UNICEF and partners provided Vitamin A supplementation to 38,660 refugee children (26,235 Burundians and 12,425 Congolese) aged 6-59 months during routine and bi-annual campaigns. Furthermore, 1,251 children with severe acute malnutrition were treated with a cure rate of 88 per cent.

UNICEF supported the vaccination of 17,121 refugee children (13,787 Burundians and 3,334 Congolese) against measles and polio to contain childhood illnesses.

To strengthen child protection case management in hosting districts and in the refugee camps, UNICEF supported the Government to deploy 16 social welfare officers, 9 of whom are embedded in the refugee camps and the rest in a key refugee hosting district.

With support from UNICEF, over 100,000 Burundian and Congolese refugee children have been enrolled in pre- and primary schools.

UNICEF has supported the provision of safe water, sanitation and key messages on hygiene practices for 167,748 refugees in the three camps.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Area</th>
<th>Burundian Refugees</th>
<th>Congolese Refugees</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH: Refugees and host community members provided with safe water per agreed standards</td>
<td>131,250</td>
<td>137,624</td>
</tr>
<tr>
<td>Education: School-aged children including adolescents accessing quality education</td>
<td>95,000</td>
<td>70235*</td>
</tr>
<tr>
<td>Health: Child under five years vaccinated against measles and polio</td>
<td>32,000</td>
<td>13,787</td>
</tr>
<tr>
<td>Nutrition: Children under 5 years with severe acute malnutrition (SAM) admitted to therapeutic services</td>
<td>2104</td>
<td>1,065</td>
</tr>
<tr>
<td>Nutrition: Children under 5 provided with micronutrient supplementation</td>
<td>53,439</td>
<td>26,235</td>
</tr>
<tr>
<td>Child Protection: 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>5,786</td>
</tr>
</tbody>
</table>

Results to date*:

- Burundian Refugees: 54,103
- Congolese Refugees: 35,480
- Total target: 185,353
- Total results: 167,748

*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 June 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.
Tanzania is hosting 349,038 refugees and asylum seekers (306,392 in camps) with the majority being from Burundi (264,465) and the Democratic Republic of Congo (84,573) as reported in the UNHCR 31 May 2018 population update. Fifty-four per cent of the refugee population are children under 18 years, and more than 7,000 are unaccompanied and separated children. Refugees in Tanzania are hosted in three camps (Nyarugusu, Mendelevi and Nduta) all of which are overcrowded. The camps have an inadequate number of schools, 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 36 per cent of all out-patient visits in camp health facilities.

No new asylum seekers have been received from Burundi in 2018, but there was a surge in the number of asylum seekers from the Democratic Republic of Congo (DRC) arriving in Tanzania in January 2018. The total number of new Congolese arrivals so far in 2018 is 1,769. Of this number, 543 were new arrivals from December 2017 that were only cleared for registration in January 2018. Under the coordination of UNHCR, UNICEF has been part of the revision and updating of the Contingency Plan for the potential new influxes from DRC in light of the Presidential elections scheduled for end of 2018, with a planning figure of additional 25,000 new refugees making a total of 107,000 refugees by 31 December 2018.

The socio-political situation in Burundi remains tense and unpredictable, and with large internal displacements in the DRC, new influxes could spill into Tanzania in 2018. 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 effort is 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 United Nations (UN) joint programme.

From January to 24 June 2018, Tanzania has had 2,722 cases of cholera with 57 deaths (CFR 2.1 per cent) reported in nine regions namely: Morogoro, Iringa, Kigoma, Dodoma, Arusha, Rukwa, Manyara, Songwe and Ruvuma. Out of these, 163 cases and 2 deaths were reported in Kigoma region which experiences frequent cholera outbreaks posing a major threat in the refugee camps and host communities. Some suspected cholera cases were reported from the new asylum seekers arriving from DRC in April 2018, over 100 cholera cases were reported in a nearby military training camp; these outbreaks were contained. The UNICEF Field Office in Kibondo continues to work closely with the Regional and District Health Management Teams to ensure that control and prevention efforts in nearby districts and in the camps are strengthened to prevent further outbreaks and reduce spread.

The refugee response is experiencing reduced food rations ranging between 50 and 70 per cent of the full basket due to low funding levels to WFP since August 2017. The general food basket was increased from 73 per cent in January to 78 per cent in June 2018 while cereals were provided at 100 per cent. However, supplementary food rations for people with special needs continues at 100 per cent since last year. The reduced rations have been linked to negative coping skills including; truancy in schools, child labour in neighbouring farms, theft of supplies and selling of non-food relief items. The proxy global acute malnutrition (GAM) identified through the integrated nutrition screening in June 2018 shows that the situation is not yet at alert stage as the GAM is within the threshold of the international SPHERE standard.

In response to the Ebola outbreak in DRC, the regional government in Kigoma has intensified its preparedness measures through training of Regional and Community Health Management Teams and partners from all the districts on early detection and reporting. In addition, district authorities along with the International Rescue Committee (IRC) and the Tanzania Red Cross Society (TRCS) conducted trainings to the refugees and communities in villages bordering the DRC on Ebola and the importance of timely presentation to health facilities once they experience some signs and symptoms of the disease. The Regional and District Health Management Teams intensified their preparedness levels through procurement of thermoscanners for all potential entry points in the Kigoma region.

Voluntary repatriation of Burundian refugees continued in 2018 and a tripartite meeting took place in March re-committing to voluntary repatriation with the two governments of Burundi and Tanzania agreeing to accelerate the process to two convoys per week (with up to 1,000 returnees per convoy). A total of 21,171 refugees have been repatriated between January and June 2018 bringing to 33,153 the number of refugees who have been repatriated since the process began in September 2017 out of 58,464 who expressed interest to return. On 29 March, two (of eight) buses in a voluntary repatriation convoy of Burundian refugees were involved in an accident while travelling from Nduta Refugee Camp to Ngozi Province in Burundi. The tragic accident happened near Ngara town in Kagera Region leaving 34 people injured and 8 dead, including 6 Burundian refugees, 1 staff from the International Organization for Migration (IOM) and 1 Tanzanian national. Voluntary repatriation was paused for three weeks and procedures to ensure safety and order were reviewed. A validation of the numbers of refugees in all the camps is ongoing, pending a verification exercise that has been postponed until end of the year. This will improve planning of services, food rations as well as relief items.

UNICEF is also part of the UN Kigoma Joint Programme which is an area based initiative under the overall coordination of the UN Resident Coordinator. The UN Resident Coordinator’s Office coordinates the Kigoma Joint Programme at national and field level ensuring that UN agencies undertake a coordinated effort to address development gaps in districts that host refugees.

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### Estimated Population in Need of Humanitarian Assistance in the three camps

*(Estimates calculated based on initial figures from UNHCR statistics report, 31 May 2018)*

<table>
<thead>
<tr>
<th>Start of humanitarian response:</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Refugee Population</td>
<td>306,392</td>
<td>156,260</td>
<td>150,132</td>
</tr>
<tr>
<td>Children (Under 18)</td>
<td>168,516</td>
<td>85,943</td>
<td>82,573</td>
</tr>
<tr>
<td>Children (Under 5)</td>
<td>61,278</td>
<td>31,252</td>
<td>30,026</td>
</tr>
<tr>
<td>Pregnant and lactating women</td>
<td>12,256</td>
<td>N/A</td>
<td>12,256</td>
</tr>
</tbody>
</table>
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 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. A proposal to add elements of health and nutrition into the programme is under discussion.

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 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 children in other regions across key development indicators, while also being impacted by decades of refugee influxes.

**Summary Analysis of Programme Response**

**Nutrition**

Between January and June 2018, UNICEF in collaboration with TRCS and Medecins Sans Frontiers (MSF) provided Vitamin A supplementation to 26,235 Burundian and 12,425 Congolese children aged 6-59 months via routine and bi-annual campaigns. In addition, 1,065 Burundian and 186 Congolese children with SAM were admitted into therapeutic programmes. The performance of the programme is within the SPHERE norms with a cure rate of 88 per cent and a death rate below 3 per cent.

To ensure quality SAM services are being provided in the refugee camps, UNICEF supported the orientation of 14 health care providers and nutritionists in all the camps and stakeholders including UNHCR, WFP and World Vision on preparation of therapeutic milk using the new tin packaging. The training improved the capacity of health care providers to minimize contamination risk, prepare correct reconstitution of feeds and improve storage.

In collaboration with TRCS and MSF, UNICEF continues to support the assessment of children’s nutritional status, the identification and treatment of children with SAM, supplementation of children with vitamin A and deworming with Mebendazole and the promotion of IYCF in all three refugee camps. Routine screening to identify malnutrition cases in the camps is ongoing, targeting children aged 6-59 months.

**Health**

UNICEF, in partnership with the Ministry of Health, TRCS and MSF supported routine polio and measles vaccination reaching 17,121 refugee children (13,787 Burundians and 3,343 Congolese) through provision of vaccines, 45,200 syringes, and cold chain equipment. On arrival and routine vaccination (BCG, OPV, Pentavalent and measles) for Congolese and Burundian refugee children under-1 has been maintained at 95 per cent through targeted immunization outreach to refugee camp zones which are more than 5 km from health facilities. Additionally, 55 community health workers and Health Information Teams (HITs) were trained on Community Integrated Management of Childhood Illnesses (IMCI) and thereafter conducted 1,209 household visits to identify unvaccinated children and link them with outreach services and health facilities.

There was a slight fluctuation in morbidity in children under-5 from early this year, with a significant increase in April 2018 mainly due to heavy seasonal rains followed by a gradual decline in May 2018 due to strong measures put in place by UNICEF in collaboration with partners. In response to the top five causes of morbidity in all camps (see chart below), UNICEF in collaboration with TRCS and MSF supported the training of 55 HITs on community IMCI, promotion of hygiene, healthy household practices and timely health seeking behaviour. About 3,000 sachets of zinc and oral rehydration salts were distributed to communities and health facilities for treatment of acute watery diarrhoea. Routine immunization was strengthened and 5,000 long lasting insecticide treated mosquito nets were distributed to pregnant women including intermittent presumptive treatment (IPT) prophylaxis to 3,371 refugee pregnant women.

In an effort to respond to increasing under-5, infant and neonatal mortalities in March 2018 (see chart below) resulting from high malaria, lower respiratory tract infections (LRTI) and diarrhoea, UNICEF supported TRCS at Mndelli and Nyarugusu camps to conduct mentorship and training health care workers at labour and delivery wards to improve provision of quality maternal, newborn and child health services. Additionally, UNICEF provided medical supplies including: 57,375 malaria rapid test kits, 2,400 Artesunate injections, 6,000 Quinine tablets for malaria treatment, 600 Ceftriaxone vials, 7,700 Gentamicin 10mg vials and 755 Chloramphenicol vials.
WASH

Through partnerships with Oxfam, Norwegian Refugee Council and the Tanganyika Christian Refugee services, UNICEF has reached 167,748 refugees (137,624 Burundians and 30,124 Congolese) with access to safe water, sanitation and key messages on hygiene practices. During this reporting period, UNICEF supported with two high capacity surface pumps, two electric submersible pumps and two generators, reaching a large number of beneficiaries daily. This new equipment has enabled to maintain constant supply of water and increase the quantity accessed per person per day. WASH targets have been temporarily met due to generous funding from the Central Emergency Response Fund (CERF); however, without further funding progress against targets will slip and coverage could decrease.

Earlier this year, UNICEF in collaboration with partners supported the new influx of asylum seekers arriving in Tanzania as a result of political and ethnic clashes in the DRC. UNICEF participated in the joint WASH/health risks assessment mission (UNHCR, MHA and implementing partners) of the border entry and transit centres and provided 30 rolls (4m x 50m) of plastic sheets, 21,200 bars of soap, 350,000 waterguard tablets, 2,000 buckets, 150 jerry cans, 11 latrine slabs, 10 plastic drums with taps and 300 cholera information, education and communication (IEC) materials/posters, which benefited 1,211 asylum seekers.

In response to prolonged water shortage in Mtendeli camp due to frequent breakdown of pumps and generators caused by excessive pumping from six boreholes, UNICEF procured a high yielding capacity water pump that was installed in one of the newly drilled boreholes. This has increased water supply from 13 litres/person/day in January to 22 litres/person/day in March 2018 reaching over 40,000 refugees.

Responding to cholera outbreaks in the hosting districts in Kigoma in January and April 2018, UNICEF provided the following support to Kigoma Municipal Council and Uvinza District Council:

- Provision of chlorine tablets (270,990 aqua tabs for bulk chlorination and 563,840 waterguard tablets for household water treatment), which benefited 15,826 households (79,130 people)
- Procurement and installation of handwashing facilities in 60 schools - 49 primary schools and 11 secondary schools
- Procurement of 40kg of HTH chlorine for Gungu Cholera Treatment Centre (CTC)
- Provision of 2,000 brochures on cholera control and prevention measures
- Production of eight billboards with cholera prevention messages and installation at strategic locations
- Provision of one water quality field testing kit as well as reagent for Kigoma Regional Management Health Team
- Provision of cholera bed
- Building staff capacity at Gungu CTC in Kigoma municipality.

Source UNHCR HIS 2018
In addition, Kigoma region has been supported to enhance its resilience to cholera through development of the Regional Cholera Preparedness and Response Strategy.

UNICEF supported the commemoration of World Water Week in March 2018 by providing 350 plastic buckets and 30 boxes of multipurpose soap which benefited 17,000 Congolese (8,670 girls; 8,330 boys) and 8,000 Burundian (4,080 girls, 3,920 boys) refugee children respectively from 33 schools and 8 CFS in Nyarugusu camp. Soap was also distributed to 546 hygiene promotion volunteers (192 Congolese and 354 Burundians); and 2,334 WASH clubs/committees’ members (329 Congolese and 2,005 Burundians). Similarly, during the World Menstrual Hygiene Day on 28 May 2018, UNICEF provided 5,600 reusable eco pads and 2,380 buckets (4-litre capacity), which benefited 5,600 girls (3,000 Congolese and 2,600 Burundians) of puberty age in Nyarugusu camp.

**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. According to figures presented by education partners from September and November 2017 and also between February and April 2018, the enrolment of Burundian and Congolese totalled 105,715 refugees (70,235 Burundians (35,057 girls; 35,178 boys), 74 per cent of the target and 35,480 Congolese – 98 per cent of the target) in pre-and primary school. The process of voluntary repatriation has led to several Burundian families going back to Burundi, impacting the actual number of learners remaining in schools. New tools and procedures for education registration are currently being taken on board and it is hoped the new web based system will improve the quality of data used for education planning.

During the first half of 2018, the 2018/2019 Tanzania Refugee Education Response Plan was finalised and costed based on commitments provided by each of the implementing partners including UNICEF and UNHCR. The plan shows the priorities for the sector, available resources and funding gaps and is a key document for leveraging resources. UNICEF has initially committed US$ 100,000 to contribute to the plan while efforts are under way to raise additional funds.

UNICEF Tanzania in collaboration with UNICEF Burundi procured textbooks from the Burundian Government for grades 1-9 to cover the needs of all Burundian children in the camps. A total of 70,235 Burundian children benefited. UNICEF also procured scholastic materials and distributed them to all Congolese and Burundian children. The scholastic materials will cover the current needs of all children in the first half of the new academic year when school opens in September 2018.

UNICEF supported the construction of 120 semi-permanent classrooms at Nduta camp including WASH facilities. The construction anticipated to be completed by end of July is expected to accommodate up to 12,000 Burundian learners using a double shift system. This will ease congestion in the overcrowded classrooms while moving children away from classes under trees and in dilapidated tents.

UNICEF supported the National Examination Council of Tanzania (NECTA) to administer equivalent national exams for Burundian children at the end of 2017 and the results were released in February 2018. Out of 1,258 children (including 472 girls) who sat for the examination, 764 children (including 217 girls) passed their exams. This means 61 per cent of the graduates passed their exams, a slight improvement
compared to the exam results earlier last year when 59 per cent passed. The percentage of candidates who sat for the examination increased from 72 per cent in March 2017 to 86 per cent in the October 2017 examination. Pass rates for girls increased from 42 per cent in March 2017 to 46 per cent in October while that for boys remained constant indicating a better performance trend for girls. The success and the credibility of the exams, especially the awarding of an internationally recognized NECTA certificate, has generated more demand thus increasing the percentage of children who sit for exams. UNICEF is in discussion with UNHCR and NECTA on possibilities of funding the third batch of examinations later this year.

UNICEF and partners conducted awareness raising through school-to-school and class-to-class level campaigns on protection issues in school and reporting mechanisms. This effort reached a total of 22,703 students in Nyarugusu and Mtendeli refugee camps and 324 members of the Parent Teacher Associations (PTAs) with the aim to enhance capacities of children to address violence in schools through their participation in TUSEME clubs that promote a “speak up” culture. The trainings also extended to teachers focusing on code of conduct, ethics and pedagogy, curriculum and management, child protection, well-being and inclusion. A total of 2,337 teachers, including 1,079 females, benefited from this round of training.

An enrolment campaign was organized in specific zones of Nyarugusu camp in response to difficulties in locating drop-out students due to change of addresses. This campaign reached 1,754 (906 girls; 848 boys) children. A drop-out follow-up exercise amongst both the Congolese and Burundian population was also conducted and 80 girls were identified (60 in Nyarugusu and 20 in Mtendeli) and supported with catch-up classes and reintegrated back into school.

**Child Protection**

In a bid to strengthen case management in the refugee camps and alleviate current difficulties experienced in consolidating protection trend data, UNICEF is implementing the roll-out of the cloud-based Child Protection Management Information System (CPMIS). The Child Protection Working Group has formed a CPIMS+ Task Force comprised of UNICEF, UNHCR, IRC, Plan International and Save the Children. The new system will allow for more efficient case management, security and real time data analysis.

Between January and June 2018, IRC and Plan International with support from UNICEF have provided protection assistance to 7,464 unaccompanied and separated children, up from 7,065 in January/February. Of this number, 5,786 are from Burundi (2,607 girls; 3,179 boys) and 1,678 are Congolese (805 girls; 873 boys).

UNICEF is leading the VAWC theme of the UN Kigoma Joint Programme, and leveraging the child protection system in the host community to bridge, where possible, the humanitarian-development divide to provide protection to refugee children. Part of this effort includes supporting 16 government social welfare officers (SWOs) to refugee hosting districts (9 of whom are embedded in the refugee camps). Deployed in April, the SWOs have been trained on the National Standard Training Manual on Child Protection, and the camp-based officers embedded with Plan International and IRC and further trained on case management in the camp setting.

Government SWOs working inside the camps bring with them a statutory gravitas, and are better positioned to work with the police and immigration to address protection concerns. One example of this collaboration is the issue of child labour/child trafficking. After several refugee children were discovered working in host communities, UNICEF and UNHCR met with the police, immigration, and SWOs to form a Child Labour/Trafficking Task Force. Procedures and referral mechanisms were put in place to return children to their families, resulting in 98 returns to date (34 girls; 64 boys). In June 2018, representatives from the Task Force, including the newly deployed social welfare officers, convened a meeting to develop a joint strategy for district system coordination on child labour/trafficking. The Task Force will leverage host community child protection committees at the ward and village levels to identify and report suspected cases of child exploitation and trafficking, and use the child protection system’s network of fit families (families providing emergency care) in host communities to protect refugee children as an immediate protection solution. Both UNHCR and UNICEF are providing support to the police and social welfare officers (respectively) to facilitate their ability to respond quickly and manage the identified cases.

**Communications for Development (C4D), Community Engagement and Accountability**

During the reporting period, UNICEF deployed a C4D/Social and Behaviour Change Communication (SBCC) consultant in the Kibondo Field Office to strengthen coordination of SBCC interventions in the camps and coordinate interventions at inter-agency level, in close coordination with UNHCR. 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 available IEC materials. Findings will support the establishment of mechanisms to coordinate SBCC interventions, including but not limited to harmonization of key communication messages, planning and implementation tools, and production and use of interpersonal communication/IEC materials.

In collaboration with UNHCR, UNICEF organized a workshop with SBCC focal persons from the MHA, NGOs and UN agencies operating in the refugee camps in all sectors. The meeting agreed that C4D/SBCC interventions in the refugee camps require a sound coordination mechanism under the overall coordination of UNHCR and UNICEF. Additionally, partners agreed that findings from the assessment of SBCC interventions in the camps be presented to partners to better understand the situation, plan, implement and harmonize interventions. Key principles of SBCC in emergencies were emphasized and action points were developed to: map existing coordination forums, identify areas of SBCC that need to be strengthened, and harmonize capacity building opportunities for sectors/forums tasked with SBCC. The importance of continuing to support refugee hosting districts in the prevention and mitigation against cholera outbreaks was emphasised.

C4D interventions conducted through Community Information Teams (CITs) community mobilizers that include: HITs, Health Promotion Teams, (HPTs) Child Protection Committees (CPCs) and Case Management Teams (CMTs) reached communities through Interpersonal Communication (IPC) sessions held at health facilities, special events and community settings. The following behaviour change activities have been undertaken:
A total of 155 HITs in Nyarugusu and Mtendeli camps made 374,709 refugee contacts (209,837 women and 164,872 men) with messages on health seeking behaviour, personal hygiene, family planning, timely antenatal care services, health facility delivery, prevention and treatment of diseases such as malaria, diarrhoea and prevention of mother-to-child transmission services.

Three hundred and forty-five HPTs in Nyarugusu, Mtendeli and Nduta camps made 479,433 refugee contacts (287,659 women; 191,774 men) with hygiene practice messages, such as domestic water treatment/bolting, domestic refusals management and critical times for hand washing. Through the School WASH programme, over 160,000 children (83,947 boys; 80,654 girls) were contacted at schools and CFS with hygiene practice messages including education on Menstrual Hygiene Management (MHM) to adolescent girls.

Sixty-five HITs dedicated to the nutrition programme in Nyarugusu and Mtendeli camps reached 82,368 refugees (58,811 women; 23,557 men) to promote infant and young child nutrition practices including breast feeding, proper and timely complementary feeding, pregnant and lactating mother nutrition needs and practical food preparations.

Special campaigns in different zones in Nyarugusu were conducted in May/June 2018, reaching 7,540 adolescents (3,500 boys and 4,040 girls) with HIV prevention messages. These were organized by HITs.

CPCs and CMTs reached 37,882 total contacts of refugees (22,350 women, 15,532 men and 9,132 children) with messages on prevention of child marriages, access to education (special focus on adolescent girls), child protection and referral pathways. Children were sensitized on stealing money from parents and going to watch video shows, school absenteeism, and requesting for water bottles from staff along the roads.

Following the threat of Ebola Virus Disease (EBV) in neighbouring DRC, the 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/diarrhoea diseases have been distributed in Nyarugusu and Mtendeli camps by the CITs top reinforce key messages in the prevention of disease outbreaks. Furthermore, 170 flip charts with messages on child protection and cholera/diarrhoea diseases have been distributed to CITs as work aids to stimulate the discussion during IPC sessions.

Fifty-five HITs have been trained on IMCI to improve understanding and knowledge of child health services and care. In addition, a one week on-the-job training on triage was conducted for seven HITs to improve their knowledge in prioritizing and identifying health emergencies that require urgent attention in the refugee community.

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**

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.

The general security situation in Kigoma remained calm with no major reported cases of banditry or road ambushes during this period but the MHA has continued to provide police escort for all UN partners moving between the camps. 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 on 23-27 April 2018.

**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$ 910,025 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 the 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 Tanzania used part of its own resources to address the most critical needs in WASH, Education, Child Protection, Health and Nutrition to support refugee children and women in the three camps.

UNICEF is grateful to donors, and to the CERF who have contributed in making a difference to the lives of the most vulnerable refugee children in Kigoma region, and for their contributions to support this largely unforgotten and underfunded refugee crisis and the hosting districts. Tanzania is in dire need of additional funds to address enormous needs of refugee children who are affected by an inadequate number of schools and CFS, overwhelmed health and nutrition facilities and with overstretched WASH facilities in schools and in CFS. Sister UN agencies and NGOs are facing similar severe funding shortages. Continued and timely donor support is critical to scaling up the response to meet the remaining critical needs of refugee children and hosting districts in Tanzania.

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1 These are the number of refugee contacts, as the teams visit refugees several times per month. Hence the number of contacts can exceed the total number of refugees.
## Appeal Sector

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

**Next SitRep: 31 August 2018**

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

**Who to contact for further information:**

- **Maniza Zaman**
  - Representative
  - UNICEF Tanzania
  - Email: mzaman@unicef.org

- **Robert Carr**
  - Chief of Planning, Monitoring and Field Coordination
  - UNICEF Tanzania
  - Email: rcarr@unicef.org