Highlights

- Final examinations for 1,323 Burundian refugee children who missed out in last years’ exams due to displacement, were held in March 2017 for grades 9/10 and 13/14 in all three camps. The final grades from these exams will be sent to students in May 2017.
- Since January 2017, UNICEF has provided scholastic supplies for 76,156 Burundi and Congolese primary school children as well as all teaching supplies covering all three camps.
- Through UNICEF support an additional 20 Social Welfare Officers were deployed in April, from other districts in Tanzania, to work within the three camps over the next few months specifically focusing on case management for children.
- As a result of ongoing vaccination in the camps, no outbreak of vaccine preventable disease has been reported to date.
- The Kigoma region was declared free from cholera on 24 March, 2017, after a localized cholera outbreak that began in late 2016.

UNICEF 2017 PROGRAMME TARGETS AND RESULTS

<table>
<thead>
<tr>
<th>Category</th>
<th>UNICEF Target</th>
<th>UNICEF Results to date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></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>61,000*</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years vaccinated against measles and polio**</td>
<td>60,000</td>
<td>2,693 measles 3,825 polio</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years with severe acute malnutrition (SAM) admitted to therapeutic services</td>
<td>1,500</td>
<td>990</td>
</tr>
<tr>
<td>Children under 5 years provided with vitamin A supplementation**</td>
<td>54,000</td>
<td>3,886</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-aged children (3-18 years) accessing quality education***</td>
<td>90,000</td>
<td>15,250</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></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>10,000</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 CFSSs these facilities are not meeting sphere/CCC standards, which UNICEF is working to address currently.

**Due to a reporting error in our previous situation report, these results are slightly lower than what was reported in February 2017.

***Due to overcrowding of classrooms from a lack of school infrastructure, UNICEF cannot state that all children currently attending school (63,000) in the three camps are receiving quality education. This is why our result number (an estimate) is different in this table compared to the number of children attending schools in the camps.

Key Figures

- **310,824** Total refugee population (Burundian & Congolese) living in the 3 refugee camps (UNHCR, April 2017)
- **177,170** Refugee children (U18 years of age) living in the 3 refugee camps (Estimation based on 57% child population)
- **68,380** Refugee children under 5 years of age living in the 3 refugee camps (Estimation based on 22% U5 population)

Funding Status

US$ million

- Total Funds Required: US$6.99m
- Carry-forward: 0.523m
- Funds Rec’d: 1.74m
- Funding Gap: 4.73m

*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.
Situation Overview and Humanitarian Needs

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, the total number of refugees in Tanzania is over 310,000. The current influx of refugees into Tanzania from Burundi averages 45 people per day, which is an 80% decrease from previous reporting periods. The decrease in the refugee influx is attributed to tighter border measures put in place by the Tanzania government after the Prima Facie status was revoked in January 2017. While the screening process of asylum-seekers by immigration authorities at border entry points is ongoing, UNHCR and partners continue to highlight concerns with the Government of Tanzania at all levels over the challenges faced by Burundian asylum-seekers in gaining entry into Tanzania.

Food rations in all three camps have been low over the past few weeks, with some commodities cut by 50%, due to a WFP pipeline break and low funding levels. However, food rations and supplementary feeding programmes targeting vulnerable groups of people, including children under five, pregnant and lactating women and people at entry points, as well as people at transit and reception centers were not affected by this food ration reduction. In May 2017, food ration quantities will have improved to 100% in all but one commodity which will ease the food strain on the population.

The Nduta camp has a carrying capacity of 127,000 people, and the current population stands at 123,000. Based on current population trends, it is expected that Nduta will reach its carrying capacity in the next 48 days. UNHCR and partners continue to advocate with the government for the allocation of new land to establish additional refugee sites.

Humanitarian leadership and coordination

The refugee response in the country is coordinated at the central level by the Ministry of Home Affairs (MHA) and UNHCR who oversee the management of the response by UN agencies and government focusing on planning, oversight and policy implications. At the regional (sub-national) level the head of the Kigoma Regional Government coordinates all UN agencies and NGOs who work on the refugee response. At the interagency and camp level UNHCR and the MHA are responsible for coordinating UN agencies, NGOs and sector 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; immunization against measles and polio; 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. UNICEF supports children to continue to access quality education and provides learning and teaching materials and teacher trainings.

Summary Analysis of Programme Response

Health

In 2017, UNICEF is supporting ‘on arrival’ and routine immunization in all three camps (Nduta, Mtendeli and Nyarugusu) for all children ages 0 to 18 months through the provision of vaccines and ensuring the cold chain is maintained through the provision of refrigerators. Since the start of the year, 2,693 children under five have been vaccinated against measles while 3,825 children 6-14 weeks of age have been vaccinated against polio. As a result of ongoing vaccination in the camps, no outbreak of vaccine preventable disease has been reported to date.

UNICEF continues to support the Tanzania Red Cross Society (TRCS) to improve the quality of maternal, newborn and child health services in health facilities in Nyarugusu and Mtendeli refugee camps through the provision of supplies (medicine & equipment), technical assistance and through capacity development/training of staff.

Malaria is the main cause of morbidity across all the three camps accounting for 33% of morbidity in Nduta and 30% in Nyarugusu and Mtendeli among children under five. To address this, in 2017, UNICEF has distributed 3,200 insecticide treated mosquito nets to pregnant women in Mtendeli and Nyarugusu camps and has distributed 2,112 cartons of antimalarial medication (Alu) in the two camps, which will treat 63,360 people with malaria.

UNICEF also supports the provision of health education at the community level through Health Information Teams (HITs) who reach the community on a daily basis with key messages addressing maternal and child care behaviours. Key messages distributed through HITs include: care of newborns, exclusive breastfeeding, hand-washing with soap and water at critical times, promoting antenatal clinic attendance and facility delivery as well as...
promotion of early care seeking responses to diarrhoea, fever and respiratory diseases. Since January 2017, 152,467 people have been reached with key health, nutrition and WASH information/messages in Nyarugusu and Mtendeli through the Health Information Teams supported by UNICEF.

Nutrition
In nutrition, UNICEF continues to support assessments of children’s nutritional status, the identification and treatment of children with severe acute malnutrition (SAM), 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 Medics Sans Frontiere.

Since January 2017, 3,886 newly arrived refugee children aged 6-59 months were reached with Vitamin A supplementation and deworming tablets at reception centers.

The prevalence of acute malnutrition among refugee children is within the normal range, but it is estimated that 1,500 children under five will be affected by SAM in 2017. Between January and mid-April this year 990 children with SAM were enrolled in therapeutic feeding programmes in the three camps. Children who recover from SAM are transferred to the supplementary feeding programme supported by WFP.

In April 2017, a programmatic visit was carried out in the three camps by UNICEF Tanzania country office nutrition team with support from UNICEF’s field nutrition team. During the visit one gap identified was the insufficient number of Health Information Team (HITs) members as well as their low technical and coordination capacities. UNICEF is planning to work over the next few months to increase HITs capacity and improve coordination of health and nutrition messages across all three camps to ensure timely and accurate information reaches the wider population.

Education
Following UNICEF and UNHCR’s national level engagement in 2016 with the Tanzania Ministry of Education and Vocational Training (NECTA) department, final examinations for 1,323 Burundian refugee children (of which 441 were girls) in grades 9/10 and 13/14 were conducted in the camps between 14 and 17 March 2017. These examinations were held for children who missed their final exams due to displacement in Burundi last year, and are essential to provide proper certification that will enable these children to move on to the next level of education. Final results from the exams will be released to all students in May 2017.

Since January 2017, UNICEF has provided scholastic supplies (including pencils, pen, exercise books, erasers, recreational equipment and paper) for 76,156 primary school children (Congolese and Burundi school children) as well as all teaching supplies covering all three camps.

UNICEF together with UNHCR and education partners, is working on the development of an accelerated learning programme that will focus on out of school children in all three camps. The programme is essential to accommodate overaged children who are in schools as well as out of school children and youth who have had their education interrupted. The accelerated learning programme will provide basic education tailored to out of school children's competencies.

In addition, the education working group will be undertaking a Joint Education Needs Assessment which will be conducted in May 2017. The purpose of this assessment is to develop one comprehensive assessment which will identify the full spectrum of education needs within all three camps. The outcome of the assessment will help the education sector with resource mobilization, coordination, planning and implementation going forward.

The education sector is also working to develop a teacher training strategy, which will be rolled out in June 2017 targeting 1,200 teachers in the camps. Key areas that these trainings will include language of instruction (i.e. an introduction to English and Swahili), new learner-centered methodologies, gender and disability related issues.
The total number of Burundian school aged children in the three refugee camps is 106,613 and currently, only 57% children (3-18 years) are attending school (including pre-school, primary and secondary schools). Key reasons that children are not in school in the camps continue to be: long walking distances to learning sites, a lack of basic school infrastructure (i.e. school buildings), overcrowded classrooms, early pregnancies and household duties that take precedence in the home.

WASH

In collaboration with WASH implementing partners and UNHCR, UNICEF continues to provide clean drinking water to over 258,559 people in Nduta and Nyarugusu camps through the provision of a surface pump, a submersible pump, two generators, water storage tanks in schools and Child Friendly Spaces (CFS) and water treatment chemicals. The current crude water coverage is 23 liters per person per day in Nduta camp, 16 liters per person per day in Mtendeli and 22 liters per person per day in Nyargugusu camp. However, it is noted with concern that there is no standby capacity for both pumps and generators which can result in an emergency in the event that any of the pumps/generators breakdown.

To improve water supply in Mtendeli camp, UNICEF has been working closely with WASH partners to identify new surface and ground water sources in surrounding host communities. Three possible water catchments have been identified near the camp over the past two months, which will need thorough hydrogeological surveys before ground water exploration can begin.

Through WASH partners (Oxfam, TRCS and TCRS), UNICEF conducts hygiene promotion, cholera awareness campaigns and sensitization and trainings on the use of water treatment chemicals at household level in both host communities and in the three camps. In addition, in partnership with the Ministry of Health (MOH), UNICEF provided support (WASH supplies and IEC materials) to government staff for cholera response activities in host communities in Uvinza district during the cholera outbreak. Following successful prevention actions, the Kigoma region was declared cholera free on 24 March 2017.
To date, all Burundi refugee schools (pre-school, primary and secondary schools) and CFS in all three camps have WASH infrastructure, including latrines, handwashing facilities with soap and the provision of safe drinking water. 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 humanitarian 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 20,560 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
UNICEF continues to focus on supporting child protection case management (in particular case management for unaccompanied and separated children, including the provision of alternative care arrangements) as well as support for CFSs in providing psychosocial support for children in the three refugee camps.

In March, UNICEF supported the deployment of 20 Government Social Welfare Officers (SWOs) from other districts in Tanzania who will be working in the three refugee camps over the next few months providing essential case management services to vulnerable and at risk children, with a particular focus on unaccompanied and separated children (UASC). The SWOs who are deployed with implementing partners Plan International and IRC are involved in providing support in the provision of case management services, including: best Interest assessment process (which is a critical first step in identifying protection needs of children including those who are separated and unaccompanied), ensuring appropriate foster care arrangements for children living without their parents or caregivers, conducting home visits for case follow up, and counselling. Use of government social welfare officers in the camps, rather than UN staff or NGOs, builds national capacity for provision of services of refugees.

UNICEF is working to strengthen child protection information management systems across all three camps, and is working to identify and support additional foster families, parenting groups and outreach services addressing violence against children.

Since January 2017, UNICEF has provided CFSs in Nduta and Mtendeli (through Plan International) with early childhood development and recreation supplies which are benefiting approximately 6,000 children on a daily basis.

UNICEF is also working with the four local government authorities in the Kigoma region to build the capacity of national child protection systems and enhance the links between national systems and the emergency child protection response. This support has included: the training of district social welfare officers and other relevant child protection professionals (including Police officers, Magistrates, Health Officials) on child protection; renovation of Police Gender and Children Desks, establishing fit family schemes, supporting child protection coordination mechanisms at the district level and providing financial and technical assistance to ensure district social welfare officers can provide case management services to children in need of care and protection.

Funding
For 2017, the UNICEF response to the Burundian refugee situation in Tanzania requires US$6,991,000 to meet the humanitarian needs of refugee children and women, as well as affected host communities. Without additional funding, UNICEF will not be able to support the national responses in Tanzania to sustain and scale up a multi-sector response to the critical needs of vulnerable refugee children and women from Burundi, including additional influxes expected throughout 2017.
<table>
<thead>
<tr>
<th>Sector</th>
<th>Required (US$)</th>
<th>Received (US$)*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>US$</td>
</tr>
<tr>
<td>WASH</td>
<td>3,000,000</td>
<td>327,714</td>
<td>2,672,286</td>
</tr>
<tr>
<td>Education</td>
<td>1,338,000</td>
<td>1,153,044</td>
<td>184,956</td>
</tr>
<tr>
<td>Health</td>
<td>1,000,000</td>
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<td>766,494</td>
</tr>
<tr>
<td>Nutrition</td>
<td>400,000</td>
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<td>320,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,103,000</td>
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<td>809,035</td>
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<tr>
<td>Operational Support</td>
<td>150,000</td>
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<td>-22,752</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,991,000</strong></td>
<td><strong>2,260,981</strong></td>
<td><strong>4,730,018</strong></td>
</tr>
</tbody>
</table>

*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

Next SitRep: 30 June 2017

UNICEF Tanzania Facebook page: [https://web.facebook.com/UNICEFTanzania/?fref=ts](https://web.facebook.com/UNICEFTanzania/?fref=ts)

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