Over 80,000 refugees have crossed the northwest border of Tanzania since the beginning of May 2015, as they flee violence and political turmoil in Burundi. It is estimated that a total of 150,000 refugees from Burundi will seek protection and humanitarian assistance in Tanzania by September 2015. Children comprise up to 60 per cent of the refugee population and are disproportionately affected as they have been uprooted from school, subject to violence and separation from their families, and have suffered from increased mortality and morbidity due to the lack of basic health care, and water and sanitation facilities. The 80,000 new refugees from Burundi are housed in Nyarugusu camp, a 20 year old camp which had a population of over 50,000 refugees from the Democratic Republic of Congo (DRC), prior to the latest influx. The population of this camp doubled in less than three weeks, stretching all services and forcing newly-arrived refugees into every available space. The risk of malaria, which is endemic in Tanzania, and other diseases have the potential to lead to deadly outcomes for children, particularly in the overcrowded temporary shelters, where adequate sanitation and hygiene facilities are limited. During the rapid refugee influx in early May, a cholera outbreak struck which resulted in over 4,000 cases and 31 deaths. Some of the villages neighbouring the refugee camps were also affected by cholera. However, there have been no cholera cases reported since 4 June 2015. Two rounds of cholera vaccines have been administered to the refugees in Nyarugusu camp and in the neighbouring host villages.

Humanitarian strategy (July to December 2015)

Working with partners, UNICEF has revised the country’s Refugee Response Plan in line with the Inter-agency Refugee Response Plan through to September 2015. UNICEF will support the humanitarian needs of up to 150,000 refugees, 40 per cent of whom are women and children that are, fleeing the turmoil in neighbouring Burundi. The number of Burundian refugees in the country continues to grow as some 200 new arrivals cross the border into Tanzania each day. Working with partners, UNICEF will support health and nutrition services ensuring the strengthening of cold chain capacity and provision of emergency and routine vaccines, basic medical equipment, and the availability of drugs as well as therapeutic foods for mothers and children under five. Measures to prevent mother-to-child transmission of HIV will be part of the routine Maternal Newborn and Child Health (MNCH) services in the camps for all new arrivals. Support for Communication for Development community MNCH interventions through health information teams will be enhanced. Contingency stocks of cholera kits, in preparation for the upcoming rainy season, as well as hygiene and sanitation supplies, will be prepositioned if another large influx occurs at border areas. Within the camp, UNICEF will support hygiene promotion, as well as ensure the provision of basic sanitation and hand washing facilities at schools and centres used by children. Standby capacity for water supply systems and sanitation equipment will be prepositioned with partners. Basic learning materials for students, training and tools for teachers, and basic classroom tents will be provided in the camp to ensure that school-age children learn and thrive. UNICEF will strengthen case management of children with acute protection concerns, including alternate care and strengthening of Child Protection Information Management Systems. For those children separated from their parents, UNICEF supports a camp-based child protection system which identifies and links them to foster care with families and referral for services. Child Friendly Spaces will also be organised to ensure that children have places to play, as well as for psychosocial support.

1 UNHCR, 29 July 2015.
Results to date
(January to June 2015)
UNICEF’s initial humanitarian response was focussed on the mass cross-border influx which led to a build-up of refugee numbers in villages and border areas, as refugees prepared to make the difficult journey to the designated camp areas. The large concentration of refugees, who were living in poor conditions during transit, precipitated a cholera outbreak which required rapid response upon arrival in the camps. Jerry cans, water treatment tablets, soap and blankets have been distributed to families in transit and in the camps. Water storage tanks have been installed in the camps in sufficient numbers to provide safe water for 10,000 people at 13 litres/person/day. A team of 100 hygiene promotion volunteers (HPVs) have been trained and equipped with Information Education Communication materials to ensure hygiene promotion messages are received across the camps. This result was achieved through an alliance between UNICEF, OXFAM, International Rescue Committee, Plan and the Red Cross, which organized the training and equipping of the HPVs. Screening of under five children identified over 20,000 children who were in need of measles and polio vaccinations, as well as 6,000 children in need of deworming. UNICEF and partners have so far identified over 2,600 children who were unaccompanied and separated from their parents and have linked up 90 per cent of these children with foster care and other services. Three child-friendly spaces have been organised for recreational purposes and over 30,000 children have been identified for attendance in make-shift schools in tents. Eighty-eight volunteer teachers have been trained and are currently providing informal learning to refugee children.

Funding requirements
In line with the revised 2015 Regional Refugee Response Plan for Burundi, UNICEF has revised its appeal from US$5.3 million to US$7 million to meet the humanitarian needs of children affected by the refugee influx between April and September 2015. As of 1 August 2015, UNICEF has received only US$459,962, or 9 per cent against its revised HAC funding requirements. Without additional funding, UNICEF will be unable to support efforts to ensure the provision of critical WASH and health services for refugees and host communities. These services are necessary in order to prevent another potential cholera outbreak in the upcoming rainy season, and to ensure that refugee children are protected from diseases such as malaria, diarrhoea and acute respiratory infections. Funding for child protection and education is also urgently required to ensure children receive foster care, psychosocial support and learning opportunities to ensure their rights to education, and freedom from abuse and exploitation.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2015 HAC Requirement (US$)</th>
<th>Revised 2015 HAC Requirement (US$)</th>
<th>Funds Received Against 2015 HAC (US$)</th>
<th>Funding gap US$ / %</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>2,315,600</td>
<td>2,500,000</td>
<td>400,025</td>
<td>2,099,975 / 84%</td>
</tr>
<tr>
<td>Education</td>
<td>984,000</td>
<td>1,500,000</td>
<td>0</td>
<td>1,500,000 / 100%</td>
</tr>
<tr>
<td>Health &amp; Nutrition (incl. HIV/AIDS)</td>
<td>816,000</td>
<td>950,000</td>
<td>119,126</td>
<td>830,874 / 88%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,200,000</td>
<td>1,200,000</td>
<td>126,811</td>
<td>1,073,189 / 89%</td>
</tr>
<tr>
<td>Logistics and Transport</td>
<td>0</td>
<td>400,000</td>
<td>0</td>
<td>400,000 / 100%</td>
</tr>
<tr>
<td>Operations</td>
<td>0</td>
<td>500,000</td>
<td>0</td>
<td>500,000 / 100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,315,600</strong></td>
<td><strong>7,050,000</strong></td>
<td><strong>645,962</strong></td>
<td><strong>6,404,038 / 91%</strong></td>
</tr>
</tbody>
</table>

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