Highlights

- Refugee influxes per day have increased over the past two months from a daily average of less than 100 to as high as 400 per day during peak days over the last half of August.
- School WASH interventions have accelerated with the decommissioning of full latrines in schools and construction of new latrines benefiting over 6,000 school children.
- News of a cholera outbreak in Burundi has stepped up surveillance and prevention measures in the camps and at border points.
- Nutrition support continued at health facilities in the camps with 85 children being treated for severe actual malnutrition over the past two months.
- A full nutritional survey, supported by UNICEF, WFP and UNHCR commenced this month to gather more rigorous data about mother and child nutrition.

<table>
<thead>
<tr>
<th>2016 PROGRAMME TARGETS AND RESULTS</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people provided with safe water (7.5-15 litres per person per day)</td>
<td>60,000</td>
<td>55,000</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children immunized against measles and polio*</td>
<td>12,000</td>
<td>22,861 Measles 22,752 Polio</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children under 5 years with SAM admitted to therapeutic feeding programmes</td>
<td>2,860</td>
<td>262</td>
</tr>
<tr>
<td># of children under 5 years provided with vitamin A supplementation</td>
<td>55,000</td>
<td>40,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of school-aged children including preschool age and adolescents have access to basic quality education (including through temporary structures)</td>
<td>50,000</td>
<td>47,178</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most vulnerable children, including unaccompanied and separated children, provided with case management services</td>
<td>4,000</td>
<td>2,971</td>
</tr>
</tbody>
</table>

*Due to higher than expected refugee influx and births the results are higher than the original target.
Situation Overview

During the period from July to August 2016 a total of 8,891 new refugees from Burundi were registered as they crossed into Tanzania (see figure 1). This is double the number that arrived during May and June this year. The overcrowded situation in the Nyaragusu camp has been decongested by relocating refugees from crowded zones to two new camp locations, however, shortage of water in the third newly established camp has halted relocation since July. This means Nyaragusu still remains overcrowded. With the second camp full and the third camp due to reach its maximum capacity in 3 to 4 months the search for a fourth camp site is underway. Finding a location with suitable water and road access to accommodate 50,000 refugees continues to be a challenge. The newly appointed Minister of Home Affairs visited all refugee camps in August and the issue of land for new camp sites was discussed at length. He also witnessed the services provided to children in the camps and was impressed with the motivation of refugees who themselves serve as teachers, nurses and sanitation staff within the camps.

Donor interest to refugee response efforts remains low as the overall funding requirements is around 40 per cent across all UN agencies and NGOs, with UNICEF currently funded at 42 per cent. UN agencies are revamping contingency plans to increase preparedness for possible increased influxes from Burundi as well as DRC in 2017. The host population in Kigoma region (where the refugee camps are located) are among the poorest people in Tanzania and their children consistently rank among the lowest performers across many key indicators including health, nutrition, sanitation and education. The contrast between the quality of services in the camps and the poor services in local villages is noticeable and remains a gap in the response as well as a source of potential friction between refugees and host villages. The UN is developing an area based programme to address the development gaps in the Kigoma region that have been heightened by the refugee influx.
The refugee population is young with children comprising 58 per cent of the population and children under five comprising over one-fifth of the entire population. Even without new refugee influxes the population continues to grow with 4,735 babies born in the camps in the past 16 months. This young population requires shelter, food, health care, safe water and sanitation, protection, schools and recreation.

### Estimated Affected Population (new refugees from Burundi only—biometrically measured differ slightly from figure one above)
(Source: UNHCR Update 20 August 2016)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total affected population</td>
<td>153,307</td>
<td>78,448</td>
<td>74,859</td>
</tr>
<tr>
<td>Children affected (under 18)</td>
<td>88,865</td>
<td>45,122</td>
<td>43,743</td>
</tr>
<tr>
<td>Children under five</td>
<td>32,536</td>
<td>16,067</td>
<td>16,469</td>
</tr>
<tr>
<td>Unaccompanied minors/Separated</td>
<td>5,885</td>
<td>3,257</td>
<td>2,628</td>
</tr>
</tbody>
</table>

### Humanitarian leadership and coordination
The refugee response is coordinated at four levels and UNICEF is engaged at each level:

1. Central Level: The Ministry of Home Affairs (MHA) and UNHCR coordinate 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.
2. Regional Level: At the sub-national level the head of Kigoma Regional Government coordinates all UN agencies and NGOs who work on the refugee response.
3. Inter-Agency/Inter-Camp Level: UNHCR and the MHA are responsible for coordinating the interagency response linkages between all 3 camps, which include sector specific coordination and response.
4. Camp Level: At the camp level UNHCR and the MHA coordinate the refugee response among all UN agencies and NGOs.

### Humanitarian Strategy
UNICEF Tanzania’s overall strategic objective for the response is: to ensure that refugee children and women are protected and that they have access to basic services through the following sectors:

- **Health:** To prevent morbidity and mortality of refugee women and children
- **Nutrition:** To improve the nutritional status of refugee children and women
- **WASH:** To improve and sustain access to safe water supplies, sanitation facilities, and hygiene promotion services in transit centers and in the camps as well a limited strategic package of WASH interventions for host communities.
- **Education:** To improve the quality of education and ensure a safe learning environment for refugee children.
- **Child Protection:** To provide support to children with acute protection concerns and strengthen mechanisms to prevent violence, abuse, neglect, and exploitation.
- **Communication:** To strengthen channels of communication with refugees about their health and wellbeing, and convey to external audiences the impact the humanitarian crises is having on children.
- **Partnerships:** To deepen UNICEF’s ties with strategic partners that have a track record of responding to acute emergencies.

### Summary Analysis of Programme Response

**WASH**
Potable water is provided in all camps through a combination of boreholes, treated surface water and water trucking. UNICEF provided two new generators for the water pumping system in Nyaragusu camp that has kept the water source for about 20,000 users functioning at full capacity. A surface water pump was also installed to provide an additional 90,000 litres of water per hour. With the decommissioning of full latrines at schools and the addition of 24 more units, over 7,000 students now have safe toilets and extended handwashing facilities in Mtendeli camp. Construction of new school latrines in Nduta camp is ongoing. The news cholera outbreak in Burundi has prompted WASH teams to increase the testing of water, the inspection of latrines and to ensure that adequate stocks of water purification are on hand. UNICEF continues to support hygiene promotion efforts and distribution of water treatment chemicals in host communities focusing mainly on communities that are prone to outbreaks of cholera (cholera hot spot areas). These are also entry points used by refugees during influxes. This
initiative aims to cut the cycle of cholera but is also a proactive measure to reduce chances of cholera spread in
the camps.

Health & Nutrition
Crude (CMR) and under 5 (U5MR) mortality rates remain under the emergency threshold of less than one
death/1,000/month in all camps. Over 1,400 children under five received routine immunisations in the camp
health centres in July and August. A large amount of new cold chain equipment arrived over the past two months
and is being installed at the various health facilities that have been overstretched due to new arrivals and opening
of new camps. There is a heightened level of monitoring and preparedness in border areas and in the camps due
to reports of new cases of cholera in Burundi. Within the camps the health promotion teams continue to conduct
outreach campaigns on improved hygiene and sanitation behaviours that can prevent cholera and other diseases.
No new cases of cholera have been reported in the camps since September. Due to the outbreak of yellow fever in
neighboring countries, health partners have started to vaccinate new arrivals from high risk areas for yellow fever.
UNICEF delivered five ambulances to strengthen the health referral system in district health facilities near the
camps. Refugees needing advanced or emergency care are referred to district hospitals but a lack of ambulances
has constrained this effort. The new ambulances will increase refugee access and speed up emergency response
as well as benefitting host communities who use the same hospitals.

Nutrition support continued at health facilities in the camps with 85 children being treated for severe acute
malnutrition – 11 of these were inpatients and the rest were outpatient. Levels of severe and acute malnutrition
remain below emergency thresholds. Nutritional screening of all new arrivals continues. A full nutritional survey,
supported by UNICEF, WFP and UNHCR commenced this month to gather more rigorous data about mother and
child nutrition. This data will help to strengthen nutrition interventions based on a better understanding of
nutritional status than can be gained from rapid screening of new arrivals.

Child Protection
UNICEF continues to support the expansion of the child protection system in the camps and surrounding
communities. This includes capacity building and support to a group of social workers deployed by the Tanzanian
Department of Social Welfare to identify and refer vulnerable refugee children to services. During this reporting
period relief kits continue to be distributed to families who foster unaccompanied children (sleeping mat, blanket,
plastic sheeting) to help them cope with caring for extra children; over 2,200 relief kits have been distributed so
far. UNICEF continued to support the expansion of Child Protection Committees (CPC) in Nduta and Mtendeli
camps. These are groups of 15-18 individuals at the refugee community level who work in a coordinated
manner towards child protection goals. In Nyarugusu 9,121 Burundian refugee children are enrolled in three
child friendly spaces (CFS) which are supported by UNICEF while supply support is provided to CFS in other
camps. Each CFS provides a safe environment where children can play sports, engage in art therapy, and
participate in cultural activities. During this reporting period the CFSs in the two new camps received 48 early
childhood development kits (toys and education materials for children under age five) and 48 recreation kits
(sports and arts equipment for children over five).

Education
Nearly 50,000 children in the camps continue to benefit from pre-primary, primary and secondary education
services; but there are constraints due to lack of supplies, permanent structures and deterioration of some of the
temporary structures. During this period preparations continue for Burundian children to take their primary school
leaving exams. This includes administering of mock exams as well as increased support to grade six teachers to
strengthen their teaching and assessment skills. The issue of certification of exams continues to be discussed
between the UN and government authorities with UNICEF playing a lead role. The increased focus and public
awareness on exam preparations has increased enrolment in the past two months as more parents and children
see this as a goal that will help them once they return home or are resettled elsewhere. School supplies provided
by UNICEF continued to be distributed to school children due to ever increasing enrolment. Another key focus
during this period was recruitment and training of additional refugee teachers due to high teacher/student ratios
reaching as high as one teacher per 174 students in some primary schools.
Funding

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements (US$)</th>
<th>Funds available (US)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>1,000,000</td>
<td>950,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Education</td>
<td>1,100,000</td>
<td>305,000</td>
<td>795,000</td>
</tr>
<tr>
<td>Health &amp; Nutrition</td>
<td>2,200,000</td>
<td>602,264</td>
<td>1,597,736</td>
</tr>
<tr>
<td>Child Protection</td>
<td>850,000</td>
<td>415,000</td>
<td>435,000</td>
</tr>
<tr>
<td>Operational support</td>
<td>400,000</td>
<td>72,000</td>
<td>328,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,550,000</strong></td>
<td><strong>$2,344,264</strong></td>
<td><strong>$3,205,736</strong></td>
</tr>
</tbody>
</table>

Next SitRep: 31 October 2016

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

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