113,341 refugees have arrived from Burundi since May 2015 (UNHCR – as of 18th November 2015).

178,708 Total refugee (pre and post 2015 influx) population in Nyaragusu and Nduta camps plus transit (UNHCR – as of 18th November 2015)

3,924 Unaccompanied and Separated Children

39,000 (est.) School aged children

US$ 5.6m UNICEF 2015 funding gap

HIGHLIGHTS

- The rains that started in October continued this month causing several challenges:
  - increasing the risk of cholera and malaria;
  - flooding latrines, tents and temporary shelters; and
  - slowing down transport of refugees, aid workers, and supplies.

UNICEF/2015/Nkurv: Red Cross Volunteers demonstrate proper set up of mosquito nets to prevent malaria. With heavy rains arriving malaria is a leading cause of morbidity and mortality in the camps.
Situation Overview & Humanitarian Needs

Throughout November the flow of refugees from Burundi has not subsided with 2986 new refugees arriving in Tanzania since end October for a total of 113,341 new arrivals since May. Although the average in November comes to 100 arrivals per day the real numbers swing from nearly zero to over 400 per day – a pattern that is not steady or predictable. As the situation in Burundi remains a concern UNICEF is working closely with partners and stakeholders on a new action plan in case of accelerated influx of asylum seekers. The main assumptions are that: (1) the old camp, Nyaragusu, could not accommodate new arrivals as it is already overcrowded with many flood prone areas; (2) newly opened Nduta camp and soon to open Mtendeli camp could take on up to 58,000 new arrivals (though with very limited services and needing some weeks to prepare for this) and (3) border entry points and way stations need to be upgraded to prepared for up to 1000 asylum seekers per day.

New arrivals are moved straight to the Nduta camp, which is slowing down the relocation of refugees from the flood prone areas of Nyaragusu camp. The longer that refugees remain in temporary mass shelters in Nyaragusu camp the more they are at risk from the current rains that are inundating latrines, mass shelters and temporary schools in low lying areas. The third camp, Mtendeli, is still being prepared for new arrivals. Humanitarian agencies must spread resources on several fronts to ensure that services are delivered and to be ready for new influxes at any point and at any time. The rainy season has further complicated this process raising the risk of disease outbreaks and hindering logistics.

UNICEF Response to Date and Programme Priorities

WASH

A rapid assessment of the water supply in Nyarugusu camp was conducted to gauge the amount of water supplied to each zone. The assessment revealed that 15-16 litres/person/day was available—which is within humanitarian standards. However, there is unequal water distribution in the camp, with some zones having more than enough while other locations are having less. Completion of a borehole by Oxfam and network expansion with UNICEF supplies is expected to improve the supply in underserved zones.

UNICEF provided supplies to support the water supply network in newly re-established Nduta camp. For now Nduta camp has enough water for a population of about 60,000 people. It is anticipated that schools, child friendly spaces (CFS), health facilities and other social service facilities will be supplied with adequate water throughout the year.

SWASH training was conducted covering all 140 teachers who run school health clubs in each school in the camp. The teachers will train club leaders and students on key messages related hygiene and sanitation.

Rainy season has started and one of the critical problems in the WASH sector is collapse and flooding of latrines. During the past two weeks 55 latrines under management of an NGO were filled with storm water and the trenches collapsed. As the rain increases, this continues to be a challenge especially in some of the quickly dug emergency latrines in flood prone areas. An emergency operation to trench around the latrines and shelters is in progress to divert rainwater as well as to speed up decommissioning of latrines that are full, and to dig new latrines on higher ground.
Health

UNICEF is working to strengthen comprehensive health services to all the refugee children, women and adolescents with the focus on prevention and treatment of cholera, malaria, vaccine preventable diseases and reproductive health services, including maternal health care and PMTCT. The Chief of Health and Nutrition Programme of UNICEF visited Kibondo region between 4th to 9th Nov and met with regional and district health authorities, UNHCR teams and other partners to review cholera preparedness, prepare for implementing the malaria response plan, arrange for immunization services in the new camps, and to review the status of reproductive health services.

Malaria prevention and treatment has received additional focus this month due to the arrival of the rainy season in Tanzania which increases risk of malaria. Following a UN Heads of Agencies agreement in Dar es Salaam financial support of USD 350,000 was committed by Norway for malaria prevention. UNICEF, in consultation with partners such as National Malaria Control Programme, WHO, UNHCR and partners, developed a Malaria Response Plan. The main components of the plan include: 1) coordination, 2) procurement and distribution of Long lasting insecticide treated bed nets (LLIN), 3) training of Health Information Teams, 4) communication activities, 5) intermittent preventive treatment of malaria in pregnancy, and 6) monitoring of LLIN use.

In Nyarugusu camp, UNICEF continues to implement the malaria response plan in collaboration with partners. The distribution of 54,800 LLINs (including 20,000 LLINs from UNICEF), commenced on 11th November as phase one, targeting refugees in mass shelters with 1 net for every 2 persons. Training of community volunteers (HITs, Health Information Teams) on malaria control and prevention at community level started on 13th November. The training was facilitated by 2 trainers from NMCP and 2 Malaria Focal persons from the Kasulu and Kibondo Districts. A total of 240 HIT members were trained on: community sensitization and mobilization for malaria vector control including LLIN use, environmental management; early treatment seeking, case finding in the community and referral. Trained members of HIT have started a comprehensive malaria campaign which also include theatre groups who compose and perform songs for malaria control and prevention. UNICEF also supported the production and distribution of job aids for HITs and IEC materials addressing community level malaria prevention methods and treatment seeking. 500 flipcharts for HITs and 200,000 brochures have been distributed. Another 32000 LLINs are being procured.

In recently established Nduta camp, where all new arrivals are settled, families are being given LLIN, intermittent preventive treatment for pregnant women, and other vital information related to malaria. Many refugees from Burundi do not come from areas with malaria so they are more susceptible and less aware of prevention measures and early warning signs.

Immunization services are being provided in Nyarugusu camp by TRCS for all newly arriving children under five with Measles/Rubella and Oral Polio, and all other antigens for all children according to Tanzanian National Immunization Programme’s schedule. In the new Nduta camp, where MSF is providing health services, UNICEF has negotiated with and made arrangements for immediate vaccine supply and human resources through national, regional and district health authorities. Immunization services in the new camp will start soon through outreach services from Kibondo District Hospital. UNICEF is meeting the cost of all vaccines and cold chain equipment and has placed procurement orders for these to also cover for the MSF supported site in Nduta, and the site in soon to
open Mtendeli camp which will be supported by TRCS. There are no outbreaks of vaccine preventable diseases reported in the camps nor host communities in both Kasulu and Kibondo districts.

Reproductive health services, both routine and emergency care continue to be provided at Nyarugusu camp through TRCS and in Nduta through MSF. Another proposed site, Mtendeli is being prepared via renovation of the health facilities by TRCS. UNICEF will continue to provide support to this camp for comprehensive child health services through TRCS.

Prevention of Mother to child transmission of HIV services: For the latter part of October and early November, a total of 617 pregnant women have been tested for HIV at antenatal care visits and none were HIV positive. As the PMTCT program also advocates for male involvement, a total of 365 men accompanying their spouses received HIV test and one was HIV positive. The HIV positive person was referred and started ART within the camp.

Cholera: As in other regions of Tanzania, cases of cholera have increased in Kigoma region; and the cumulative cases of cholera reported since the beginning of September are 308 as of 17th November. One case of cholera was admitted in Kasulu District Hospital on 11th November—a Tanzanian travelling by bus. The regional and district hospitals have set up isolation units, prepositioned supplies, and BCC activities are being implemented. No cholera cases have been reported among refugees during this recent cholera outbreak. Because Kasulu District Hospital also serves as a referral hospital for the Nyarugusu refugee camp hospital, stringent measures of case identification and management have been undertaken to prevent spread of infection between the health facilities.

Nutrition

UNICEF, in partnership with the Tanzanian Red Cross Society (TRCS), has continued to support the management of severe acute malnutrition (SAM) in Nyarugusu camp. The number of new SAM cases from new refugee arrivals admitted in the program has decreased from 248 in September to 124 in October. During the three first weeks of November, 93 SAM cases were admitted for treatment among the new arrivals. Cumulatively, 1,123 SAM cases among new refugee arrivals were admitted into the program since May 2015 when the influx started. Among all discharged SAM cases, the cure rate is at 98.1% and the death rate at 1.4%.

With regards to vitamin A supplementation, the number of children supplemented with vitamin A has increased from 756 in September to 1,081 in October. During the first three weeks of November, 359 children were supplemented with vitamin A among the new refugee arrivals. Similarly, the number of children receiving deworming tablets has increased from 775 in September to 1,039 in October. During the first three weeks of November, 339 children received deworming tablets among the new refugee arrivals. Among the new refugee arrivals, 9,910 children were supplemented with vitamin A capsules and 7,876 children received deworming tablets since May 2015.

In order to increase coverage of nutrition interventions, UNICEF will support organisation of an integrated campaign including vitamin A supplementation, deworming and acute malnutrition screening and referral, which will take place on 5-6 December 2015.

Education

UNICEF Tanzania Education Section Chief undertook a field visit to Kasulu/Nyarugusu to lead the Education Working Group (HCR, SCF, IRC, CARITAS, and PLAN Tanzania) in drafting a Strategic Plan for refugee education. Priorities for November and December 2015 as well as roles and responsibilities were discussed and agreed upon for the education sector. The availability of education partners’ resources was also assessed. UNICEF indicated that it had funds to amend an existing agreement to procure additional learning materials for
both Nyarugusu and the 2,000 children in the new Nduta camp as well as to tackle the problem of rain flooding some temporary schools. UNICEF also accepted to provide leadership for the Education sector based on the UNCT meeting at the end of October 2015.

There are an estimated 39,000 school aged children in Nyarugusu, with 29,035 currently being provided with pre-primary, primary and secondary education opportunities by UNICEF through the International Rescue Committee (IRC) via 10 Temporary Learning Spaces (TLS) - 70 classes. The remaining 11,000 children that have never attended school have started accelerated learning with the support of Save the Children.

To date 1,705 students have been relocated from Nyarugusu to Nduta along with their families. With the ongoing rainy season, UNICEF donated 20 rolls of plastic sheeting to IRC (UNICEF Partner) for the rehabilitation of schools and latrines, and the construction of teachers’ rooms. The rain is taking a heavy toll on temporary schools with many leaks and challenges.

**Child Protection**

UNICEF now co-chairs the Child Protection Working Group (CPWG) with UNHCR. This is the key coordination body of Child Protection actors. This development will further streamline Child Protection activities across the Nyarugusu, Nduta and Mtendeli camps. The CPWG is currently developing a strategy to contend with another possible influx. The strategy will address issues related to case management, family separation, and irregular movement in and out of the camp.

UNICEF commenced further training of IRC’s case management team, who manage vulnerable children in family tracing, psychosocial support, and provide relief items (NFIs). This includes services for children who have been orphaned and placed in foster care. This training is based on an analysis conducted of IRCs current case management and referral structures, and is tailored specifically to completing case follow-up with an aim to final resolution, e.g. reunification or ongoing monitoring while being flexible enough to respond to possible large influxes from Burundi. Of the 1,050 children in foster care in Nyarugusu, 365 have been reunified; in Nduta 161 are in foster care and six (6) have been reunified.

UNICEF’s innovation team has now migrated all vulnerable child data gathered from the onset of the emergency into IRCs Case Management Information System (CPIMS), an electronic platform which facilitates case management and follow-up by the IRC team and other child protection partners.

In Nyarugusu and the newly opened Nduta camp, UNICEF has been liaising with local government and relevant CP actors to address issues including: unaccompanied and separated children (UASC)/family tracing, case management, child friendly spaces, and cross-border tracing (with the ICRC and Tanzanian Red Cross). A new mechanism has been put in place between the CPWG, the Ministry of Home Affairs (MoHA), and the National Police to ensure that irregular movement in or out of the camp, suspected trafficking, detention of children, and children possibly falling into the category Children Associated with Armed Forces and Armed Groups (CAFAAG) are immediately identified and followed up.

UNICEF continues to provide support to 12 community-run CFS in Nyarugusu – three (3) run by UNICEF partner the IRC, seven (7) by Plan International, and two (2) by Save the Children. On average, an estimated 783 children attend the IRC sites daily, with a further 4,292 attending those run by Plan and Save. In Nduta, an average of 472 children have attended the Plan International mobile CFS on a daily basis since the 8th of October, while construction of two (2) fixed CFS are underway. Through the added deployment of a team of 10 Department of Social Welfare (DSW) Social Workers UNICEF supports screening, identification, and referrals of vulnerable children, including UASC. A further 9 DSW Social Workers are in Nyarugusu and 10 in Nduta under other/external funding modalities. The population of UASC has increased from 3,624 in September, to 3,947 in October, with 491 of the new UASC identified at Nduta which is receiving new arrivals from border areas.
With funding from UNICEF, IRC continues to mentor and support four (4) out of 12 Child Protection Committees (CPCs) that have been established and trained, with the remaining CPCs supported by Plan (5) and by Save the Children (3). Approximately 20,656 refugees have been reached with Child Protection messages created by UNICEF/IRC’s information team that work to raise awareness about Child Protection issues, including child abuse, how to report it, the importance of remaining enrolled in school, and hygiene.

UNICEF supported IRC in the organization of a 10-day training for 31 (29F,2M) new teachers on Education in Emergencies (EiE) which included Pedagogical skills, Social emotion learning, peace education, SEA as well as Health, Nutrition and hygiene. Meetings with parents in schools have been held to identify new PTA members. As a result, a total of 100 PTAs members were selected, 10 in each centre. IRC will train these new PTA members on their roles and responsibilities in school.

Each TLS has separate latrines for girls, boys, and teachers. However, availability of water for the school children remains a major difficulty as water is rationed and camps are prioritized over schools for water supply and its infrastructure. School WASH clubs have been formed and are undergoing training. “Tippy-Taps” for hand washing promotion have been set-up next to each latrine block and water is filled regularly. This intervention benefits 26,075 children.

Funding

In 2015, UNICEF Tanzania is appealing for US$ 7,050,000 to support the Burundian refugee children from April to September this year. Up to the reporting period, UNICEF has received a total amount of US$ 1,390,604 and the remaining funding gap for UNICEF to support a comprehensive multi-sectoral response is US$ 5,659,396. A new regional refugee response plan for 2016 is under development and will be launched soon on behalf of UN agencies and participating NGOs.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Fund Requirement (US$)</th>
<th>Funds Received (US$)</th>
<th>Funding gap (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>2,500,000</td>
<td>400,025</td>
<td>2,099,975</td>
</tr>
<tr>
<td>Education</td>
<td>1,500,000</td>
<td>160,000</td>
<td>1,340,000</td>
</tr>
<tr>
<td>Health and Nutrition (including HIV/AIDS)</td>
<td>950,000</td>
<td>599,621</td>
<td>350,379</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,200,000</td>
<td>212,811</td>
<td>987,189</td>
</tr>
<tr>
<td>Logistics and Transport</td>
<td>400,000</td>
<td>10,000</td>
<td>390,000</td>
</tr>
<tr>
<td>Operations</td>
<td>500,000</td>
<td>8,147</td>
<td>491,853</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,050,000</strong></td>
<td><strong>1,390,604</strong></td>
<td><strong>5,659,396</strong></td>
</tr>
</tbody>
</table>

Table 1: Funding Information on Emergency Response

UNICEF Tanzania, 2015
## Table 2: Monitoring of Humanitarian Action for Children

<table>
<thead>
<tr>
<th>PROGRAMME TARGETS AND RESULTS</th>
<th>TCO Target</th>
<th>TOTAL CUMMULATIVE RESULTS</th>
<th>% TARGET REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50,000 People provided with minimum 7-15 liters clean water daily</td>
<td>50,000</td>
<td>62,300</td>
<td>125%</td>
</tr>
<tr>
<td>50,000 Refugee children and their families receive soap and improved awareness on WASH-related risks and how to mitigate them.</td>
<td>50,000</td>
<td>49,142</td>
<td>98%</td>
</tr>
<tr>
<td>50,000 refugee children and their families have access to latrines and bathing shelters and bathing shelters as per sphere Standards</td>
<td>50,000</td>
<td>38,948</td>
<td>78%</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30,000 Children aged 0-59 months vaccinated against Measles and Polio</td>
<td>30,000</td>
<td>MR – 29,137</td>
<td>97%</td>
</tr>
<tr>
<td>300 Health Information Teams reaching 150,000 refugees</td>
<td>300</td>
<td>OPV - 30,572</td>
<td>102%</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>780 children aged 6-59 months with Severe Acute Malnutrition (SAM) admitted into Integrated Management of Acute malnutrition (IMAM) program</td>
<td>780</td>
<td>1,151</td>
<td>140%</td>
</tr>
<tr>
<td>27,000 children 6-59 months supplemented with Vitamin A capsules</td>
<td>27,000</td>
<td>15,637</td>
<td>58%</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50,000 school-aged children including pre-school age and adolescents have access to basic quality education (including through temporary structures)</td>
<td>50,000</td>
<td>29,000</td>
<td>58%</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30,000 children protected through prevention initiatives and response (case management) that mitigates and or responds to violence, abuse, neglect and exploitation</td>
<td>30,000</td>
<td>15,039</td>
<td>58%</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7,500 pregnant women tested for HIV and those infected linked to care and treatment services</td>
<td>7,500</td>
<td>1045</td>
<td>14%</td>
</tr>
</tbody>
</table>

Next SitRep: 30th December 2015

Who to contact for further information:

- Jama Gulaid
  Representative
  Tanzania Country Office
  Email: jgulaid@unicef.org

- Robert Carr
  Chief of Field Operations
  Tanzania Country Office
  Email: rcarr@unicef.org

- Sandra Bisin
  Chief of Communication
  Tanzania Country Office
  Email: sbisin@unicef.org

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1 These targets are being re-calculated as part of the new HAC as refugees are being relocated to two new camps and new arrivals at the border occur every day. This changes numerators and denominators.