**HIGHLIGHTS**

- On 8th October the relocation of Burundian refugees from overcrowded Nyarugusu camp and transfer of new asylum seekers from entry points to newly established Nduta camp has started. As of 22nd October Nduta hosted some 11,097 persons against a planned capacity of 35,000 refugees.

- Preparations for a third camp, Mtendeli, are progressing (planned capacity of 25,000 refugees). Expected date for opening is 09 Nov.

- An Emergency Coordinator, a Child Protection in Emergencies Specialist and a WASH Specialist have been deployed and are based in Kasulu for scaling up UNICEF Tanzania response to the Burundian refugees emergency.

- The process for a new Regional Refugees Response Plan (2016) has started with a planned figure of 170,000 Burundian refugees in Tanzania by the end of 2016. A net total of over 61,000 refugees are expected to enter Tanzania between now and the end of 2016.

- Implementation of a plan to prevent and control malaria is underway. The plan includes public sensitization, distribution of insecticide treated nets, and timely referral and management of suspected cases of malaria.

110,355 refugees have arrived from Burundi in Nyaragusu camp since May 2015 (UNHCR – as of 26th October 2015).

174,283 Total population in Nyaragusu and Nduta camp (Burundian and Congolese from DRC) (UNHCR – as of 26th October 2015)

3,624 Unaccompanied and separated children

39,000 (est.) School aged children

US$ 5.6m UNICEF 2015 funding gap out of a total US$7.05 m required
Situation Overview & Humanitarian Needs

Relocation of Burundian refugees from Nyarugusu camp and transfer of new asylum seekers from entry points to newly established Nduta camp started on 8th October. As of 22nd October the camp hosts some 11,097 persons (5,443 refugees relocated and 5,672 new asylum seekers) against a planned capacity of 35,000 refugees. However, constraints in completing water and sanitation preparations have led to delays in moving refugees and asylum seekers from the reception areas to the family shelters as well as decreasing the rate of transfer of refugees from Nyarugusu to Nduta from 4,500 per week to 1,500 in the coming two weeks.

Preparations at a third site, Mtendeli, (planned capacity of 25,000) are progressing with the building of latrines and shelters as well as rehabilitation of the camp hospital, reception centre, and road access. However, challenges in expanding water and sanitation access for new arrivals as well as removal of dead trees will delay relocation to this camp for up to two weeks.

Delays and reduction in the rate of relocation of refugees from Nyarugusu is putting additional pressure on this camp as many refugees are still living in mass shelters as well as in flood prone areas. Rains have started and this is already affecting those in flood prone areas. In other parts of the camp more latrines are being dug and water supply is also being further improved in order to reach standards. Emptied mass shelters in flood prone areas are being demolished, while in other areas they are being rehabilitated to cope until families can be relocated to other camps.

Several other factors may adversely affect the implementation of the relocation plan. The rains which have just started may complicate progress in Nduta and Mtendeli and slow down the rate of relocation. Rains may also create favourable conditions for the spread of malaria and watery diarrhea. Cholera, which is affecting some communities in and around Kigoma, poses a risk especially to the refugees which entered the country after the completion of the cholera vaccination programme.

The process of developing a new Regional Refugees Response Plan (2016) started on 20th October. The planning figure for the RRRP is 170,000 Burundian refugees in Tanzania by the end of 2016. A net total of over 61,000 refugees are expected to enter Tanzania between now and the end of 2016.

UNICEF Response to Date and Programme Priorities

WASH

In Nyarugusu, UNICEF has made considerable progress in improving children’s access to water, hygiene, and sanitation services. Overall, access to water supply at Nyarugusu stands at an average of 12-17 litres/p/day against the standard of 15 litres/p/day. However, there are pockets within the camp where access is below 12 l/p/day; especially in areas with the new caseload where the water supply system is not well developed and access by tankers and other means is difficult. UNICEF has supplied water tanks in all ten Temporary Learning Spaces (TLSs) and in each of the three Child Friendly Spaces (CFS) managed with UNICEF assistance increasing overall water storage by 57,000 litres. Hand washing stations have been installed in seven TLSs benefitting 19,700 children. To maintain the quality of drinking water at the CFSs, IRC has switched to buckets fitted with water taps and cups for drinking water, instead of children accessing drinking water directly from the water storage tank taps. This has increased water containers in CFS and also has reduced the risk of contaminating drinking water compared to the previous practise of dipping cups in buckets to get water—a prime source of recontamination. It has also reduced queuing of children to get water at peak hours. UNICEF is encouraging other WASH partners to adopt this practice to avoid wastage of treated water in the Schools.

Each TLS and CFS has separate latrines for girls, boys, and teachers. School WASH clubs have been formed and are undergoing training. “Tippy-Taps” for handwashing promotion have been set-up next to each latrine block and water is filled regularly by the CFS attendants. This intervention benefits 26,075 children.

To enhance public awareness about hygiene and the environment, UNICEF led the hygiene promotion task force in supporting the Global Hand Washing Day in Nyarugusu on 15 October. Activities took place the entire week including distribution of soap, hand washing promotion in schools, drama and songs. Soap distribution reached 24,000 children and teachers. In the process, 246 cartons of aqua tabs were utilized for water treatment. This exercise benefitted 6,600 household (33,000) with three months of safe drinking water supply through on-site water treatment with aqua tabs. UNICEF donated 1,200 T-shirts, which were
distributed to HITs, SITs, Community leaders, school children who were the participants to the Global Hand Washing Day.

Through the Health Information and Sanitation Hygiene Teams, UNICEF supported hygiene promotion efforts in Zone 4, the most congested section of Nyarugusu, reaching 10,188 people. Training of the Health Information and Sanitation Information Teams (HITS/SITS) continued this month. There are 93 new volunteer HITS/SITS identified to increase the number and fill gaps where volunteers relocated to other zones or relocated to Nduta. In total 183 new HITS/SITS have been mobilized by the MOHSW staff in collaboration with TRCS/TWESA (Tanzania Water and Environmental Sanitation Agency) staff.

Community mobilization and a mass campaign focused on environmental sanitation including improved disposal of solid waste, garbage pits digging and general cleanliness management, and improvement of drainage at bathing units. TRCS (a UNICEF partner) provided tools like pick axes and brooms to ensure an effective campaign. The HITS music band delivered messages through songs, drama, and puppet shows and reached 4,000 people.

Child Protection

During the reporting period, UNICEF deployed a specialist on child protection in emergency to Kasulu to support child protection programming for a three-month period. UNICEF is developing with partners a strategy for short, medium, and long term child protection interventions for refugee children.

UNICEF continues to provide its support to 12 community-run CFS in Nyarugusu - three run by UNICEF partner the IRC, seven by Plan International, and two by Save the Children. On average, an estimated 860 children attend the IRC sites daily, with a further 3,711 attending those run by Plan and Save. In Nduta, 559 children have attended the mobile CFS since 8th October. Through the continued deployment of an experienced team of 10 Social Work Officers, UNICEF supports screening, identification, and referrals of vulnerable children, including unaccompanied and separated children (UASC). This population increased from 3394 in September to 3624 in October - 220 of the new UASC were identified at Nduta which is receiving new arrivals from border areas.

To enhance record keeping, UNICEF’s innovation team customized the Rapid Family Tracing platform (RapidFTR) so that this software ‘talks’ to the child protection information management system (CPIMS) being rolled out by IRC. Further testing of this application is underway and any issues which are identified will be stop-gapped by the newly deployed specialist, based in Kasulu. The CP specialist is liaising closely with government, key CP implementing partners, and other CP actors to address issues in both Nyarugusu and the newly opened Nduta including: UASCs/family tracing, case management, child friendly spaces, any cross-border tracing issues (in consort with the ICRC), and enhancing the capacity of UNICEF’s child protection partners to respond to and follow-up with vulnerable children.

IRC continues to mentor and support four out of 12 Child Protection Committees that have been established and trained. Approximately 20,366 refugees have been reached with child protection messages created by UNICEF/IRC’s information team, to raise awareness about child protection issues including concepts of child abuse, how to report it though camp mechanisms, the importance of remaining enrolled in school, and hygiene.

Education

As of 22 October, there are an estimated 39,000 school aged children in Nyarugusu, with 28,472 enrolled in pre-primary, primary and secondary levels.

IRC recruited 31 (29M, 2F) new Burundian teachers for the Burundian schools in Nyarugusu to replace teachers who were either relocated to the new camps or moved to another organization. There are now 180 (44F, 136M) teachers delivering education to Burundians in Nyarugusu under IRC.

IRC distributed scholastic materials received from UNICEF for 23,738 students in 12 Congolese primary schools as well as for secondary schools. This is in addition to the supplies already provided to over 20,000 newly arrived Burundian children.

The main challenge in accommodating all students both in primary and secondary Burundian schools remains the shortage of classrooms as well as lack of scholastic materials for secondary school students.
In Nduta, three weeks after the camp opening, education activities are not yet underway. There is no suitable infrastructure immediately available and immediate camp priorities were WASH and family shelters in order to commence relocation. With the current population of 11,000 refugees in Nduta CARITAS has already registered 1,500 pupils (pre-school + primary) as well as 124 teachers. For an expected population of 35,000 refugees in Nduta, up to 4,500 pupils are expected.

Education partners will convene in Kasulu this week to review and finalise the draft strategic plan for the education of refugee children which will outline short, medium and long term responses. A meeting between UNICEF and UNHCR education professionals has clarified leadership roles, policy advocacy needs, and communication as well as resource mobilisation mechanisms for the education sector.

Health

To spearhead the malaria prevention plan for the rainy season, UNICEF is working with WHO and MoHSS National Malaria Control Programme to finalize and implement the plan. The plan includes ITNs procurement (initial 20,000 already in-country, and about 30,000 to follow to cover the current ITN gap); Training of community volunteers (HIT) to conduct sensitization and promotion of ITN use; Intermittent Preventive Treatment in pregnancy (IPTp) beneficial for both the pregnant of 5,480 ITNs in Nyarugusu during the first week of November and possibly insecticide Residual Spraying of all permanent shelters.

Vaccination activities are on-going in Nyarugusu by Tanzanian Red Cross Society (UNICEF partner) and will start in Nduta by Kibondo District Hospital mobile team in a first phase then MSF will take over. There are currently no outbreaks of vaccine preventable diseases in the camps. UNICEF and MOH have been providing the vaccines based on the forecast for the year 2015. However, due to significant increase of number of refugee children and the expansion of the sites (Nyarugusu, Nduta and Mtendeli) the amount of vaccine supplied is not sufficient to cover all the projected new refugee children. UNICEF is procuring additional vaccines to meet the increased needs; and in the meantime the host districts (DMOs) will conduct the outreach immunization service to the new camps. Given the high cost of vaccines, there is an urgent need to come to an agreement between all the stakeholders on vaccine and cold chain logistics in the three camps, with a longer-term financing plan.

Finally, as far as cholera is concerned in the Region, as of 20th October, a cumulative 144 case have been reported for the past month (75 case in Kigoma municipality and 69 in the surroundings districts). However, no cholera cases have been reported among refugees thus far.

Extension of health services is still ongoing in Nyarugusu in order to better cover the new caseload of refugees. In Nduta, MSF is running mobile clinics, including screening of new arrivals from entry points. The MSF runs hospital in Nduta will open this week (OPD) and will progressively be fully operational by mid-November. MoU with nearby Kibondo District Hospital for the referral system will be signed soon.

With the starting rains, malaria cases are expected to increase morbidity and mortality among refugees and asylum seekers. Already, MSF reports that in Nduta 20% of morbidity is due to malaria. More worrying, during the second week of October, watery diarrhoea reached 20% of the morbidity (however decreasing to a 14% the next week). As mentioned earlier water supply and sanitation conditions are of concern in the camp.

Nutrition

UNICEF, in partnership with the Tanzanian Red Cross Society (TRCS), has continued to support the management of severe acute malnutrition (SAM) in six outreach ambulatory sites and one inpatient stabilization centre in Nyarugusu.
Although the refugee population increased by almost 10% from last month, the SAM cases declined slightly and the weekly trend is declining. However, there is need for close monitoring, especially for new arrivals whose conditions are not known.

The 2015 Rapid Joint Assessment Mission (JAM) conducted in September 2015 in Nyarugusu had recommendations for Nutrition which included: support for an additional Nutritionist position for TRCS and HITs for Nutrition screening and training on IYCF to strengthen nutrition services in view of expanding camp capacity. These recommendations have been implemented through additional funding to TRCS in the amended PCA. The JAM also recommended that a nutrition survey be conducted before end of 2015. This survey will be led by UNHCR in collaboration with TRCS, WFP and UNICEF. UNHCR will have a technical expert that will be working on the survey and UNICEF agreed to participate and co-fund it. UNICEF will also provide technical support to ensure quality of the survey data.

This month UNICEF delivered 600 more cartons of PlumpyNut for TRCS to use in Nyaragusu. In general PlumpyNut is fully available for refugees in the camps as TRCS has also a stock provided by other donors. Likewise, MSF has sufficient stock of supplies for use in Nduta to conduct screening and provide nutritional care for relocated refugees and new asylum seekers.

**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.
Refugee Influx to Tanzania - Situation Report #13  
28th October 2015

Table 1: Funding Information on Emergency Response  
UNICEF Tanzania, 2015

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Fund Requirement (US$)</th>
<th>Funds Received (US$)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>US$</td>
</tr>
<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 2: Monitoring of Humanitarian Action for Children  
NYARUGUSU, KIGOMA REGION, TANZANIA

PROGRAMME TARGETS AND RESULTS1

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>50,000 People provided with minimum 7-15 liters clean water daily</td>
<td>50,000</td>
<td>62,000</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>49,148</td>
</tr>
<tr>
<td>50,000 refugee children and their families have access to latrines and bathing shelters as per sphere Standards</td>
<td>50,000</td>
<td>38,948</td>
</tr>
<tr>
<td><strong>HEALTH</strong></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>
</tr>
<tr>
<td>300 Health Information Teams reaching 150,000 refugees</td>
<td>300</td>
<td>OPV - 30,572</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></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>898</td>
</tr>
<tr>
<td>27,000 children 6-59 months supplemented with Vitamin A capsules</td>
<td>27,000</td>
<td>14,174</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></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>30,387</td>
</tr>
</tbody>
</table>

1 These targets are being re-calculated in the coming weeks as refugees are being relocated to two new camps and new arrivals at border occur every day. This changes numerators and denominators.
CHILD PROTECTION

30,000 children protected through prevention initiatives and response (case management) that mitigates and or responds to violence, abuse, neglect and exploitation

| Child Protection | 30,000 | 8333 | 28% |

HIV

7,500 pregnant women tested for HIV and those infected linked to care and treatment services

| HIV | 7,500 | 1045 | 14% |

Next SitRep: 25th November 2015

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ANNEX:

Map of camps—Nyaragusu camp is 20 years old with a pre-influx caseload of over 60,000 refugees from DRC. Nyaragusu has been expanded, tripling in size during the influx from Burundi. To cope with overcrowding, two older camps (closed after repatriation over the past decade) have been re-opened for relocation from Nyaragusu and for new arrivals at the border.