Highlights

• The rate of Burundi refugee arrivals per day continues to increase with influxes between 173 per day to as high as 453 per day. In addition, DRC refugee arrivals have increased over the past couple of months to as high as 65 per day.
• Schools have reopened after the annual break, but attendance is falling short of enrollment numbers, primarily due to shortage of school supplies and classrooms.
• A nutrition survey that was just completed found that while overall nutrition rates among refugees are acceptable, there is need to improve screening and treatment of new refugee arrivals as well as a need to look into specific nutritional issues such as anemia.

Key Figures

170,002
New Burundi refugee arrivals (plus births) since May 2015 (UNHCR 30/9/16)

88,865
Refugee children (Burundi & DRC) 0 – 17 yrs of age (UNHCR 30/9/16)

8,454
Cumulative # of unaccompanied minors/separated refugee children (UNHCR 15/9/16)

2016 PROGRAMME TARGETS AND RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Target</th>
<th>Results to date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>Children immunized against measles and polio</td>
<td>12,000</td>
<td>23,142 = Measles* 23,773 = Polio*</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years suffering from SAM admitted to therapeutic feeding programmes</td>
<td>2,860</td>
<td>579</td>
</tr>
<tr>
<td>Children under 5 years provided with vitamin A supplementation</td>
<td>55,000</td>
<td>40,445</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>47,178</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,000 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 additional refugee influx and births the total U5 population is higher than the original projection: Target to be revised.

Funding Status

- Total Funds Required: $5.55m
- Funds available: $2.1m
- Funding gap: $3.2m
- Carry forward: $0.29m

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

Over the past month, 11,762 new refugees from Burundi and DRC crossed into Tanzania (see figure 1). This is double the number that arrived during July and almost 30% more than the number that arrived in August. This has further stressed the overcrowded conditions in the camps. All three refugee camps are at, or near, their carrying capacity and a suitable fourth location has still not been established. Currently, an assessment is taking place to attain location suitability, which may become the fourth refugee camp site. Until the fourth refugee camp is opened, the new refugee arrivals will be distributed among the three camps already in operation in order to ensure that people’s basic needs are met. In addition to the accelerated influx from Burundi refugees, the rate of new arrivals from DRC has picked up reaching as high as 65 per day on peak days.

The refugee population is young with children comprising 58% of the population and children under five comprising one-fifth of the entire population. Even without new refugee arrivals, the population continues to grow with 5,174 babies born in the camps in the past 18 months. This young population requires shelter, food, health care, safe water and sanitation, protection, schools and recreation.

The host population in Kigoma region 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 UN family continues to sharpen programmes to address the development gaps in the Kigoma region that have been heightened by refugee influxes. In addition, UN agencies and NGOs continue to refine preparedness plans in the event of accelerated refugee influxes from Burundi as well as DRC in 2017, with an estimated target population of 40,000 new arrivals in early 2017 as the most likely scenario.

Humanitarian leadership and coordination

The refugee response in the country 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. In health, UNICEF is working to prevent morbidity and mortality among refugee women and children through immunization campaigns for polio and measles, as well as through the distribution of mosquito nets to households and basic medical supplies and equipment to health centres in the camps. In nutrition, UNICEF is working to improve the nutritional status of refugee women and children through the treatment of SAM cases and the provision of vitamin A supplementation for children under five years of age. In WASH, UNICEF is working to improve and sustain access to safe water supplies, sanitation facilities, and hygiene promotion services in transit centers and in the camps, and is providing a strategic package of WASH interventions for host communities. In education UNICEF is working to improve the quality of education and ensure a safe learning environment for all refugee children through the distribution of school supplies, the training of teachers and the provision of WASH services and facilities at schools. In child protection, UNICEF is working to provide support to children with acute protection concerns and is working to strengthen mechanisms to prevent violence, abuse, neglect and exploitation among the refugee population. UNICEF is utilizing communication for development (C4D) strategies to strengthen education and awareness among the refugee population in all sector areas of the response.

Summary Analysis of Programme Response

WASH

In collaboration with WASH and health partners, UNICEF undertook monitoring missions to six border entry points to assess the state of preparedness and response in the event of accelerated refugee influxes as well as potential cholera outbreaks. UNICEF and partners mapped out the requirements for WASH facilities in the proposed Cholera Treatment Centres (CTC) at strategic points drawing on lessons learnt from the refugee influx and cholera outbreaks in 2015.

In all three camps UNICEF water pumps and generators continued to supply a significant portion of the daily water requirements covering about one third of the overall water needs in one camp. A surface water pump in a second camp provides up to 90,000 litres of water per hour. UNICEF continues to support hygiene promotion efforts in all three camps targeting areas of the camps with new refugee arrivals. UNICEF is currently prepositioning over 2.4 million water treatment tablets for use at border points, high risk cholera villages and within the three camps. The WASH preparedness efforts at border areas as well as in the camps are necessary as Kigoma region is an area that experiences cholera outbreaks annually with peak risks during the rainy season period which began this month.

Education

Over the past month, the distribution of school supplies was completed, and the training of existing and newly recruited teachers in preparation for the opening of the new school year began. Teacher trainings focussed on strengthening pedagogic skills as well as how to ensure a safe learning environment in the classroom. Over 47,000 children in the three refugee camps continue to benefit from pre-primary, primary and secondary education services. However, it is estimated that up to 13,000 children are not in school due to lack of supplies and shortages of classrooms. The relocation of several thousand families from overcrowded camps to new camps plus the constant flow of new arrivals continues to create challenges in planning for teachers, supplies and space needed for schools in each camp.

In further preparation for the opening of schools, the construction of four more school latrines (24 holes) and handwashing facilities were completed in Mtendeli schools this past month. These more permanent facilities replaced temporary toilets that were constructed during the peak of
the refugee influx. The temporary toilets were made with poles and plastic sheeting and were deteriorating and becoming unsafe and unhygienic (see photos to the left).

Health & Nutrition
A minor increase in neonatal death was noted over the past month which was possibly linked to an increase in home deliveries. UNICEF and health partners are strengthening measures to reduce home deliveries by focussing on increasing awareness among pregnant mothers as well as working with traditional birth attendants to recognise and refer high risk pregnancies to health centres. Over 1,400 children under five received routine immunisations in camp health centres during the past month while 1,077 pregnant women attended antenatal care sessions.

Nutrition support continued at health facilities in all three camps with 317 children being treated for severe acute malnutrition (SAM) over the past two months. In two refugee camps SAM levels continued to drop over the past month, while in the newest camp with the largest number of refugee arrivals, SAM cases have increased compared to the previous month. In order to have a better understanding of the nutritional situation among women and children, a full nutritional survey, supported by UNICEF, WFP and UNHCR was completed in the camps. This data will help sharpen nutrition interventions in the refugee camps. Some key findings from the survey revealed that:

• While the overall acute malnutrition range does not cross the emergency threshold, new refugees are arriving currently with higher acute malnutrition percentages than in the past, indicating a need to improve screening and treatment capacity upon arrival.
• The chronic malnutrition prevalence is above 40% in all three camps and above 50% in the most recently established camp. This requires improvement in behavior change around hygiene and infant and young child feeding practices as well as closer monitoring of the use of fortified cereal.
• The anaemia prevalence was above the WHO critical level of 40% in 2 of the 3 camps. It is recommended that anaemia treatment guidelines and protocols be reviewed in each camp to identify bottlenecks and gaps that need to be addressed.

Child Protection
UNICEF supported child friendly spaces (CFS) continue to cater to up to 9,000 children per week. Each CFS provides a safe environment where children can play sports, engage in art therapy, socialize and participate in cultural activities. Government social welfare officers continue to identify and refer vulnerable refugee children to child protection services in the camps. To date over 2,900 refugee children have been referred to case management and child protection services. UNICEF supports 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 including improving reporting of cases of abuse, forming groups to ensure children are safe while collecting firewood, as well as spreading information on child protection to families in their sector in the camps.
**Funding**

The overall response from donor’s remains low meeting just 40 percent of the total 2016 humanitarian requirements across all UN agencies and NGO budgets, with UNICEF’s portion currently funded at 43 per cent.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Required (US$)</th>
<th>Received (US$)</th>
<th>Funding gap (US$)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>1,000,000</td>
<td>950,000</td>
<td>50,000</td>
<td>5%</td>
</tr>
<tr>
<td>Education</td>
<td>1,100,000</td>
<td>355,000</td>
<td>745,000</td>
<td>68%</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>2,200,000</td>
<td>606,264</td>
<td>1,593,736</td>
<td>72%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>850,000</td>
<td>415,000</td>
<td>435,000</td>
<td>51%</td>
</tr>
<tr>
<td>Logistics</td>
<td>400,000</td>
<td>72,000</td>
<td>328,000</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,550,000</strong></td>
<td><strong>2,398,264</strong></td>
<td><strong>3,151,736</strong></td>
<td><strong>57%</strong></td>
</tr>
</tbody>
</table>

*Funds available includes funding received against current appeal as well as carry-forward of US$290,296 from the previous year.*

**Next SitRep: 30/11/2016**

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

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