



Tanzania Humanitarian Situation Report

HIGHLIGHTS

- UNICEF supported the vaccination of over 5,500 under-5 refugee children (966 Congolese; 4,576 Burundians) against polio and measles.
- Between July and August 2018, 7,541 unaccompanied and separated children have received child protection assistance from Plan International and the International Rescue Committee (IRC) through UNICEF support.
- A high-level visit of the UN Refugee Agency (UNHCR) Assistant High Commissioner for Protection took place in August focusing on voluntary repatriation and maintaining asylum space in Tanzania.

UNICEF's Response with Partners

	Burundian Refugees		Congolese Refugees		Total target Burundians and Congolese	Total results Burundians and Congolese
	UNICEF 2018 Target	Results to date*	UNICEF 2018 Target	Results to Date		
WASH: Refugees and host community members provided with safe water per agreed standards	131,250	162,619	54,103	41,204	185,353	203,823
Education: School-aged children including adolescents accessing quality education	95,000	59,092*	36,290	52,140	131,290	111,232
Health: Child under five years vaccinated against measles and polio	32,000	18,363	3,500	4,300	35,500	22,663
Nutrition: Children under 5 years with severe acute malnutrition (SAM) admitted to therapeutic services	2,104	1,154	459	259	2,563	1,413
Nutrition: Children under 5 provided with micronutrient supplementation	53,439	41,536	13,959	12,979	67,398	54,515
Child Protection: 100% of children identified (an estimated 7,000) with protection concerns, including unaccompanied and separated, supported with critical child protection services	5,500	5,863**	1,500	1,678	7,000	7,541

SITUATION IN NUMBERS

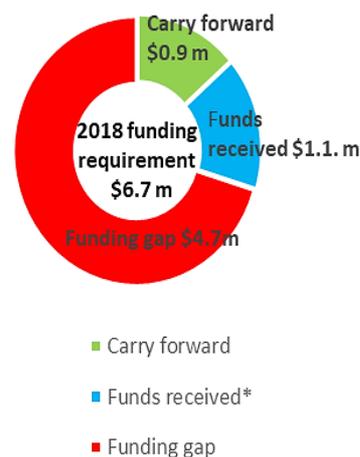
298,201
of refugees and asylum seekers, Burundians and Congolese, in three camps (UNHCR, 31 July 2018)

160,931 (54 per cent)
of refugee children requiring humanitarian assistance

59,604 (20 per cent)
of under 5 children living in the three refugee camps

44,075
of refugees voluntarily returned to Burundi of the **74,561** registered as of 17 August 2018

Funding Status



Cumulative results from January to August 2018.
*Enrolment data has reduced from previous report because of the ongoing voluntary repatriation of Burundian refugees.
**Increased number of Burundian UASC due to ongoing identification of unregistered children in the camps by Plan and IRC case workers

Situation Overview and Humanitarian Needs

Tanzania is hosting 340,669 refugees and asylum seekers (298,021 in camps) with the majority being from Burundi (213,875) and the Democratic Republic of Congo – DRC - (84,146) as reported in the latest UNHCR population update. Fifty-four per cent of the refugee population are children, and more than 7,500 are unaccompanied and separated children (2,881 and 4,660 respectively). Refugees in Tanzania are hosted in three camps (Nyarugusu, Mtendeli and Nduta) all of which are overcrowded. The camps have a limited number of classrooms, health and nutrition facilities are overstretched and WASH facilities in schools and in Child Friendly Spaces (CFS) are overwhelmed. Malaria is the leading cause of morbidity, accounting for 30 per cent of all outpatient visits in camp health facilities during this reporting period.

Between July and August 2018, there were no additional refugee arrivals from DRC or Burundi. In addition, there has been a 55 per cent increase in the number of refugees signing up for voluntary return to Burundi from the first quarter of 2018 to 31 July 2018. This might have been due to public meetings conducted by the local government authorities with refugees, United Nations (UN) agencies, international and non-governmental organizations and the Ministry of Home Affairs (MHA) in Kigoma from 25-27 July 2018 in which government authorities promoted voluntary return of Burundian refugees. The UNHCR Assistant High Commissioner for Protection, Mr. Volker Türk, completed his four-day visit (13-16 August 2018) in Tanzania emphasizing that freedom of choice is paramount in every refugee's decision to return to his/her home country. From September 2017 to July 2018, 40,287 refugees have returned, 27,183 in 2018.

Despite the lack of new arrivals over the past two months, the contexts in the DRC and Burundi remain volatile with the likelihood that new influxes could spill into Tanzania during the remainder of 2018. The security situation in the DRC is fragile due to ongoing clashes causing large internal displacements which may be heightened by the upcoming Presidential election planned towards year-end. Even without counting new arrivals, the refugee population continues to grow, with up to 1,000 babies born each month across the three camps.

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 via the UN Kigoma Joint Programme (UN KJP) and the 2016-2021 United Nations Assistance Development Plan 11. UNICEF participated 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/incorporate the host communities into the existing local government structures to ensure ownership and sustainability.

According to the Ministry of Health and the World Health Organization (WHO), new cases of cholera emerged from Ngorongoro, Monduli and Longido districts in Arusha region; Momba district in Songwe region and Sumbawanga district in Rukwa region. Cumulatively, a total of 32,283 cases including 534 deaths have been reported since the beginning of the outbreak in August 2015. Of these, a total of 3,467 cases and 66 deaths (case fatality rate – CFR - 1.9 per cent) have been reported in 2018. UNICEF through the National Cholera Task Team is supporting communities at risk and those affected through community education and awareness raising regarding prevention and control of cholera through village and school meetings and local media outlets. 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 also supports training and mentorship of health workers in case management.

Following the recently reported Ebola Virus Disease (EVD) outbreak in the eastern part of the DRC, Tanzania has intensified its preparedness measures and has installed thermo scanners in all ports of entry along the borders with the DRC. International airports of Dar es Salaam, Kilimanjaro 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 regions at risk: Kigoma, Kagera, Katavi, Mwanza, Rukwa and Songwe. Contingency supplies have been provided to Kigoma, Kagera, Katavi, Rukwa and Songwe regions to support the health teams. Community awareness and sensitization on the potential threat of the 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. UNICEF participated in the joint assessment visits to the ports of entry in Kigoma conducted by the Ministry of Health - Ebola task force team and RHMT which also conducted a capacity and gaps analysis in the five regions at risk.

Estimated Population in Need of Humanitarian Assistance in the three camps (Estimates calculated based on initial figures from UNHCR statistics report, 31 July 2018)			
Start of humanitarian response:			
	Total	Male	Female
Total Refugee Population	298,021	151,991	146,030
Children (Under 18)	160,931	82,075	78,856
Children (Under 5)	61,604	31,252	30,352
Pregnant and lactating women	11,921	N/A	11,921

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. UNICEF is leading in two outcomes of the Kigoma Joint Programme: (1) Violence against Women and Children (VAWC) and (2) WASH. UNICEF is also part of the outcome related to empowering adolescent girls through education.

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 of a comprehensive case 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 (SAM) is supported, as well as the promotion of infant and young child feeding 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 children in other regions across key development indicators, while also being impacted by decades of refugee influxes.

Summary Analysis of Programme Response

Nutrition

Between July and August 2018, UNICEF in collaboration with the Tanzania Red Cross Society (TRCS) and “Médecins Sans Frontières” (MSF) provided routine Vitamin A supplementation to 278 Burundian refugee children aged 6-59 months. In addition, 162 refugee children (89 Burundian/73 Congolese) with 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 3 per cent).

UNICEF, UNHCR and the World Food Programme (WFP) have planned to conduct a joint Standardized Expanded Nutrition Survey (SENS) in September 2018 in all three refugee camps to determine the nutrition and health status of refugees in order to monitor the situation and establish the wider causes of malnutrition in the camps for better response planning.

Health

Over 5,500 refugee children under the age of 5 (966 Congolese/4,576 Burundians) were vaccinated against polio and measles during the reporting period. This was achieved through UNICEF-supported immunization outreach in refugee communities which are more than five kilometres from nearby health facilities. Over 16,000 refugee parents were reached with messages on the importance of immunizing their children through household visits. In commemoration of the World Breastfeeding Week, UNICEF supported partners with community sensitization on the importance of exclusive breast feeding reaching 19,204 refugees at health facilities and community levels.

Between July and August 2018, UNICEF supported TRCS with the procurement of life-saving antibiotics and medical supplies. To ensure quality maternal and child health services, UNICEF supported TRCS to recruit and orient 94 health care workers to fill the vacant posts of health staff in Nyarugusu and Mtendeli camps who resigned to join government health facilities.

In response to high morbidity caused by malaria (36 per cent), UNICEF supported the distribution of 2,080 long lasting insecticide-treated mosquito nets to 2,080 pregnant women at antenatal care clinics in Mtendeli and Nyarugusu. UNICEF supported Health Information Teams (HITs) to distribute 1,000 oral rehydration sachets with zinc to children under-5 with diarrhoea to mitigate the impact of recurring diarrhoea cases in the refugee camps.

WASH

UNICEF, in collaboration with partners, continued to support the provision of safe water, sanitation and hygiene services for refugees including children in schools, Child Friendly Spaces and in health care facilities. Despite limited funding (80 per cent funding gap) as at the end of the reporting period, the planned target has been exceeded (203,823 achieved vs 185,353 planned). This is due to funding received from the Central Emergency Response Fund (CERF) that was made available for water activities as well as the use of pre-positioned WASH supplies (menstrual hygiene management - MHM - kits, buckets, chlorine tablets, information, education and communication materials and plastic sheeting) from Ngaraganza warehouse. The interpersonal communication activities such as mass cleaning campaigns, hygiene promotion through household visits and training implemented in all camps through CERF funding have also helped to reach a large number of beneficiaries. During the reporting period, UNICEF in partnership with Tanganyika Christian Refugee Services, Norwegian Refugee Council and Oxfam, supported the provision of water and sanitation facilities in schools reaching 36,075 children; 24,995 Burundians (12,879 girls; 12,116 boys) and 11,080 Congolese (6,205 girls; 4,875 boys).

In Mtendeli camp, all planned activities have been completed with generous funding from CERF. These included construction of two blocks of school latrines equipped with handwashing slabs and construction of nine tap-stands. In Nduta and Nyarugusu, UNICEF's WASH-supported activities are progressing well with the installation of storage tanks and construction of one block of school latrines in Nyarugusu and Nduta respectively. In Nyarugusu, a total of 19,591 children; 8,511 Burundians (4,039 boys and 4,472 girls) and 11,080 Congolese (6,205 girls and 4,875 boys) were reached while in Mtendeli, a total of 16,484 Burundian refugee children (8,077 boys and 8,407 girls) were reached.

Water supply services to all refugee camps have been maintained to the recommended SPHERE standards and in line with UNHCR guidelines: Mtendeli with 20 litres/person/day (lpd), Nduta with 25 lpd and Nyarugusu with 22 lpd. However, the sanitation situation has continued to be a major challenge due to lack of sufficient plastic sheeting and funding. The hygiene services in schools, especially provision of MHM kits, hygiene kits and general cleaning facilities in all camps remain underserved.

No cholera cases were reported in Kigoma region during the reporting period, though across the country, cholera cases have continued to be reported; 32,283 cases and 534 deaths (CFR 1.65 per cent) have been reported to date since the beginning of the outbreak in August 2015. Nevertheless, UNICEF continued to support the Kigoma region to enhance its resilience through implementation of the Kigoma Regional Cholera Preparedness and Response Strategy.

Education

UNICEF and partners continued to ensure the provision of quality and equity based education to Burundian and Congolese children in the three refugee camps. During the reporting period, there was a reduction in the number of pupils enrolled in Burundian schools from 70,235 in the first half of the year to 59,092 because of the ongoing voluntary repatriation. On the other hand, the number of pupils enrolled in the Congolese schools increased by 16,660 following the ongoing validation of enrolment data by UNHCR and MHA.

According to figures presented by UNHCR dated June 2018, the school age population (3-18) for Burundian refugees was 97,931 (including 48,040 girls). Enrolment for pre-primary and primary was 57,177 (including 28,667 girls) while for secondary schools it was 1,915 (including 554 girls). The Congolese school age population currently stands at 52,140 (including 25,873 girls). The gap in enrolment of Burundians is linked to lack of adequate classrooms and teachers. In addition, families may have opted not to start enrolment in the camps if they are slated to return home very soon.

The UNICEF-supported construction of 120 semi-permanent classrooms including WASH facilities in Nduta camp is going well with 80 per cent of the activities completed. The work is expected to be handed over to the Government before end of October 2018 so that children and teachers can move from tents and open space to semi-permanent classrooms before the rains start. The implementing partners have conducted a needs assessment to determine the materials and supplies required to equip the classrooms, including desks, chairs, blackboards, etc. UNICEF is mobilizing funds through a funding proposal to ECHO to support up to 40 per cent of the needs. UNICEF will also procure scholastic materials which will be provided to the new schools when they open.

UNICEF is moving forward with plans to support the National Examination Council of Tanzania to administer equivalent national exams for Burundian children in September 2018 expected to cover 957 school children in all the camps.

Child Protection

UNICEF's programming priority continues to be ensuring children with acute protection concerns are identified and have access to case management, including ensuring establishment of the cloud-based Child Protection Management Information System, with violence prevention activities contingent upon availability of funding. Between July and August 2018, a total of 7,541 unaccompanied and separated children (UASC) comprising of 3,348 girls and 4,193 boys, have received child protection assistance from Plan International and IRC through UNICEF support. The increase in number of unaccompanied and separated refugee children reached, 7,464 (3,412 girls; 4,052 boys) reported in June 2018, particularly Burundian, is due to the ongoing identification of unregistered children in the camps by Plan and IRC case workers, and not due to new arrivals to the camps as there were no new arrivals during this period.

With a view towards addressing prevention and response to violence, and general issues of safety and security, a total of 707 adolescents (284 male; 423 female) have successfully completed a one-month life skills programme in Nduta camp. A further 657 parents/caregivers (240 male; 417 female) have completed a one-month pilot training on positive parenting of adolescents, which, if successful, will be replicated. Plan is currently registering the second round of adolescents in Mtendeli camp.

UNICEF continues to engage in the Kigoma region through the UN Kigoma Joint Programme via the Violence Against Women and Children theme. With the investment in child protection systems in four districts, including the introduction of the new National Plan of Action to End Violence Against Women and Children in Tanzania 2017/2018-2021/2022 (NPA-VAWC) coordination guidelines, the number of children receiving case management support escalated rapidly from 122 prior to start up in one district, to 689 (299 girls; 390 boys) a year later (including 118 placed with 56 fit families).

Communications for Development (C4D), Community Engagement and Accountability

Monthly geospatial mapping reports currently piloted by UNHCR in Mtendeli camp on malaria and watery diarrhoea diseases indicated that all 10 zones in the camps had malaria cases ranging from 254 to 466 per zone between July and August 2018. There were only three cases of watery diarrhoea from three zones. Based on the report findings, the HITs disseminated messages to the refugee communities on malaria prevention in all zones during the reporting period. A total of 29,047 refugees were reached (18,216 female; 10,831 male). UNHCR is planning to include pneumonia in the mapping and scale it up to Nyarugusu camp. The geospatial mapping helps HITs target hot spots with specific messages on prevention and care seeking behaviour.

There has been a significant decrease in hygiene promotion teams (HPTs) from the initial 348 in three camps to 246 as a result of ongoing voluntary repatriation, as well as budget constraints by some partners to be able to maintain the same number of HPTs.

Breastfeeding week was commemorated for two weeks in all camps from 1 to 17 August 2018, with emphasis on exclusive breastfeeding and timely complementary feeding. A total of 18,864 refugee contacts were reached; 14,412 women and 4,452 men. Communication messages on breastfeeding were prioritized to increase community emphasis on optimal breastfeeding and timely complementary feeding.

Under UNHCR leadership and with UNICEF technical support, an inter-agency work plan for harmonization of C4D interventions in the camps was developed. This aims at developing a strategic C4D planning and implementation guide that includes standard operating procedures (SOPs), key communication messages, minimum standards, as well as templates and checklists for planning and implementation of Education, Health, Nutrition, Child Protection, WASH and Adolescent Sexual and Reproductive Health interventions.

Media and External Communication

The UNHCR Assistant High Commissioner for Protection, Mr. Volker Türk, other senior officials of UNHCR and the Government, completed a high-level visit on 13 to 16 August 2018 to review the situation of the camps and the process of voluntary repatriation. During his visit, Mr. Türk met with Government authorities, heads of UN Agencies, donors, and NGO partners. He conveyed UNHCR's gratitude for the Government of Tanzania's commitment to refugee protection and long-standing generosity towards those fleeing conflict and persecution as well as emphasizing that freedom of choice is paramount in every refugee's decision to return to his/her home country.

Funding

Tanzania's 2018 response is part of the Regional Refugee Response Plans (RRRP) for influxes from Burundi and the DRC appealing for US\$ 4,660,000 and US\$ 2,030,000 respectively. At the start of the year, UNICEF had US\$ 910,625 carried-over from 2017 that has allowed continued support to basic services in the camps. In March 2018, UNICEF received US\$ 1,075,369 from CERF to support needs in Child Protection, WASH, Health and Nutrition. These available funds leave an unfunded gap of 70 per cent of the required amount creating major limitations in the capacities to respond to the immediate acute needs of refugee children across all sectors.

UNICEF is grateful to donors, including CERF, that have contributed in making a difference to the lives of the most vulnerable refugee children in Kigoma region which is a largely forgotten and underfunded refugee crisis. Tanzania requires additional funds to address the enormous needs of refugee children who are affected by overstretched services for education, health, nutrition, WASH and child protection. Sister UN agencies and NGOs are facing similar severe funding shortages. Timely donor support is critical to scaling up the response to meet the remaining critical humanitarian needs of refugee children in Tanzania.

Appeal Sector	Requirements Burundi RRRP	Requirements DRC RRRP	Total Requirements	Funds available		Funding gap	
				Funds Received Current Year	Carry-Over	\$	%
WASH	1,620,000	540,000	2,160,000	421,000	15,597	1,723,403	80
Education	1,107,000	400,000	1,507,000	0	520,706	986,294	65
Health	540,000	400,000	940,000	243,991	113,077	582,932	62
Nutrition	450,000	140,000	590,000	131,380	0	458,620	78
Child Protection	477,000	400,000	877,000	278,998	128,673	469,329	54
Operational Support/Coordination	466,000	150,000	616,000	0	132,572	483,428	78
Total	4,660,000	2,030,000	6,690,000	1,075,369	910,625	4,704,006	70

Next SitRep: 31 October 2018

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