In 2018, UNICEF supported the provision of safe water, sanitation and key messages on hygiene practices for 215,964 refugees in three camps.

UNICEF supported the vaccination of 35,401 refugee children (29,103 Burundians and 6,298 Congolese) against measles and polio to contain childhood illnesses.

UNICEF and partners provided Vitamin A supplements to 54,775 refugee children (41,796 Burundians and 12,979 Congolese) aged 6-59 months during routine and bi-annual campaigns. Furthermore, 2,172 children with severe acute malnutrition were treated with a cure rate of 89 per cent.

A total of 7,587 unaccompanied and separated children were provided with protection services including psychosocial support with from social welfare officers deployed in the refugee camps and host communities.

With support from UNICEF, 109,317 Burundian and Congolese refugee children were enrolled in pre- and primary schools.

**UNICEF’s Response with Partners**

<table>
<thead>
<tr>
<th>Burundian Refugees</th>
<th>Congolese Refugees</th>
<th>Total target Burundians and Congolese</th>
<th>Total results Burundians and Congolese</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WASH:</strong> Refugees and host community members provided with safe water per agreed standards</td>
<td>131,250</td>
<td>54,103</td>
<td>185,353</td>
</tr>
<tr>
<td><strong>Education:</strong> School-aged children including adolescents accessing quality education</td>
<td>95,000</td>
<td>36,290</td>
<td>131,290</td>
</tr>
<tr>
<td><strong>Health:</strong> Child under five years vaccinated against measles and polio</td>
<td>32,000</td>
<td>6,298</td>
<td>38,500</td>
</tr>
<tr>
<td><strong>Nutrition:</strong> Children under five years with severe acute malnutrition (SAM) admitted to therapeutic services</td>
<td>2104</td>
<td>459</td>
<td>2,563</td>
</tr>
<tr>
<td><strong>Nutrition:</strong> Children under five provided with micronutrient supplementation</td>
<td>53,439</td>
<td>13,959</td>
<td>67,398</td>
</tr>
<tr>
<td><strong>Child Protection:</strong> 100% of children identified (an estimated 7,000) with protection concerns, including unaccompanied and separated, supported with critical child protection services</td>
<td>5,500</td>
<td>1,500</td>
<td>7,000</td>
</tr>
</tbody>
</table>

326,942 refugees and asylum seekers in three camps and hosting districts (UNHCR, 31 December 2018)

153,942 refugee children requiring humanitarian assistance in three camps.

57,016 under 5 children living in the three refugee camps.

56,049 refugees voluntarily returned to Burundi of the 81,900 registered as of 30 November 2018.

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**Funding Status**

- Carry forward
- Funds received
- Funding gap

2018 funding requirement $6.7 m

2018 funds received $1.1 m

Carry forward $0.9 m

Funding gap $4.5 m

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

Cumulative results from January to December 2018.

*Data may have changed because of the repatriation exercise and also due to data cleaning exercise. Enrolment data for the new academic year will capture the changes.
Due to ongoing voluntary repatriation to Burundi, there was a reduction of eight per cent in the number of refugees and asylum seekers living in Tanzania, from 358,398 in 2017 to 326,942 in 2018. The majority of these refugees are from Burundi (199,741) and DRC (84,246)\(^1\), and 284,300 are hosted in camps in Kigoma region. Fifty-six per cent of the refugee population are children under 18 years, and more than 7,500 are unaccompanied and separated children. Refugees in Tanzania are hosted in three camps (Nyarugusu, Mwendeli and Nduta) which have pockets of overcrowding with limited basic services and restrictions on livelihoods. The main causes of morbidity among under-fives in all out-patient visits in camp health facilities, in 2018 were: malaria at 33 per cent, upper respiratory tract infection at 22 per cent, lower respiratory tract infection (LRTI) at 13 per cent, skin infections at 4% and acute watery diarrhea (AWD) at three per cent.

Tanzania has not received any asylum seekers from Burundi in 2018 but there was a small wave of new asylum seekers from the Democratic Republic of Congo (DRC) arriving in Tanzania in January 2018. The total number of new Congolese in 2018 is 1,774. Of this number, 543 were new arrivals from December 2017 that were cleared for registration in January 2018.

Voluntary repatriation of Burundian refugees resumed in November 2018 following a hold in September 2018 due to temporary suspension of NGO’s in Burundi by the Government, and the lack of resources on both sides of the border. As of December 2018, 56,049 Burundian refugees had returned home since the voluntary repatriation began in August 2017. Of the total returnees, 42,946 Burundian refugees returned in 2018 following the acceleration of the voluntary process to two convoys per week (with up to 1,000 returnees per convoy) as agreed during the third tripartite meeting between the governments of Burundi and Tanzania in March 2018.

Successive mass meetings were held by the Government of Tanzania across the three camps in July 2018 to promote returns resulting in an increase by 50 per cent in the number of refugees registering to return since mid-year. On 29 March, two of eight buses in a voluntary repatriation convoy of Burundian refugees were involved in an accident while travelling from Nduta camp to Ngozi Province in Burundi. The accident happened near Ngara town in Kagera region leaving 34 people injured and eight dead, including six Burundian refugees, one staff from the International Organization for Migration (IOM) and one Tanzanian national. Voluntary repatriation was paused for three weeks and procedures to ensure safety and order were reviewed.

Between June -July 2018, the Government of Tanzania imposed new restrictions on livelihood activities and motorbike movements in the camps including closure of businesses. There was some flexibility on a camp by camp basis on lifting the bans towards the end of the year. The UNHCR Assistant High Commissioner for Protection, Mr. Volker Türk, visited Tanzania in August 2018 emphasizing that freedom of choice is paramount in every refugee’s decision to return to their home country.

Since April 2018, there have been no reported cases of cholera in Kigoma, the refugee hosting region, attributed in part to UNICEF and partners, intensive control measures through the Regional and District Health Management Teams that strengthened prevention efforts in the host communities surrounding the camps. The local government in Kigoma also instituted by-laws to ensure families have latrines installed with handwashing facilities. Committees were formed to monitor the situation through house to house visits. Additionally, regional and district medical teams responded in a timely way after being informed of the outbreak, thus controlling the outbreak from spreading outside the area. Suspected cholera cases were reported from the new asylum seekers arriving from DRC in January 2018 and in April 2018 and over 100 cholera cases were reported in a military camp in Kigoma; however, these outbreaks were contained. By the end of the year, some new suspected cholera cases were reported in Uvinza district indicating vigilance is required.

A total of 32,996 cholera cases including 548 deaths have been reported in Tanzania mainland since August 2015. Of these, a total of 4,365 (13.2%) cases and 82 (15%) deaths were reported in 2018. Regions with emerging and re-emerging cholera outbreaks in 2018 were Morogoro, Iringa, Kigoma, Dodoma, Arusha, Rukwa, Manyara, Songwe and Ruvuma.

The WFP general food basket distribution was inconsistent from August 2017 and throughout 2018, ranging between 50-70 per cent of planned rations. While supplementary food rations for people with special needs continued at 100 per cent, the reduced food rations have been linked to negative coping skills including: absenteeism in schools, child labor in neighboring farms, theft of supplies and selling non-food relief items. The proxy global acute malnutrition (GAM) identified through the integrated nutrition screening in June 2018 Standardized Expanded Nutrition Survey (SENS) in October/November 2018 revealed that the GAM prevalence is 2.4 per cent down from 3.9 per cent in 2017. As such the situation is not yet at alert stage as the GAM is within the threshold of the international Sphere standard. WFP increased the general food basket distribution to 100 per cent from November 2018.

In response to high risk of Ebola importation from Eastern DRC, the National Ebola Task team led by the Ministry of Health conducted a joint capacity and gaps analysis in the five at risk regions bordering the affected area. International airports of Dar es Salaam, Kilimanjaro and Songwe and at risk regions bordering the DRC (Kigoma, Kagera, Katavi, Mwanza, Rukwa and Songwe) have been placed on alert. Surveillance and control measures have been strengthened and training on early detection and reporting has been conducted for the regional and community health management teams (R/CHMT) from five at risk regions: Kigoma, Kagera, Katavi, Mwanza, Rukwa and Songwe, and contingency supplies including personal protective equipment (PPE), disinfectants, sanitizers and cleaning facilities and equipment have been provided. Thermo scanners were installed in four ports of entry bordering DRC (Manyovo, Kigoma airport, Kigoma port and Mabamba). Community awareness and sensitization on the potential threat of the Ebola Virus Disease (EVD) - signs and symptoms and actions required have been released/disseminated through press releases by the Ministry of Health, Community Development, Gender, Elderly and Children and social media with the support of the National Social Mobilization Task team.

\[^1\] UNHCR statistical report 31 December 2018
UNICEF Tanzania was part of the revision and development of the 2019/2020 Regional Refugee Response Plan (RRRP) for Burundian and Congolese refugees. This is a multi-national two-year plan, which is based on estimates that at the beginning of 2019 a total of 317,000 refugees (210,000 Burundian/107,000 Congolese) will be targeted and estimates that at the beginning of 2020 the anticipated refugee population could be as low as 258,280 refugees (122,000 Burundians/136,280 Congolese) due to repatriation. The plan further extends its support to the hosting districts to bridge the humanitarian and development divide. Additionally, UNICEF has been part of the revision and updating of the contingency plan for the potential new influxes from DRC considering the presidential elections scheduled for end of 2018, with a planning figure of additional 25,000 new refugees should the situation deteriorate.

Despite the lack of new arrivals from Burundi over the past twelve months, given the protracted nature of the refugee response and the volatile political situation in the DRC and Burundi, new influxes could spill into Tanzania, as indicated in the contingency plans prepared before the elections in DRC. Even without counting new arrivals, the refugee population continues to grow with up to 1,000 babies born each month across the three camps. UNICEF has developed an internal contingency plan to address the needs of new arrivals from the DRC in the event that the elections spark a significant outflow, and closely monitors the situation with partners in the Refugee Working Group. Age breakdown² among refugees in camps and communities at the end of 2018 is outlined below.

As Tanzania has hosted refugees for over 50 years, more efforts are being made to strengthen national systems to provide basic services for refugees, as well as focusing on development gaps in refugee hosting communities through the UN Kigoma Joint Programme (UN KJP) and the 2016-2021 United Nations Assistance Development Plan 11. UNICEF continues to support the refugee hosting districts in Kigoma region through the UN Kigoma Joint Programme and is leading two outcomes; Violence against Women and Children (VAWC) and Water, Sanitation and Hygiene (WASH). In addition, UNICEF is part of another outcome focusing on empowering adolescent girls through education. A health, HIV/AIDS and nutrition component will be added with the support of the Irish Aid funding for a period of three years, targeting 50 per cent of the total population in eight district councils in Kigoma region. UNICEF participates in the regular quarterly coordination meeting for the UN KJP Theme Leads to discuss progress in project implementation including challenges encountered by partners. Partners agreed to establish a coordination mechanism to link the host communities with existing local government structures to ensure ownership and sustainability.

**Humanitarian Leadership and Coordination**

The refugee response in the country is coordinated at the central level by the Ministry of Home Affairs (MHA) Refugees Service department and UNHCR, who oversee the management of the response by UN agencies and government focusing on planning, oversight and policy implications. Similarly, an inter-agency coordination forum also operates in the field with bi-weekly or monthly meetings rotating between the Field Office in Kasulu and Sub-Office in Kibondo, and sector meetings also taking place regularly. UNICEF is a regular member in all refugee coordination meetings taking place at all levels. At regional level, the Kigoma Regional Government and MHA are the overall coordinators of the refugee response. The UN Resident Coordinator’s Office coordinates the UN Kigoma Joint Programme at national and field level ensuring that the UN is also addressing development gaps in refugee hosting districts.

**Humanitarian Strategy**

In collaboration with partners, UNICEF supports life-saving interventions to expand services for children in the refugee camps and host communities in the following areas:

- **Child protection - interventions focus on strengthening the comprehensive care management system through deployment of social welfare officers within camps and in the hosting communities. UNICEF supports prevention and response to violence against children through access to services including registration of unaccompanied and separated children; family tracing; provision of psychosocial support and child friendly spaces.**

- **Health - UNICEF continues to support the provision of quality maternal, newborn and child health services in health facilities in the camps through provision of essential health equipment and supplies, skills development of health workers including supporting ‘on arrival’ immunization at transit centres and routine immunization for all eligible refugee children.**

- **Nutrition - screening and management of severe acute malnutrition is supported, as well as the promotion of infant and young child feeding (IYCF) practices and support to vitamin A supplementation and deworming for children.**

- **WASH – the response aims to ensure the provision of WASH services in all schools and child-friendly spaces.**

- **Education – UNICEF supports access to quality education and provides scholastic materials, teacher trainings and supports children to sit for their exams.**

- **Host community - UNICEF supports strengthening districts in Kigoma through the UN Kigoma Joint Programme to improve services for children in host communities. Children in Kigoma region are lagging behind in other regions across key development indicators, while also being impacted by decades of refugee influxes.**

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2 UNHCR refugee situation statistical report 31st December 2018
Summary Analysis of Programme Response

Nutrition
In 2018, UNICEF in collaboration with the Tanzania Red Cross Society (TRCS) and Médecins Sans Frontières (MSF) provided routine Vitamin A supplementation (VAS) to 54,775 refugee children aged 6-59 months (41,796 Burundian and 12,979 Congolese), which is 81 per cent of the planned target. In addition, 2,172 refugees (1767 Burundian/405 Congolese) and 317 host community children with severe acute malnutrition (SAM) were admitted into therapeutic programmes. The performance of the SAM programme is within the Sphere norms (cure rate of 89 per cent and death rate of two per cent). Lower than planned achievement for the VAS and SAM treatment were mainly due to voluntary repatriation of Burundian refugees, which reduced the overall population by eight per cent and in some weeks up to 1000 refugees were voluntarily repatriated, which affected campaign targets. For SAM care, reduced SAM prevalence among children under five also contributed to lower than planned achievements.

UNICEF, UNHCR and WFP conducted a joint Standardized Expanded Nutrition Survey (SENS) in October / November 2018 in all three camps to monitor the nutrition and health status of refugees and plan for an improved response. The results of the SENS show that the GAM rate has decreased across all the three camps. The overall GAM prevalence across the three camps was 2.4 per cent in 2018 compared with 3.9 per cent in 2017. While GAM among children under five currently ranges between 1.6 per cent in Nyarugusu camp and 2.9 per cent in Mtendeli camp. SAM prevalence was at 0.6 per cent in all camps. However, stunting and anaemia prevalence among children under five remains high in the three camps, above WHO standards of 40 per cent. In addition, anaemia among women of reproductive age (15-49 years) has generally decreased except for Congolese population where it is above the threshold of 40 per cent. High stunting and anaemia prevalence among children and women reflects the high stunting and anaemia levels in the countries of origin of the refugees, which UNICEF and partners will address through preventive interventions.

Health
UNICEF, in partnership with the Ministry of Health, TRCS and MSF supported routine polio and measles vaccinations reaching 35,401 refugee children (29,103 Burundians and 6,298 Congolese) through provision of vaccines, 1,126,200 syringes, 12,100 reconstitution syringes, 11,450 safety boxes and cold chain equipment. Children below one year who received a first dose of Measles were maintained at 98 per cent through the second dose via targeted immunization outreach in all refugee camp zones which are more than 5 km from health facilities (source: Standardized Expanded Nutrition Survey October 2018). 110 Health Information Teams (HITs) were trained in Community Integrated Management of Childhood Illnesses (IMCI) and thereafter conducted 2,518 household visits to identify unvaccinated children and link them with outreach services and health facilities.

[Graph showing Malaria cases, admission and deaths trends among under-five children Nyarugusu and Mtendeli camps]

The main cause of morbidity among under-fives, in 2018 was malaria at 33 per cent, followed by upper respiratory tract infection at 22 per cent, lower respiratory tract infection (LRTI) at 13 per cent, skin infections at four per cent and acute watery diarrhea (AWD) at three per cent. In 2018, there was a 20per cent (17,233) reduction in malaria cases compared to 2017 (see malaria trends graph left) due to strong measures put in place by UNICEF in collaboration with partners. To prevent malaria, UNICEF supported the health information teams (HITs) through daily engagement with the refugee community on preventive and early seeking behaviours against malaria, procured medical supplies such as 63,375 malaria rapid test kits, 2,400 Artesunate injections, 6,000 Quinine tablets for malaria treatment and distributed 7,080 long lasting insecticide treated nets (LLITNs) covering 81 per cent of malaria intermittent presumptive treatment (IPT) to pregnant women. In addressing other causes of morbidity, there was continued emphasis on timely health seeking behaviour and health education and hygiene promotion through household visits by the HITs. UNICEF procured antibiotics and 3,370 sachets of zinc and oral rehydration salts and distributed to communities and health facilities for treatment of acute watery diarrhea.

In response to increasing proportion of LRTI deaths among under-5s from 14 per cent in 2016 to 21 per cent in 2018, and in an effort to combat the four leading causes of under-5 mortality, UNICEF supported the TRC at Mtendeli and Nyarugusu camps to introduce emergency services at OPD in Health centres, mentored and trained 45 health care workers on help babies breathe and basic emergency obstetrics and newborn care (BeMONC). This resulted in an 80 per cent reduction of maternal deaths reported in 2018 compared to 2017. Additionally, the number of stillbirths reduced by 55 per cent compared to those reported in 2017. Lifesaving medicine and medical supplies, including: 2,000 iron and folic acid, 600 Ceftriaxone vials, 100 Benzyl penicillin, 7,700 Gentamicin 10mg vials and 755 Chloramphenicol vials were also procured and distributed in the health facilities in the camps. With increased risk of Ebola importation from DRC, UNICEF conducted training of trainers on Ebola risk communication to 32 regional and community health teams in Kigoma region, as well as supporting the development of preparedness and response plans for eight district councils in the region including those which serve as point-of-entry for refugees and host communities.

UNICEF, through the National Cholera Task Team led by the Ministry of Health, is supporting communities at risk and those affected through community education and awareness raising for the prevention and control of cholera through village and school meetings, local
media outlets and mobile outreach services. Public health law enforcement has been strengthened through environmental health officers with temporary closure of food vendors that are not in compliance with regulations. UNICEF trained and supported the mentorship of health workers in prevention and case management.

WASH

UNICEF worked in collaboration with WASH partners, Tanganyika Christian Refugee Services (TCRS), Norwegian Refugee Council (NRC) and Oxfam to support the provision of safe water, sanitation and hygiene services for over 200,000 refugees including children in schools, child friendly spaces and in health care facilities. For water supply, UNICEF supported with the procurement of one high capacity surface pump and two electrical submersible pumps for Nduta and Mtendeli camps as well as support with funding for installation of the same. Through this activity, the total amount of water supplied in the camps increased. For Mtendeli, support was also provided to procure pipes and plumbing accessories that were used to connect the new high capacity borehole and increased distribution system coverage. In Nyarugusu, high volume tanks were procured to increase the general camp water storage as well as pressure in the distribution system to reach all areas of the camp. The water supply in Mtendeli, previously below sphere standard, was increased, while in Nduta managed to reduce pumping hours that was causing frequent breakdown. Through this support, beneficiaries in the three camps are accessing water above the required minimum sphere standard of 15 litres per day.

As for sanitation, UNICEF worked with the WASH partners to support the increase of school WASH facilities and also community sanitation facilities. Through coordination with UNHCR, and to fill the critical gap in community sanitation that was observed in the fourth quarter, UNICEF through the WASH partner TCRS supported construction of 100 family shared latrines in Mtendeli camp where the situation was critical, as the existing latrines had filled up; causing a public health hazard. In schools, new sanitation facilities were constructed that are in-line with the school WASH guidelines. They include menstruation management rooms and also rooms for children with disabilities. The actions implemented in school WASH managed to reach 36,570 children in the three camps - 24,995 Burundians (12,879 girls; 12,116 boys) and 11,575 Congolese (6,205 girls; 5,370 boys). Through focus group discussions with school children, the children expressed satisfaction with the new facilities that have improved the learning environment, especially for girls due to the addition of menstrual hygiene facilities.

Interpersonal communication activities have been going on in the camps in tandem with the provision of water and sanitation services to ensure proper use to avoid outbreak of diseases. These activities are carried out through community meetings, house to house visits and through drama groups especially in schools where school clubs have been formed. Out of the camp, UNICEF continued to support the Kigoma region to enhance resilience through the development of the Regional Cholera Preparedness and Response Strategy and dissemination of the same within the region. In the camps, UNICEF worked with the WASH and health partners in conducting interpersonal communication on cholera prevention.

Education

UNICEF and partners have continued to ensure the provision of quality and equity based education to 109,317 refugee children (57,177 Burundian and 52,140 Congolese). The following table shows the school enrollment for Burundian and Congolese refugee children:

<table>
<thead>
<tr>
<th>SCHOLL ENROLLMENT FOR BURUNDIAN AND CONGOLESE REFUGEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congolesan</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pre-primary</td>
</tr>
<tr>
<td>Primary</td>
</tr>
<tr>
<td>Secondary</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

3 UNHCR enrollment data, November 2018
However, there has been reported cases of dropouts in the Burundian schools. A total of 2,282 boys and 2,805 girls dropped out of the Burundian primary schools and in secondary schools a total of 166 girls and 239 boys dropped out. The drop out of children is mainly due to the ongoing voluntary repatriation exercise, which resulted in a reduction of Burundian children enrolled in primary schools from 57,177 to 51,490 and a corresponding reduction in secondary enrolment from 1,915 to 1,510 children.

On the other hand, the enrolment of Congolese children has been on the increase due to the arrival of new refugees in January 2018 and the ongoing identification of unregistered children. UNHCR and partners are in the process of updating the enrolment registers and actual numbers will be reflected. Similarly, there have been reports of drop out in Congolese primary and secondary school levels possibly leading to a negative impact on total enrolment.

UNICEF supported the distribution of scholastic materials for both Congolese and Burundian pre- and primary schools benefitting 76,548 learners; 51,778 Burundians (including 25,675 girls) and 24,770 Congolese (including 12,321 girls). The UNICEF supported construction of 120 semi-permanent classrooms and ten latrines in Nduta Refugee camp has been completed and handedover to UNICEF and implementing partners (CARITAS & Save the children) was completed in November 2018. The classrooms will absorb up to 12,000 refugee learners. This will serve to decongest the already overcrowded classrooms and lessen the number of children studying under trees.

The National Examination Council of Tanzania (NECTA) with financial support from UNICEF has administered special examinations to Burundian refugee children in 2018. Out of 959 candidates who had registered for the exams, 921 students from Nduta (403 candidates), Mtendeli (159 candidates) and Nyarugusu (359 candidates) sat for the exams. Marking of the examinations is ongoing and final results and certification are expected to be released within early 2019.

The education sector continues to be affected with congested classrooms. As of November 2018, about 20,000 Burundian refugee children were taking classes underneath trees. There is a funding shortfall for procurement of education supplies and PCAs with implementing partners and also severe funding constraints for administration of the examinations. UNICEF and UNHCR continue to engage with NECTA and the Ministry of Education to realign planning and organization of refugee examinations into the national system to reduce cost.

Child Protection

During 2018, UNICEF’s priority for refugee children continued to focus on supporting Plan International and the International Rescue Committee (IRC) with case management, including rolling-out the cloud-based Child Protection Information Management System (also known as PRMERO), ensuring that children with acute protection concerns, such as unaccompanied minors and separated children (UASC), were identified, assessed, and placed with foster families. Despite voluntary repatriation, the number of UASC increased during the year from 7,065 in Jan/Feb, to 7,590 (3,374 female, 4,216 male) in November. The increase was attributed to the ongoing identification of unregistered children who arrived prior to the border closures. It has been estimated that there are over 850 unregistered children, many of whom reportedly arrived after the border closure.

With a view towards addressing prevention and response to violence, and general issues of safety and security, 1,494 adolescents (827 male; 667 female) successfully completed a one-month life skills programme in Nduta camp and Mtendeli. A further 753 parents/caregivers (578 male; 175 female) completed a one-month pilot training on positive parenting of adolescents, which, if successful, will be replicated in other locations. The majority of adolescents interviewed in Nduta camp reported improvements in their resilience and coping skills and many whose parents attended the positive parenting training reported an improvement in the way they were treated by their parents and caregivers after the training. Plan will continue to monitor and support adolescents, parents and caregivers who are still struggling with applying the new skills.

To support both case management for refugee children and bridge refugee and host community protection concerns, UNICEF negotiated with the government to embed nine social welfare officers (SWOs) in the three camps. The camp deployments build on the 2015/2016 best practice of deploying government trained SWOs for three-month intervals (a three-month period was identified as too short a duration to provide continuity of care). Through the Kigoma Joint Programme Violence Against Women and Children (KJP-VAWC) intervention, an additional seven SWOs have been placed in the four host communities, bringing the host communities SWOs to 12.

UNICEF is working with the Government to clarify terms of reference and reporting lines of the newly deployed SWOs in the refugee camps and in the hosting districts. However, minor operational constraints aside, the increase in SWOs both in an out of camp has
Communications for Development (C4D), Community Engagement and Accountability

In order to strengthen C4D interventions in the refugee camps, UNICEF deployed a C4D consultant in March 2018 to work under the overall leadership of UNHCR, in collaboration with the C4D sector working group. A rapid assessment on SBCC interventions in the camps was conducted in April 2018, to assess strengths and gaps in each programme, analyse existing/potential community engagement platforms and review the existing IEC materials. Findings from the report supported the establishment of mechanisms to coordinate SBCC interventions in the refugee camps, including harmonization of key communication messages, planning and implementation tools, as well as production and use of interpersonal communication/IEC materials. The report further recommended better planning of C4D interventions in sector programming including Health, WASH, Nutrition, Education, Child Protection and HIV/AIDS and Education. The report finds recommend the need to establish an interagency C4D/Social and Behaviour Change Communication Group (SBCC) currently coordinating development of the multi-sectoral package materials for community information teams (CITs). The package includes illustrative job aids, training materials, and guidelines.

A number of key achievements have been observed:

- Harmonization of messages through prioritization of key family practices as minimum package responding to sector issues based on the understanding of the refugee context.
- Final version of an illustrative job aid -flipchart translated into refugee local languages (Kirundi and Bembe) to be used by CITs during facilitation of dialogues to enable emotive interactions. The tool responds to shortages in supply of and use of non-contextualized IPC support materials in the camps.
- Final training materials for CITs. The materials aim at building CITs confidence on thematic knowledge and interpersonal communication skills.
- A final C4D strategic guidance note which includes M&E tools for planning, implementation, monitoring and reporting. These are checklists, templates and standards for CITs recruitment, training, placement and supervision.

C4D interventions in the refugee camps are conducted through CITs and community mobilizers which include: HITs, hygiene promotion teams (HPTs), child protection committees (CPCs) and case management teams (CMTs) reaching the refugee communities through interpersonal dialogue.

The table below indicates the number of refugees contacted by the CITs per sector in 2018:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
<th>Actual</th>
<th>Women</th>
<th>Children</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>900,240</td>
<td>695,640</td>
<td>431,297(62%)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Nutrition</td>
<td>292,516</td>
<td>251,563</td>
<td>173,578(69%)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>WASH</td>
<td>1,366,200</td>
<td>1,035,802</td>
<td>611,123(59%)</td>
<td>290,733</td>
<td>188,976(65%)</td>
</tr>
<tr>
<td>CP</td>
<td>NA</td>
<td>155,138</td>
<td>102,962(66%)</td>
<td>24,969</td>
<td>13,486(54%)</td>
</tr>
</tbody>
</table>

Communication key messages covered the following:

- Health: Increase community knowledge on prevention and seeking early treatment against malaria, pneumonia and diarrhea.
- Nutrition: Encourage community on improved infant and young children and maternal feeding practices, with more emphasis on use of affordable and locally available nutritious foods including proper use of food rations distributed to them.
- WASH: Promotion of hand washing at critical times, treatment or boil water from other water sources such as rain or river.
- Child Protection: Prevention and reporting of sexual exploitation and abuse including child labor, rapes, early pregnancies and marriages. Children were contacted with messages to avoid going alone to risk areas such as video halls, communal markets and stop begging for empty bottles from passerby and stealing money from parents/caregivers.

Following the threat of EBV in neighboring DRC, UNICEF in collaboration with TRCS conducted public awareness campaigns to raise awareness on the signs and symptoms of Ebola, prevention and early treatment, reaching 23,976 refugees. Over 8,000 posters and brochures with messages on malaria, EVD, child protection and cholera/diarrhea diseases have been distributed in Nyarugusu and Mtendeli camps by the CITs to reinforce key messages in the prevention of disease outbreaks. Furthermore, 170 flip charts with messages on child protection and cholera/diarrhea diseases have been distributed to CITs as work aids to stimulate the discussion during IPC sessions.

UNICEF supported training of 43 trainers of trainers (TOT) from eight councils in Kigoma region on EVD. This training was expanded to 1,174 (518 women) community change agents who were trained on EVD using the Story of Ebola and Ebola Prevention flipchart. The CCA further sensitized 3,547 (2,411 women) including school children, mothers attending maternal and child health clinics, youths and motorcycle riders. UNICEF participated in the assessment conducted in the refugee camps with partners (UNICEF, UNHCR, UNFPA and Medical Team International) in September 2018 to assess the readiness and preparedness to respond to EVD. UNICEF supported the camp based partners to develop Standard Operating Procedures (SOPs) for Ebola preparedness and response.

The district authorities in Kigoma along with the International Rescue Committee (IRC) and the TRC conducted training targeting refugees and communities in villages bordering the DRC on Ebola, awareness and early treatment seeking. UNICEF continued to engage with the Kigoma Region and District Councils Health management teams to improve hand washing facilities in 25 border entry points and 14 designated Ebola treatment centres with 39 pieces of 20 litre buckets, 96 pieces of multipurpose soap and 200 Ebola posters. UNICEF
UNICEF Tanzania Situation Report
Eastern and Southern Africa Regional Office hired a consultant to support the health promotion section in the Ministry of Health to finalise the EVD communication strategy, conduct a TOT on risk communication and community engagement for EVD and review key EVD messages.

All UNICEF staff were trained in key aspects of the prevention of sexual exploitation and abuse (PSEA) by senior UNICEF Child Protection staff. NGO partners in the camps are being trained in PSEA through combined efforts of UN agencies.

Media and External Communication
The Councilor from the Norwegian Embassy and Programme Manager from the Swedish Embassy visited Kigoma region from 1-3 October 2018. The aim of the visit was to assess progress of the donor supported interventions under the UN Kigoma Joint Programme which included the UNICEF’s Child Protection supported interventions in Kakonko district. Additionally, the donors visited WASH interventions in Nduta refugee camp to understand how their support would be extended to benefit host communities.

UNICEF participated in the high-level delegation of 11 European Union ambassadors who visited Kigoma region on 28-29 June 2018. The delegation was hosted by UNHCR and partners had an opportunity to discuss programmes and the challenges faced in the refugee response in North-western Tanzania.

A debriefing session on UNICEF supported interventions in the refugee programme as well as in the hosting districts was held with a delegation from Irish Aid to Kigoma region in March 2018. The mission assessed the ongoing support provided to the refugees and hosting districts in Kigoma and established potential areas of collaboration and support between UNICEF and Irish Aid. An integrated proposal for Health, HIV, Nutrition, Child Protection and Social Protection for scaling up synergetic community-based interventions to improve lives of the most vulnerable children, adolescent and women in Tanzania has been developed that includes hosting districts in Kigoma region.

Security and Safety
The security situation Kigoma deteriorated in the latter half of the year as a result of increased armed robbery on the road to and from the refugee camps. Police escorts for UN vehicles between the refugee camps were lifted around July/August 2018 but resumed from October 2018. The UNICEF Security Specialist visited the UNICEF Kibondo Sub Office to provide technical support on enhancing security at the office as well as for staff. Together with partners in the refugee response programme, UNICEF staff in Kibondo office participated in a series of workshops on security that were organized by the UN Department for Safety and Security (UNDSS) in the Kigoma region from 23-27 April 2018.

Funding
In line with the Regional Refugee Response Plans for influxes of refugees from Burundi and the DRC, UNICEF Tanzania’s appeal was USD6.69 million. At the beginning of 2018, UNICEF Tanzania had USD 910,025 carried-over from 2017 that sustained support to basic services in the camps. Additional funds were received from the CERF Secretariat in March 2018 to support the remaining needs for basic services for Child Protection, WASH, Health and Nutrition. UNICEF Tanzania has a remaining funding gap of 70 per cent to continue to effectively respond to the remaining needs across all sectors. Despite funding challenges, UNICEF optimized the use of its regular resources to sustain results gained and focus on few elements linked to the indicators responding only to critical needs.

UNICEF wishes to extend its sincere gratitude to CERF for providing emergency funding to the response. UNICEF also wishes to extend its sincere gratitude to One Fund (funded by Norway) and US Agency for International Development for providing other types of funding which has contributed in making a difference to the lives of the most vulnerable refugee children in Kigoma region.

Tanzania is in dire need of additional funds to address the mounting needs of refugee children who are affected by an inadequate number of schools, overstretched health and nutrition facilities as well as aging and overstretched WASH facilities in schools and protection services. Other UN agencies and NGOs are facing similar funding shortages. Continued predictable, flexible and timely donor support is critical to not only maintaining life-saving interventions but also to sustaining vital response activities and preventing further deterioration of the situation.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements Burundi RRRP</th>
<th>Requirements DRC RRRP</th>
<th>Total Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
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<tbody>
<tr>
<td></td>
<td>Funds Received Current Year</td>
<td>Carry-Over</td>
<td>$</td>
<td>%</td>
<td></td>
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<tr>
<td>WASH</td>
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<td>2,160,000 exactly</td>
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<td>Nutrition</td>
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<tr>
<td>Operational Support/Coordination</td>
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<td>150,000</td>
<td>616,000</td>
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<tr>
<td>Total</td>
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<td>2,030,000</td>
<td>6,690,000</td>
<td>910,625</td>
<td>4,704,006</td>
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</tbody>
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UNICEF Tanzania Facebook page: https://web.facebook.com/UNICEFTanzania/?fref=ts

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