED TO BE HOSTED IN
THE REGION BY THE END OF
2018

US\$ 391M

FINANCIAL REQUIREMENTS IN
2018

27

PARTNERS INVOLVED IN 2018



as of 12 June 2018

MAIN CONSEQUENCES OF UNDERFUNDING IN 2018

DRC	<ul style="list-style-type: none"> WFP has had to reduce food aid by 20% in 2018 due to financial constraints. Local schools do not have capacity to absorb the growing number of refugee children. Funding is needed to support local education authorities, which would benefit both the host and refugee populations. Over 700 families are waiting to be transferred to the new Mulongwe site but the transfer is delayed due to lack of funding for shelters there. Families awaiting transfer are in overcrowded conditions in Lusenda camp and in transit facilities for significantly longer than is safe or appropriate. In both Mulongwe and Lusenda, there is an urgent need for increased medical staff. Medical supplies are expected to run out in both locations in September 2018 without additional funds to replenish them.
RWANDA	<ul style="list-style-type: none"> Classrooms are overcrowded with a high student teacher ratio and an estimated 67 children per classroom. Lack of funding has stopped the implementation of a Cash Based Intervention in lieu of Non-Food-Items in Mahama camp for 19,500 families, hindering refugees' ability to manage their basic needs. Currently less than 1% of Burundian refugees in Rwanda have ID cards. This adversely impacts on their freedom of movement and blocks their access to social services. Refugee ID cards are particularly important for the urban Burundian population as they will enable integration into the national health system. Nearly 70,000 Burundian refugees need refugee ID cards.
TANZANIA	<ul style="list-style-type: none"> Malaria remains a significant cause of morbidity among all children under five. More than 50% of refugees are living in dilapidated emergency shelters and tents. There is insufficient staffing to handle sexual and gender based violence (SGBV) and child protection case follow up and to enhance community awareness for prevention. Inadequate teaching and reference materials have negatively impacted student exam success rates with only 59% of Burundian students passing their exams. Improvement of sanitation facilities in schools is needed as it affects performance and school attendance rates for female students.
UGANDA	<ul style="list-style-type: none"> Limited resources for secondary education and vocational training opportunities continues to expose adolescents to risks of forced marriages, early pregnancies and survival sex. Insufficient number of protection houses and caseworkers to provide adequate support to SGBV survivors. 40 additional shelters for persons with specific needs are needed in Nakivale settlement. Roads in Nakivale settlement lack a gravel surface resulting in access constraints in the rainy season. WFP have warned that the funding shortfall will result in serious pipeline breaks (for both food and cash response) from August 2018 forward. WFP will be forced to implement ration cuts for food and cash across all settlements and categories of refugees.

2018 HIGHLIGHTS

DRC	<ul style="list-style-type: none"> • Over 590,000 litres of water have been distributed so far this year. • 354 refugee households have gained access to improved or newly constructed latrines. • 6,470 refugee school aged children were enrolled in primary school and 1,211 refugee children were enrolled in secondary school. • 354 refugee households received semi-permanent shelter. • 986 refugee households received kits with basic household items.
RWANDA	<ul style="list-style-type: none"> • Verification of refugees living in urban areas (Kigali and Huye) has been completed. The exercise will enable improved access to identification documents as well as better targeting of assistance. • HIV, TB and malaria prevention and treatment services have been provided to all Burundian refugees living in Mahama camp as well as urban areas (Kigali and Huye). • The water surface treatment plant at Mahama camp has been maintained and water supply of 19 litres per person per day has been ensured for the entire camp population. Water supply to public schools in the vicinity was also provided. Extension of the water supply system to service the host community near Mahama camp is in progress. • There has been a successful start to the SASA campaign, a behaviour change approach to fighting SGBV and improving identification and case management of SGBV incidents through increasing the capacity of partners. • Health services are being provided to 57,800 Burundian refugees in Mahama camp. The health centers are accessed by both refugee and host communities. Patients are also benefitting from medical referrals to secondary and tertiary level hospitals.
TANZANIA	<ul style="list-style-type: none"> • Regular food assistance was provided to refugees ranging between 72-78% of the full basket. • Water supply improved in all camps through the installation of new pumps, enabling the provision of water at a rate of 20 litres per person per day. • Health structures have been improved and upgraded from temporary to permanent structures. • Opportunities were created for tertiary education through the Student Refugee Program. • Two Ideas Boxes were installed in two camps as an initiative to use technology to access and enhance learning experiences. The Ideas Box, by Libraries Without Borders, is composed of two pallets that turn into a fully-equipped, portable and modular media centre, with a library, internet access, resource centre, maker's lab and cinema.
UGANDA	<ul style="list-style-type: none"> • 12 child friendly spaces were equipped to provide better psychosocial support to children. • 252 children with specific needs were provided with case management services. • 124 SGBV survivors were provided with psychosocial, legal and medical assistance during the first months of 2018. • Five SGBV community based committees (90 members) were established in Nakivale settlement and the members were trained to enhance SGBV prevention and response. These structures have proved instrumental in the identification of SGBV cases, referral to services, community mobilisation and sensitisation around SGBV issues. • A facility was opened for the storage of food and NFIs in Nakivale settlement to help bring assistance closer to refugees. • WFP developed new food assistance collection procedures to improve accountability and service delivery to refugees.

FOR MORE INFORMATION

Burundi Data Portal - <http://data2.unhcr.org/en/situations/burundi>

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