Highlights

- UNICEF, in collaboration with partners, supported the administering of examinations for 1,317 Burundian students, among whom 708 (59.2%) passed their exams and will receive official certificates issued by the National Examination Council that will be internationally recognized.
- Following the declaration of a cholera outbreak in Kigoma region, UNICEF provided 1,280,000 water guard tablets, 80 boxes of purifiers, IEC materials and sprayers to facilitate response in the two most affected districts reaching over 10,000 people. Following successful prevention and response actions, the Kigoma region was declared cholera free on 24 March 2017.
- Since January, 1,366 SAM cases among children have been admitted into SAM treatment programmes (supported by UNICEF) in the camps with performance of the programmes within SPHERE standards (the cure rate of SAM children is above 95%).
- Since January, over 15,000 children have been vaccinated through UNICEF support against measles and polio, and as a result of ongoing vaccination in the camps, no outbreak of vaccine preventable disease has been reported to date.

Key Figures

- **315,681** Total refugee population (Burundian & Congolese) living in the 3 refugee camps (UNHCR June 2017)
- **179,938** Refugee children (U18 years of age) living in the 3 refugee camps (Estimation based on 57% child population)
- **69,450** Refugee children under 5 years of age living in the 3 refugee camps (Estimation based on 22% of U5 population)

**UNICEF 2017 PROGRAMME TARGETS AND RESULTS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>UNICEF Results to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children provided with adequate WASH facilities in schools and child-friendly spaces*</td>
<td>50,000</td>
<td>68,512</td>
</tr>
<tr>
<td>HEALTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years vaccinated against measles and polio</td>
<td>60,000</td>
<td>8,155 (measles) 6,977 (polio)</td>
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<tr>
<td>NUTRITION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years with severe acute malnutrition (SAM) admitted to therapeutic services</td>
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<td>1,366</td>
</tr>
<tr>
<td>Children under 5 years provided with Vitamin A supplementation</td>
<td>54,000</td>
<td>53,917</td>
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<tr>
<td>EDUCATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-aged children (3-18 years) accessing quality education</td>
<td>90,000</td>
<td>29,214***</td>
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<tr>
<td>CHILD PROTECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children, including unaccompanied and separated children (UASC), provided with appropriate care and protection services</td>
<td>50,000</td>
<td>11,400</td>
</tr>
</tbody>
</table>

*Currently all schools and Child Friendly Spaces (CFSs) for Burundi refugees are equipped with WASH facilities reaching all children in attendance. However, due to overcrowding of schools and CFSs these facilities are not meeting SPHERE/CCC standards, which UNICEF is working to address currently.

***There are currently over 109,700 Burundian school aged children (3-18 years) living within Nyarugusu, Mwendë and Niduta, with 68,512 children currently attending school. (Only 43% of learner have access to classrooms while the rest study under trees).
Situation Overview and Humanitarian Needs

The ongoing political turmoil and violence in Burundi has led to over 400,000 Burundian refugees seeking asylum in neighbouring countries. Tanzania hosts the largest number of Burundian refugees in the Eastern and Southern Africa region, and when combined with the pre-existing caseload of refugees from the Democratic Republic of the Congo (62,000), the total number of refugees in Tanzania is over 315,000. The current influx of refugees from Burundi averages 17 people per day, a significant decrease from 45 new arrivals per day in April. This can be attributed to the Government policy change on refugee status determination moving from the prima facie determination to individual determination. While the socio-political situation in Burundi and DRC remains tense and unpredictable, cross-border influxes are expected to continue throughout 2017. The persistent flow of refugees places pressure on the already overstretched facilities and services in the host community and refugee camps. Without counting new arrivals, the refugee population continues to grow with over 50 babies born in the three refugee camps every day.

Children and women are particularly affected, suffering from limited social services, overstretched health and nutrition facilities, and an inadequate number of schools. In Tanzania, approximately 57 per cent of the refugee population are children under 18 years, and children under five comprise 22 per cent of the entire refugee population (UNHCR statistical report June 2017). Refugees in Tanzania are hosted in three refugee camps in North western Tanzania (Nyarugusu, Mtendeli and Nduta), and all three camps are beyond their carrying capacity. Malaria remains the leading cause of morbidity accounting for 30% of all Out Patient Department (OPD) attendances, followed by Pneumonia (18%) and acute watery diarrhea (6%). Protection concerns such as sexual and gender-based violence are significant. There are also insufficient number of classrooms and teachers leading to overcrowding of schools. This has led to some students being taught underneath the shade of trees.

Humanitarian leadership and coordination

UNICEF is a regular member in all refugee coordination meetings taking place at the national and sub national level. At the national level, the Ministry of Home Affairs (MHA) and UNHCR coordinates the UN refugee programme working group which oversees the overall management of the response by UN agencies and government focusing on planning, oversight and policy implications. At regional level, the head of Kigoma Regional Government coordinates all UN agencies and NGOs who work on the refugee response. UNHCR and the MHA are responsible for coordinating the inter-agency/inter camp response linkages between all three camps, which include sector specific coordination and response.

Humanitarian Strategy

UNICEF is working closely with the government, UNHCR and partners to support immediate life-saving interventions and to expand services for the growing population of children and women in refugee camps and host communities in northern Tanzania. UNICEF’s response includes the provision of water, sanitation and hygiene (WASH) services, including in all Burundian schools and child-friendly spaces; screening and management of severe acute malnutrition (SAM); the promotion of appropriate infant and young child feeding practices; the provision of vitamin A supplementation and deworming for children under 5 years of age; immunization against measles and polio; provision of malaria medication and outreach activities for behaviour change. Child protection interventions focus on prevention of and response to violence against children through access to services such as registration of unaccompanied and separated children, family tracing, and access to child-friendly spaces. In addition, child protection efforts include strengthening a comprehensive case management system for vulnerable children through the ongoing deployment of social welfare officers within camp and host community settings. The procurement of recreation kits for use in the Child Friendly Spaces and provision of psychosocial support has also been provided. UNICEF supports children to access quality education and provides learning and teaching materials, teacher trainings and supports children to sit for their exams.
Summary Analysis of Programme Response

**Health**

Over the past 6 months UNICEF, and implementing partners MSF and Tanzania Red Cross Society (TRCS), has supported the provision of routine and on arrival immunization services for children ages 0-18 months in all three camps (Nduta, Mtendeli and Nyarugusu). Between January and June 2017, Over 15,000 children have been vaccinated against measles (8,155) and polio (6,977), which represents a 25% achievement against UNICEF’s 2017 immunization target. As a result of ongoing vaccination in the camps, no outbreak of vaccine preventable disease has been reported to date.

Malaria remains to be the main cause of morbidity among children under five across all the three camps accounting for 30% of morbidity in Nduta and 25% in Nyarugusu and Mtendeli. To address this, UNICEF has distributed 14,000 insecticide treated mosquito nets in Mtendeli camp reaching 28,000 people and has also distributed antimalarial medication reaching 64,350 people in Mtendeli and Nyarugusu camps.

UNICEF has been supporting TRCS to improve the quality of maternal, new-born and child health services in health facilities in Nyarugusu and Mtendeli refugee camps through the provision of supplies (medicine & equipment), technical assistance and capacity development/training of staff.

Integrated Communication for Development (C4D) activities have been ongoing in Nyarugusu, Mtendeli and Nduta camps. The activities are planned, coordinated and implemented by TRCS through Health Information Teams (HITs). There are 295 HITs in the three camps who work with the refugee community through a number of approaches including public meetings, community events, RCH clinic, household visits, music performances and school visits. The HITs promote personal hygiene, vaccination and growth monitoring, utilization of mosquito nets, utilization of ante-natal services, health facility delivery, safe handling of excreta, environmental sanitation, and infant and young child feeding, among others. Since January 2017, 135,000 people have been reached with key health, nutrition and WASH information/messages in Nyarugusu and Mtendeli through the Health Information Teams supported by UNICEF. Following the Ebola outbreak in DRC this year, UNICEF supported the provision of health education on Ebola prevention through the distribution of 15,000 Ebola leaflets and posters to the refugee and host community through HITs, reaching 120,000 people since January.

**WASH**

In collaboration with WASH implementing partners and UNHCR, UNICEF continues to support the provision of clean drinking water to 315,000 refugees in Nduta, Mtendeli and Nyarugusu camps. Over the past six months, UNICEF provided two surface pumps, a submersible pump, three generators, water treatment chemicals and water storage tanks to the camps which are all use. The current crude water coverage is 15 litres per person per day in Nduta camp, 11 litres per person per day in Mtendeli and 19 litres per person per day in Nyarugusu camp. In addition, there is a lack of standby capacity for both pumps and generators, which can result in an emergency in the event of breakdown of pumps/generators. Over the past few months, in collaboration with WASH partners, UNICEF participated in a field water assessment to identify new potential water sources to complement water supply in Mtendeli camp and surrounding host communities. The assessments identified three potential sources that will be developed by UNHCR to supplement existing sources. During the month of June, UNICEF delivered 192,000 water guard tablets reaching 12,000 households with clean water in Nyarugusu and Nduta camps, where refugees were accessing surface river waters following failure of the water pumping systems.

Cholera is endemic in Kigoma region and an outbreak early this year in Buhigwe and Uvinza Districts resulted in 130 cases (3 deaths; 2% CFR). Following the outbreak, UNICEF delivered 1,280,000 water guard tablets, 80 boxes of purifiers, IEC materials and sprayers reaching 1,742 households (10,452 people) in the two districts over a period of three months. Following successful prevention actions, the Kigoma region was declared cholera free on 24 March 2017.

All Burundi refugee schools (pre-school, primary and secondary schools) and Child Friendly Spaces (CFS) in all three camps have WASH infrastructure, including latrines, handwashing facilities with soap and the provision of safe drinking water reaching 68,512 children. In addition, all schools and CFSs have a room for managing menstruation while both boys’ and girls’
Toilet blocks have rooms for accommodating children with disabilities. However, the WASH standards in these learning and play spaces are not meeting the Sphere standards on access due to the overcrowding of these spaces due to inadequate schools and CFSs in all three camps. UNICEF is currently working with the WASH and education sectors as well as UNHCR, MHA and partners to come up with ways to address these gaps.

To improve attendance and performance of girls in schools, UNICEF distributed female dignity kits to support Menstrual Hygiene Management (MHM) to 20,000 adolescent girls (11 years and above) in primary and secondary schools in the three camps. The dignity kit distribution, along with menstrual hygiene education, equipped MHM toilets and MHM sensitization has encouraged girls to continue attending school while on their menstrual periods.

**Child Protection**

Over the past six months, UNICEF has focused on supporting child protection case management (in particular case management for unaccompanied and separated children including the provision of alternative care arrangements) and CFS in providing psychosocial support for refugee children living in the three camps.

Unique to this refugee context has been UNICEF’s support to the Government of Tanzania in the deployment of Government Social Welfare Officers (SWOs) from other districts in Tanzania. Already trained in case management and the provision of services to vulnerable and at risk children, the SWOs are incorporated into the Case Management teams overseen by implementing partners, Plan International and IRC. The SWOs carry out best Interest assessments - a critical first step in the identifying protection needs of children, ensure appropriate foster care arrangements for children without their parents or caregivers, conduct home visits for case follow up, and provide counselling. During the first half of the year, UNICEF supported the deployment of 20 SWOs for a period of three months, bringing the cumulative number of social workers deployed to the Kigoma refugee emergency to 105, who have supported follow up to at least 5,355 child protection cases (an average of 51 cases per SWO). Recognized as a best practice in the region, the deployment of the SWOs has capacitated the SWOs with emergency experience, but also contributed to strengthening the camp based case management system with a cadre of personnel who understand Tanzanian law and referral systems. UNICEF is also working with the government on a more sustainable solution, and is lobbying for an increase in allocation by government to district social welfare officers, or the creation of a social welfare office within each camp setting.

Since January, UNICEF’s support to psychosocial service provision has largely been in the form of supplies to child friendly spaces in Nyarugusu, Nduta, and Mtendeli, and also to UNHCR for use in GBV-related service facilities and refugee registration centres. These included 118 Recreation Kits and 110 Early Childhood Development Kits—which were distributed to Plan, IRC, and UNHCR. The supplies, provide an estimated 11,400 children with activity and play materials in CFS managed by Plan and IRC.

In the second half of the year, UNICEF will continue to endeavour to support Case Management and psychosocial support; however, Tanzania has now been prioritized to roll-out the cloud based Child Protection Management Information System (CPMIS+) and emphasis will be placed on making that system operational. The old data management system, known as the Inter-Agency CPMIS, is being phased out. The new system provides for more efficient and effective case management service provision, is more safe and secure, and provides for real-time analysis of aggregate data trends across organizations.

Under the auspices of the UN Joint Programme for Kigoma, the Violence Against Women and Children theme, UNICEF’s Child Protection is also working in the four refugee host communities Kasulu DC, Kasulu TC, Kibondo, and Kakonko. Activities in these four communities is grounded in Tanzania’s new National Plan of Action to End Violence Against Women and Children (2017-2022) and includes capacity building support to front line service providers and operationalizing the requisite infrastructure, i.e. Police Gender and Children’s Desks. Also during this period, UNICEF and UNHCR hosted a “bridging the humanitarian and development divide” workshop to identify areas where the child protection system could be strengthened and supported to meet the needs of refugee children. The workshop resulted in a draft Road Map which will be shared at the national level with relevant line Ministries and will provide a platform for discussing areas of host community-refugee program convergence.

**Nutrition**

In collaboration with partners, UNICEF continues to support assessment of children’s nutritional status, the identification and treatment of severely acute malnourished (SAM) children, supplementation of children with vitamin A and deworming with Mebendazole and promotion of infant and young child feeding in all three refugee camps through the Tanzania Red Cross Society and Medecins Sans Frontieres (MSF).
Since January, 1,366 SAM cases among children have been admitted into SAM treatment programmes (supported by UNICEF) in the camps with performance of the programmes within SPHERE standards. Children who recover from severe acute malnutrition (the cured rate of SAM children is above 95%) are transferred to the supplementary feeding programme supported by the World Food Programme (WFP) in all camps.

In addition to UNICEF’s routine response, in June, UNICEF supported a child health and nutrition campaign in all the three refugee camps which included the provision of vitamin A supplementation (VAS), deworming and screening for acute malnutrition. As a result, 53,917 children aged 6-59 months were provided with vitamin A capsules and 47,698 children aged 12-59 months received Mebendazole tablets for deworming. The total coverage for Vitamin A supplementation for children aged 6-59 months was 98% while the coverage for deworming for children aged 12-59 months was 100%.

Education

UNICEF, in collaboration with UNHCR and CSO partners continues to support access to basic education for refugee children in the three camps in Tanzania. As of June 2017, out of 109,000 Burundian children in the three refugee camps, 68,000 Burundian children (of whom 34,000 are girls) are enrolled in pre-primary, primary and secondary schools. Due to insufficient classrooms, access to quality basic education for Burundi refugee children is a major challenge leading to a high pupil teacher ratio currently at 200:1. Based on this, UNICEF estimates only 43 per cent of school children have actually access to quality basic education against the total number enrolled. In order to cover all school aged children in the camps, an additional 1,249 classrooms (69 schools, each with 18 classrooms and full WASH facilities) need to be built. Based on funding trends for the education sector, it will not be possible to build permanent classrooms to accommodate all school aged children for years to come. However, with new funding from USAID, and a positive consultation with the Ministry of Home Affairs, UNICEF will support the construction of 30 semi-permanent classrooms reaching 3,000 children (under double shift) in 2017 to ease the congestion and expand access while continuing to mobilise resources.

Following high level advocacy from UNICEF and UNHCR with the Governments of Tanzania and Burundi, the Tanzanian Ministry of Education, Science and Technology through the National Examinations Council (NECTA) successfully organized the 2017 examinations for the Burundi refugee children in the three camps for the first time since the crisis began in 2015. As a result, 1,317 Burundi refugee children (460 girls) in grades 9, 13 and 14 were able to sit for their national examinations in March 2017. In total, 59.2 per cent (708) passed the exams. These successful candidates will receive certificates from the National Examination Council (NECTA). NECTA is an internationally recognized examining body responsible for all exams in formal education in Tanzania. The poor learning conditions and lack of qualified teachers and country of origin learning materials have contributed to the low performance and absentees from school. In response to some of this gap, UNICEF Tanzania and Burundi have collaborated in the procurement of Burundian textbooks and other learning materials in 2017 which will be available by the new school year in September 2017. This has been made possible through funds provided by USAID, the Government of Sweden, and UNOCHA.

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Recognising the exemplary partnership between the Ministry of Education, National Examination Council and Refugee Services Department under the Ministry of Home Affairs in supporting and administering the national examination for all levels, UNICEF in collaboration with UNHCR, is further exploring sustainable solutions for the yearly national examinations for the Burundian refugee children. A total of 1,512 refugee children have been registered to sit for their national examinations in the second half of 2017. In the meantime, to ensure smooth transition between education levels, the Education in Emergency Working Group has administered a standardized examination to facilitate progression of the Burundian refugee learners between cycles.
Funding

In 2017, UNICEF’s response to the Burundian refugee situation in Tanzania requires US$6,991,000 to meet the humanitarian needs of refugee children and women in the three camps, as well as affected host communities. Without additional funding, UNICEF will not be able to support the national responses in Tanzania to sustain and scale up a multi-sector response to the critical needs of vulnerable refugee children and women from Burundi, including additional influxes expected throughout 2017.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Required (US$)</th>
<th>Received (US$)</th>
<th>Funding gap (US$)</th>
<th>%</th>
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<tr>
<td>WASH</td>
<td>$3,000,000</td>
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<td>Child Protection</td>
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<td><strong>$4,696,994</strong></td>
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