



UNICEF/2016/Carr

Tanzania

Humanitarian Situation Report



SITUATION IN NUMBERS

Key Figures

191,626

New refugee arrivals from Burundi and DRC (plus births) since May 2015 (UNHCR 27 November 2016)

253,384

Total refugees in Tanzania from Burundi and DRC - combined old and new caseloads (UNHCR 27 November 2016)

109,161

Refugee children (0 – 17 years of age) (UNHCR 27 November 2016)

Highlights

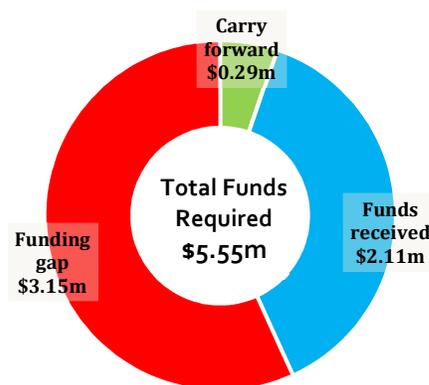
- The rate of refugee arrivals per day from both Burundi and DRC remained the same as last reporting period with influxes ranging between 250 and 776 per day. Lack of a fourth camp location continues to overstretch the three established camps.
- Prevention and rapid response to cholera cases outside the camps has stemmed further spread.
- Much needed school supplies have arrived and plans to hold national exams in the camps are underway.

UNICEF’s Response with Partners (as of end November 2016)

	UNICEF Target	UNICEF Results to date
WASH		
People provided with safe water (7.5-15 litres per person per day)	60,000	65,000
HEALTH		
Children immunized against measles and polio	12,000	24,245 = Measles* 25,113 = Polio*
NUTRITION		
Children under 5 years suffering from SAM admitted to therapeutic feeding programmes	2,860	765
Children under 5 years provided with vitamin A supplementation	55,000	45,200
EDUCATION		
School-aged children including pre-school age and adolescents have access to basic quality education (including through temporary structures)	50,000	54,257
CHILD PROTECTION		
4,000 most vulnerable children, including unaccompanied and separated children, provided with case management services	4,000	2,971

*Due to additional refugee influx and births the total US population is higher than the original projection.

Funding Status



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

Situation Overview and Humanitarian Needs

During October and November, 21,624 new refugees from Burundi and DRC crossed into Tanzania (see figure 1 below). This is similar to the influx rate during August and September. However, preliminary figures from December indicate the rate of increase has further slowed during the holiday period. Nonetheless, the daily flow of refugees places a constant strain on already overstretched resources. All three refugee camps are beyond their intended capacity and the delays in finding a suitable fourth camp site is leading to overcrowding and stretching of resources, particularly for water and space for temporary schools. The decision to place all new refugee arrivals in Nduta camp means the camp is being rapidly expanded, including into areas where topography and geology is not ideal for digging of latrines and drainage.

The refugee population is young with children comprising 57% of the population and children under five comprising one-fifth of the entire population of new arrivals. Even without new refugee arrivals, the population continues to grow with 5,523 babies born in the camps in the past 21 months. This young population requires shelter, food, health care, safe water and sanitation, protection, schools and recreation.

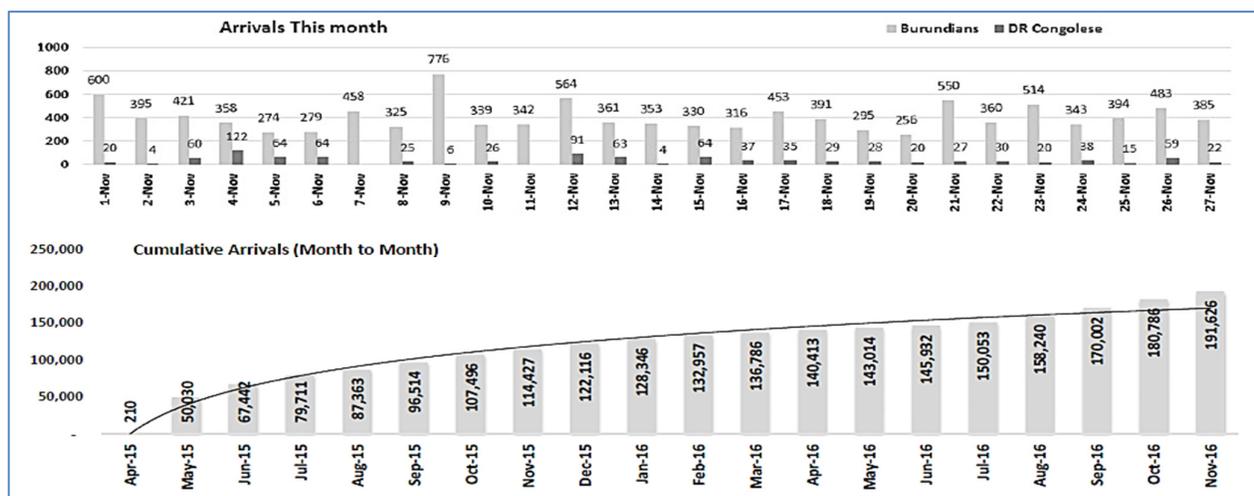


Figure 1: Daily and monthly arrival trends (source: UNHCR update 27 November 2016)

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 inter-agency response linkages between all three 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 severe acute malnutrition (SAM) cases and through the provision of vitamin A supplementation for children under five. 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 WASH 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



New handwashing station and latrines have replaced makeshift latrines in refugee schools. UNICEF/2016/Kiagho

WASH

UNICEF continued to support the renovation of temporary latrines in schools and in Child Friendly Spaces into semi-permanent structures in two of the three camps. 460 latrines with handwashing facilities are at 65 percent completion in the camps with the main delays coming from the need to work around underlying bedrock that had stalled digging pits in some areas.

In addition, over the past two months, the construction of more permanent latrine blocks for boys and girls (with disabled rooms and MHM) with 24 drop holes was completed in the third camp,

Mtendeli. The remaining two blocks are at final stages of completion. Installation of two 5,000 litre water storage tanks in two schools and water connection to handwashing facilities, units for children with special needs and MHM rooms, were completed in two more latrine blocks. Construction of two drinking water stations/group handwashing points with six taps (each in 2 schools) has also been completed.

Improvement of water supply systems at Nyarugusu and Nduta camps was a significant achievement over the past two months. UNICEF provided a surface pump that OXFAM installed in Nduta camp which stabilized water supply at 23 litres/person/day. UNICEF also provided a 50KVA generator and submersible pumps were installed boosting daily pumping capacity by over 590,000 litres per day, this has led to 10 to 20 percent overall boost in water output in two camps.

UNICEF supported host community interventions on cholera awareness and sensitization through the Tanzania Red Cross Society (TRCS). Through TRCS, UNICEF provided support in eight additional front line villages that are prone to seasonal cholera outbreaks along the Lake Tanganyika. So far, TRCS managed to distribute 1,402,410 water guard tablets to 17,030 households, an average of 90 tablets per households. TRCS trained 100 volunteers and households on the use of the chemicals, and conducted awareness and sensitization campaigns through its volunteer network. House to house hygiene promotion and education messages on cholera prevention were disseminated, including practical training, on preparation of ORS for first aid to save patients' before getting medical care in the health facility. In October, some new cases of cholera were suspected in a village near the shores of Lake Tanganyika and UNICEF supported TRCS with 90,000 water treatment tablets. To boost the local response, UNICEF increased its support to the isolation centre staff by providing buckets, heavy duty gloves and gumboots. By mid-November, the cholera outbreak was contained after affecting 26 people, including three deaths.

Education

Camp based schools continued during this reporting period following the opening of the academic year (2016/17). Additional scholastic materials from UNICEF arrived and all schools in all three camps of Nyarugusu, Nduta and Mtendeli are now in full operation after further distribution of supplies. Identification and enrolment of new refugee arrivals continued over the past two months bringing the total number of school aged (3-18 years) Burundian refugee children to 54,257.

UNICEF and UNHCR continued national level engagement with the Tanzania Ministry of Education and Vocational Training regarding oversight of final examinations for 1,500 Burundian refugee children in grade 9 and 10. The National Examinations Council for Tanzania (NECTA) has confirmed their willingness to administer the examination in early February, 2017. UNICEF has, in collaboration with NECTA, started field level preparations for examinations, including intensive classes and support to teachers as well as planning of logistics. The education program is experiencing a shortage of reference materials, especially for the first grade in secondary education following to the change of the Burundian curriculum. To address this problem, teachers received orientations and materials to facilitate the re-structuring of lesson plans. Consolidated school supply needs from all three camps have been prepared for subsequent UNICEF supply planning.



Refugee children with UNICEF schoolbags sing during visit by a delegation of Nordic donors. UNICEF/2016/Kiagho

Health

Antenatal clinic services are offered in all health posts, including in the main hospitals in all camps. The proportion of first ANC visits made under the first trimester is still very low (33%) as most women make late ANC appointment bookings. However, in the second trimester, overall ANC attendance is high at 99%.

Over the past two months coverage of vaccination was generally low at 40.5% of refugee children fully vaccinated. This is linked to shortages of measles-rubella (MR) vaccine in all three camps. This shortage was a national problem where the country experienced vaccine stock-outs for about four weeks. UNICEF worked closely with Government at the national level and 15,000 doses of vaccines arrived in the country in late November, and catch up campaigns are currently underway.

The total number of newborn deliveries continues to increase, in the months of October/November alone a total of 876 newborn deliveries were conducted. Most of these deliveries took place in health facilities and were assisted by skilled birth providers. The proportion of caesarean sections was 10% and no maternal deaths were reported in all camps. However, the proportion of low birth weight has been increasing, indicating a need to improve nutrition and health status of pregnant women.

There has been a significant reduction in maternal mortality in all camps as compared to reported figures reported last year. Up to November 2016, three maternal deaths have been reported as compared to seven deaths reported last year. This reduction on maternal mortality has been attributed by the following measures:

1. The number of women who seek ANC at least four times has increased from 70% in 2015 to 77% in 2016.
 - a. The Majority of mothers are now informed on the signs of pregnancy complications.
2. Decrease of home deliveries. Most deliveries are conducted in health facilities (97%) by skilled birth attendants.
3. Health care workers have been given training on emergency obstetric care and how to handle obstetric emergencies.
4. Easy referral mechanisms of obstetric emergencies within the camps (from health posts to main hospitals) and outside to District or Regional hospital boosted by UNICEF provision of ambulances to nearby referral hospitals.

There has been an increase in the number of neonatal deaths, mainly at Nyarugusu camp, as compared to other camps. Generally neonatal mortality accounts for 42% of under-five mortality. This is mainly attributed to the following factors:

1. High number of low birth weight (LBW) babies. LBW deliveries account for 8% of all deliveries. There are no facilities for providing care to LBW babies and there is a lack of skills among health care providers as LBW babies have special needs with regards to thermal control, feeding, breathing and they are at risk of infections.
2. Increase in neonatal sepsis as a result of congestion in postnatal wards mainly at Nyarugusu hospital.

UNICEF has increased support to reduce neonatal mortality by supplying neonatal resuscitation tables with accessories to all labour wards as well as refresher training for obstetric staff and caregivers.

During this reporting period, nutritional screening (MUAC) continued in the reception centres for new arrivals. Over the past two months 286 additional cases of moderate acute malnutrition (MAM) were identified as well as 186 cases of SAM. These new cases remain below the emergency threshold for this size population. UNICEF provides all required nutrition supplies for all SAM cases in the camps, including those with complications in the ambulatory care centre in Nyarugusu Camp while WFP supports MAM cases.

Child Protection

Up to 9,000 children per week continue to attend UNICEF supported child friendly spaces (CFS) which provide a safe environment where children can play sports, engage in art therapy, socialize and participate in cultural activities. A team of government social welfare officers continues to work with NGO partners to identify and refer vulnerable refugee children to child protection services in the camps. Over 2,970 refugee children have been referred to case management and child protection services this year.

Funding

The overall response from donor's remains low meeting just 40% of the total 2016 humanitarian requirements across all UN agencies and NGO budgets, with UNICEF's portion currently funded at 43%. A large 23 person delegation of donors from the 5 Nordic countries visited the camps in November as part of an overall visit to assess the collaborative work and results of UN agencies in Tanzania. The refugee camp visit presented an opportunity to demonstrate visible results due to the joint work of UN agencies across all sectors.

Sector	Required (US\$)	Received (US\$) ¹	Funding gap	
			US\$	%
WASH	1,000,000	950,000	50,000	5
Education	1,100,000	355,000	745,000	68
Health and Nutrition	2,200,000	606,264	1,593,736	72
Child Protection	850,000	415,000	435,000	51
Logistics	400,000	72,295	327,705	82
Total	5,550,000	2,398,559	3,151,441	57%

Next SitRep: 31 January 2017

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¹ Includes US\$ 290,296 carried forward from 2015.