RESEARCH ON LIFE CONDITIONS IN REFUGEES CAMPS IN RWANDA

Case Study of Burundian refugees in humanitarian settings (camp and urban), August 2016

I. Introduction

At end of March 2015, a sudden mass influx of Burundian refugees started fleeing their country of origin to Rwanda and other countries of the region especially Tanzania and Uganda. Three hundred arrivals per day at the beginning and 3000 per day at end of April 2015 were received in two reception centres near the Rwanda-Burundi border. On 22 April, the Government of Rwanda decided to open Mahama camp and declared prima facie refugee status for those fleeing from Burundi. In May 2015, Burundi's Constitutional Court ruled in favour of President Nkurunziza's third –term bid, sparking weeks of protests mainly in Bujumbura. As, results, escalation of violence between protestors and supporters of the ruling party &police forces. At end of August 2015, over 76,000 Burundian refugees have been registered in Rwanda but over 70, 000 refugees are living in Rwanda at end of October 2015. 45,000 are living in Mahama camp and reception centres and 25,000 are urban refugees living in Kigali and Huye.

II. Causes

During interviews conducted in camp and urban settings, Burundian refugees indicated the following reasons for flight:

- Forced or coerced recruitment by the ''Imbonerakure" youth militia.
- Threats against families perceived to be disloyal to the current regime, especially by marking houses to indicate future attack by the militia.
- Armed overnight attacks by the militia.
- Disappearance of relatives.
- Increased paramilitary training of the militias and distribution of firearms by authorities.
- Fear of post-election related violence.

III. Challenges faced by Burundian refugees in camps and urban settings

3.1. PROTECTION

- Substantial proportion of people with specific needs notably Unaccompanied and separated children (UASCs), adolescents, Child-Headed households, female-headed households, elderly persons, persons with disability, people living with HIV/AIDS who need continuation or scaling up of targeted programme.

- 1,903 registered unaccompanied and separated children (1,256 unaccompanied children and 647 separated children) and some few declarations of these children are made for Non-Food items gains.
- Unaccompanied and separated children are at higher risk of abuse, neglect and violence;
- Engagement in risky sexual behaviours.
- No systematic identification of person with specific needs during the registration of new arriving persons.
- Gap in birth registration and birth certificates to all new-born refugees.
- Alcohol abuse.
- Lack of documentation to do a cross-border business especially in East-Africa Community country members.
- Lack of Child/Youth Friendly spaces in reception centres and in a limited number in Mahama.
- Proximity to the border of reception centres and risks of "Infiltration'' by the Burundian pro-regime "Imbonerakure" youth militia.

3.2. SEXUAL GENDER BASED-VIOLENCE

- The population of Burundian refugee population in Rwanda is over 80% women and children who are vulnerable to risk of sexual gender based-violence.
- Due to lack of space and overcrowding children are exposed to sexual activity;
- SGBV cases are on increasing rate in Mahama camp and reception centres. These cases include: sexual assault, psychological/emotional abuse and denial of resources, opportunities and services.
- Overcrowding of shelters, traditional gender attitudes as well as separation of families contribute to a greater risk of SGBV.

3.3. EDUCATION

- Language barriers for some skilled refugees: working language predominant in Rwanda is English whereas French is utilized in Burundi.
- Out-of-school children and low class attendance: only 39% children who were at school before influx have integrated orientation programme to prepare children for the next school-year following the Rwandan curriculum.
- Low class attendance for Early Childhood Development (ECD for children aging between 3-6 years).
- Some WASH facilities not completed in new classes.
- Environmental conditions disruptive to learning.

- Limited secondary education classes.
- Lack of Certificate Equivalence for job seeking in Asylum country.
- No education programme in place for university students.
- No special education system for children with hearing and speech impairments.
- No relocated refugee students from reception centres have not yet started orientation programme because of limited number of existing classrooms.

3.4. HEALTH/NUTRITION

- Easy access to health limited as there is no health post in reception centres. Medical cases referred to nearest local health centres with an overstretched capacity.
- Limited health facilities in Mahama camp: 01 health centre and 01 health post for a population of more than 43,000 people, which makes daily general consultation, is high: 60 patients/day/Doctor.
- A high prevalence of malaria, diarrhoea and respiratory infections.
- Refugees have limited knowledge of health related issues: HIV, sexually transmitted infections and unwanted pregnancies may all represent a health risk.
- Existing data on nutrition survey conducted in May 2015 indicate a prevalence of 10.3% Global Acute Malnutrition.
- Limited health care to children under 5 and persons with specific needs in urban settings.
- Limited ambulance for referral management.

3.5. SHELTER

- Overcrowding in hangars.
- Vulnerability to extreme temperatures.
- Expensive to maintain emergency shelters.
- Semi-permanent shelters under construction are not going up fast.

IV. Proposed response strategy to Government of Rwanda and partners

4.1. PROTECTION:

- ✓ Given the high proportion of Unaccompanied and separated children, family tracing and reunification will be a priority to ensure these vulnerable children find parents, relatives and previous customary caregivers.
- ✓ Identify Unaccompanied and separated children and other children at risk and improve coordination in supporting them through monitoring and reporting mechanisms.

- ✓ Strengthen child protection system by reinforcing the formal and informal child protection systems by developing a case management system with an expanded para-social worker model.
- ✓ Enhance monitoring, reporting, referral and follow-up mechanisms in child protection.
- ✓ Take into account international and national protection standards and strategies including to facilitate easy access to birth registration, including provision of birth certificates to all new-born refugees.
- ✓ Engage the refugee community to contribute to the identification, development and response of protection interventions.
- ✓ Develop referral mechanisms to service providers as well as legal protection to vulnerable groups and persons with specific needs
- ✓ Develop measures that contribute to peaceful co-existence and cohesion between refugee and host communities such as integrating Burundian refugees in the monthly community works “UMUGANDA”.
- ✓ Establish a hot line for protection cases.

4.2. SEXUAL GENDER BASED-VIOLENCE

- ✓ Strengthen the capacity of service providers and refugee women, men, girls and boys to identify and refer cases of SGBV, support and refer survivors of SGBV for appropriate services.
- ✓ Develop systems to ensure that a clear prevention and response mechanism is in place and able to address the immediate physical, medical, legal and psychosocial needs for SGBV cases.
- ✓ Provide appropriate case management services to SGBV survivors including medical, psychosocial counselling legal aid and other services in accordance with relevant SGBV guidelines and key principles.
- ✓ Ensure the management of SGBV response incorporates a multi-sectoral approach that ensures that SGBV services are provided in an effective manner.
- ✓ Ensure the availability of Post-Exposure Prophylaxis (PEP), emergency contraception and post-rape treatment.
- ✓ Focus on the reinsertion of SGBV survivors into refugee community through livelihood initiatives, refugee and community behaviour change communication on SGBV prevention and response. This can play a key role in reducing the risk of SGBV cases and in improving the quality of response.

- ✓ The prevention and response of SGBV in urban settings involves case management, psychosocial support and specially referrals to one stop centres for legal, medical and psychological counselling.

4.3. EDUCATION

- ✓ Identify children with special education needs and support their access to inclusive education.
- ✓ Training teachers, parents and communities on special needs education.
- ✓ Integrate primary and secondary education students into local schools and provide education support for school going children in the camp as well as in urban settings.
- ✓ Conduct out-of-school (OOSC) assessment for children in Mahama camp and urban settings (Kigali and Huye).
- ✓ Provide accelerated learning programme for literacy, numeracy and life skills training for out- of-school children.
- ✓ Establish activities for out-of-school children in Mahama campand urban settings.
- ✓ Advocate with Universities to provide access to tertiary education for refugee students.
- ✓ Provide technical and vocational training for youth.
- ✓ Conduct a training of English as a Second Language for University level students.
- ✓ Advocate with Rwanda Education Board for issuance of Equivalence Certificate to qualified Burundian refugees.

4.4. HEALTH

- ✓ Conduct social and behaviour change communication and health education to reduce malnutrition, hygiene-related diseases and to prevent mortality, including mother-to-mother support groups.
- ✓ Conduct community sensitization and awareness campaign on HIV, sexually transmitted infections and unwanted pregnancies may all represent a health risk and safe motherhood including mass information materials.
- ✓ Establish other health centre in Mahama camp and increase the number of ambulances for referral management and hire more medical personnel (doctors and nurses).
- ✓ Establish a well-structured medical referral system to provide secondary and tertiary level of health care for refugees with serious medical conditions.
- ✓ Provide health care services to vulnerable groups of refugees in urban settings of Kigali and Huye.

- ✓ Set up adolescents and youth friendly corners especially for reproductive health information purpose.
- ✓ Establish mental care/psycho-social medical services through hiring a psychiatrist, psychiatric nurse and social worker.
- ✓ Avail a minimal health care package focussing on primary health care and reproductive care in urban settings.
- ✓ Reinforce timely nutritional surveillance system and provide appropriate management services to refugees with severe and moderate acute malnutrition.

4.5. SHELTER

- ✓ Upgrade refugee families living in Mahama from emergency tents to semi-permanent shelter.
- ✓ Construct additional communal and individual semi-permanent sheltersto come over overcrowded communal shelters.

Conclusion

The situation of Burundian refugees in Rwanda remains a concern despite the commendable efforts of the government of Rwanda and its partners, primarily the UNHCR and other humanitarian organisations in providing the basic needs. Today, it is very early to the GoR and UNHCR to think about the implementation of one of the following durable solutions proposed under the protection regime of refugees: voluntary repatriation to the country of origin, local integration in country of asylum and resettlement in a third country. On the ground, It is reported that over three hundred new refugees are registered on weekly basis in transit centres and/or in Mahama Camp. None of the three solutions can be envisaged in the immediate as long as the situation of Burundian refugees in Rwanda remains an emergency.

All efforts to contain the crisis in Burundi should end the causes which forced hundreds thousands of Burundians fleeing their homeland. Thus, the urgency to persuade the Burundian political actors especially those in power and opponents to settle their dispute and reach a compromise on inclusive management of political affairs for the supreme interest of the country and people of Burundi.