

HUMANITARIAN EMERGENCY REPORT-UNICEF TANZANIA

BURUNDI/CONGOLESE REFUGEE CRISIS IN TANZANIA

JANUARY-DECEMBER
2018



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EXECUTIVE SUMMARY

By the end of 2018, Tanzania was the second largest host of Burundian refugees (202,436) who sought asylum in to Tanzania since 2015. This number added to the old and new caseloads of 84,246 refugees from DRC who have lived in Tanzania for the past 20 years¹. The refugees are hosted in three overcrowded camps in Kigoma region; Nduta, Mtendeli and Nyarugusu. Fifty-six per cent of the refugee population are children under 18 years, and children under five comprise 22 per cent of the entire refugee population. Additionally, there are more than 7,000 unaccompanied and separated children in the camps receiving protection services. No new asylum seekers have been received from Burundi in 2018, but Tanzania received about 1700 refugees from the Democratic of Congo between November 2017 and January 2018.

Children and women (79 per cent) are particularly affected, suffering from limited social services, overstretched health and nutrition facilities, inadequate number of schools, a shortage of water and sanitation facilities, and protection concerns such as sexual and gender-based violence are significant. Malaria continues to be the number one cause of morbidity among under-fives in all out-patient visits in camp health facilities.

UNICEF Tanzania was part of the 2018 Burundian Regional Refugee Response Plan (RRRP) covering refugee response in education, health, nutrition, WASH and child protection, and undertakes interventions in host communities to strengthen national systems focusing on development gaps in refugee hosting communities through the UN Kigoma Joint Programme (UN KJP). 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 that were scheduled for end of 2018, with a planning figure of additional 25,000 new refugees.

UNICEF ensured that more than 160,000 refugee children are protected from all forms of violence and that essential basic services for health, nutrition, WASH and education are sustained as per the Core Commitments for Children in Humanitarian Action. Over 55,000 refugee children were provided with vitamin A supplementation and about 2,000 treated with severe acute malnutrition. More than 35,000 refugee children were vaccinated against measles while more than 109,000 school going age children were provided with access to quality pre and primary education. More than 7,500 unaccompanied and separated children were identified, assessed, and placed with foster families.

In late 2017, Burundian refugees started to return home voluntarily following signs of improvement back in Burundi. Since the beginning of the voluntary repatriation exercise a total of 56,049 Burundian refugees have been assisted to return and another 20,000 refugees have registered for return. However, the lack of resources on both sides of the border and temporary suspension of NGO's in Burundi by the Burundian Government in the latter months of the year affected the pace of the process. Of the total returnees, 42,946 Burundian refugees returned in 2018 alone 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.

Under the coordination of UNHCR and the Refugee Service Department in the Ministry of Home Affairs, UNICEF is working with implementing partners (the Tanzania Red Cross Society, International Rescue Committee, Plan International, Oxfam, Tanganyika Christian Refugee Services and Norwegian Refugee Council) to ensure refugee children are protected from all forms of violence and that basic services for health, nutrition, WASH and Education are provided as per the CCC.

With the repatriation continuing, the ongoing displacements and fragile situation in DRC and the routine increase of refugees from 1,000 new babies born each month UNICEF Tanzania must maintain a minimum level of preparedness to sustain and respond to any additional influxes.

¹ UNHCR statistical report of 31st December 2018

SECTION 1: HUMANITARIAN CONTEXT

Tanzania has not received any asylum seekers from Burundi in 2018, but there was a small wave of new asylum seekers (1,774) from the Democratic Republic of Congo (DRC) arriving in Tanzania in January 2018. Due to ongoing voluntary repatriation to Burundi, the number of refugees and asylum seekers in Tanzania reduced from 358,398 in 2017 to 326,942 in 2018. Of this number, 286,682 refugees are hosted in camps in Kigoma region and are mainly from Burundi (202,436) and DRC (84,246)². More than 50 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, Mtendeli and Nduta) which are overcrowding with limited basic services. The main causes of morbidity among under-fives in all out-patient visits in camp health facilities, in 2018 were: malaria at 33per cent, upper respiratory tract infection at 22per cent, lower respiratory tract infection (LRTI) at 13per cent, skin infections at 4per cent and acute water diarrhea (AWD) at 3per cent.

Due to the protracted situation of the refugee response, and chronic underfunding, the refugee population in Tanzania is highly dependent on humanitarian assistance which exposes them to a variety of protection risks and most of the basic services are limited. The government stance on encampment policy restricts refugees' and asylum-seekers' freedom of movement which limits their self-reliance and opportunities for socio-economic integration making refugees entirely dependent on humanitarian assistance. In addition, the government of Tanzania maintained restrictions on access to territory since 2017 including closure of all border entry and reception points for Burundian asylum seekers. Between June -July 2018, the government of Tanzania imposed new restrictions on livelihood activities and motorbike movement in the camps including closure of business, all of which impacted refugees living in the camps. Towards the end of 2018, there has been flexibility on government restrictions on the ban of livelihood activities including opening of the common markets once a week and use of motorcycles in the camps to support carrying of food from the distribution centers and transporting sick people to health facilities.

Child protection remains a high operational priority given that 56 per cent of refugees in Tanzania are under the age of 18. Refugee children face serious protection risks such as separation from families, psychosocial distress, child labour and sexual exploitation. Unaccompanied and separated children (UASC) remain the most vulnerable, especially girls who are at risk of SGBV and early and forced marriages.

While water supply in the three camps is currently above the sphere minimum standard of 20l/p/day, sanitation coverage and handwashing practice in schools vary widely and a considerable number of schools still need to be brought up to standard. Less than 40 per cent of households have family latrines in all camps. The quantity of soap distributed remains inadequately low at 250g/person/month instead of the SPHERE minimum standard of 450g/person/month and 700 g/person/month for menstruating women.

While the mortality rates among both population groups have been maintained within the SPHERE minimum standard, the risk of increasing mortality remains significantly high due to the infectious disease burden, low birth weight and preterm deliveries. There are also major gaps in the health services currently available in the camps, including the quality and quantity of health staff, poor infrastructure, limited supplies of essential drugs and equipment. The lack of a comprehensive emergency obstetric and new-born care facilities in the camps is another challenge, which puts additional strain on the nearby district hospitals.

The Standardized Expanded Nutrition Survey (SENS) conducted between November-December 2018 showed that stunting and anemia prevalence among children under five remains alarmingly high in the three camps, both above WHO standards of 40 per cent due to multiple factors such as cuts to the general food distribution, inappropriate use of food rations, mothers not allocating enough time to prepare food and feed their children and high morbidity burden.

² UNHCR statistical report 31 December 2018

In addition, anemia 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.

Almost half of the population in the three camps, 49.5 per cent (150,071) is of school going age. On average, 81 per cent are enrolled in primary school. One of the main challenges is school drop-out rates, due to several reasons, including hunger which makes it difficult to concentrate in lessons and a lack of motivation to continue learning due to limited higher education opportunities. A shortage of classrooms, uniforms and teaching and reference materials are other challenges. A lack of menstrual hygiene kits has also prevented girls from attending school. A shortage of professionally trained teachers continues to persist. On average, less than 30 per cent of secondary school teachers and 65 per cent of basic education teachers in the refugee camps are professionally trained.

From the last quarter of 2017 throughout 2018, the refugees experienced a food ration reduction down to 60-70 per cent while supplementary food rations for people with special needs continued at 100 per cent. The reduced food ration has been linked to negative coping skills including: absenteeism in schools, child labor in neighboring farms, theft of supplies, selling non-food relief items and increasing of hostilities with the hosting villages.

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, some 56,049 Burundian refugees returned home since the beginning of voluntary repatriation in August 2017. Of the total returnees, 42,946 Burundian refugees returned in 2018 alone 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.

Since April 2018, there have been no reported cases of cholera in Kigoma. Suspected cholera cases were reported from the new asylum seekers arriving from DRC in January 2018, and in April 2018 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.

UNICEF has intensified its preparedness level in the risk of Ebola outbreak from nearby DRC. UNICEF worked in close collaboration with the National Ebola Task team led by the Ministry of Health and WHO to enhance Ebola prevention including supporting training of trainers from eight councils in Kigoma region which was later cascaded to community change agents. 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 Ebola virus disease (EVD). UNICEF supported the camp-based partners to develop Standard Operating Procedures (SOPs) for Ebola preparedness and response and enhanced hand washing facilities in 25 border entry points and 14 designated Ebola treatment centres. UNICEF 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 (RCCE) for EVD and review key EVD messages.

With ongoing displacements and clashes in DRC and the unpredictable political situation in Burundi, Tanzania expects to receive refugees at any point in 2019, thus requiring readiness to respond should the situation change.

SECTION 2: HUMANITARIAN RESULTS

UNICEF Tanzania is part of the 2018 Burundi Regional Refugee Response Plan coordinated by UNHCR and this plan extends its support to the hosting districts to bridge the humanitarian and development divide through the UN Kigoma Joint Program. UNICEF is leading two themes: WASH and Protection and is part of Education and the newly supported theme for Health, Nutrition and HIV.

In collaboration with partners, UNICEF supports life-saving interventions to expand services for children in the refugee camps and host communities through strengthening the comprehensive case management system by 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. 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. 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. The response aims to ensure the provision of WASH services in all schools and child-friendly spaces. UNICEF supports access to quality education and provides scholastic materials, teacher trainings and supports children to sit for their exams. 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 other regions across key development indicators, while also being impacted by decades of refugee influxes.

With support from implementing partners, UNICEF ensured that more than 160,000 refugee children are protected from violence and that basic services for health, nutrition, WASH and education are sustained as per the Core Commitment for Children in Humanitarian Action.

UNICEF's achieved results against targets for Burundian and Congolese refugees in 2018.

	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	174,453	54,103	41,511	185,353	215,964
Education: School-aged children including adolescents accessing quality education	95,000	57,177*	36,290	52,140	131,290	109,317*
Health: Child under five years vaccinated against measles and polio	32,000	29,103	3,500	6,298	35,500	35,401
Nutrition: Children under 5 years with severe acute malnutrition (SAM) admitted to therapeutic services	2,104	1,767	459	405	2,563	2,172
Nutrition: Children under 5 provided with micronutrient supplementation	53,439	41,796	13,959	12,979	67,398	54,775

Child Protection: 100per cent of children identified (an estimated 7,000) with protection concerns, including unaccompanied and separated, supported with critical child protection services	5,500	5,904**	1,500	1683**	7,000	7,587**
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More detailed UNICEF sector results for 2018 are discussed below.

Child Protection

To address prevention and response to violence, and general issues of safety and security, UNICEF provided support to 7,590 unaccompanied and separated children (3,374 females; 4,216 boys) with protection arrangement including psychological support. Another 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. Many adolescents interviewed in Nduta camp reported improvement in their resilience and coping skills and many whose parents attended the positive parenting training reported a positive 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.

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 PRIMERO), ensuring that children with acute protection concerns, such as unaccompanied minors and separated children (UASC), are identified, assessed, and placed with foster families.

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 (which was recognized 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 16.

With contributions from Norway, UNICEF is making concerted, up-front, and simultaneous investment in the prevention, response, and data management components of the child protection system. This has resulted in not only the ability of the system to rapidly identify and respond to Tanzanian children, but also yielded increased protection results for refugee children. For example, SWOs, police, and immigration have worked together to identify children out of camp caught in exploitative labor situations/trafficking nets, and of 67 children found this year, 36 were refugee children. In another example, the Tanzanian Fit Family programme, an acute care program for children in need of alternative care, has now hosted 49 refugee children (in lieu of placing them in immigration detention while they await camp transfer).

Health

To prevent and address childhood illnesses, UNICEF in partnership with the Ministry of Health, Tanzania Red Cross Society (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 camps which are

more than five km from health facilities. 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.

To avert and mitigate malaria among under-fives, UNICEF supported the Health Information Teams through daily engagement with the refugee community on preventive and early seeking behaviors against malaria were complemented by procurement of medical supplies including: 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 behavior, promotion of health education and hygiene through household visits by the HITs. UNICEF procured antibiotics (Amoxicillin, Erythromycin & Cotrimoxazole) 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 respiratory tract infectious deaths among under-fives from 14 per cent in 2016 to 21 per cent in 2018, and in efforts to combat the four leading causes of under-five mortalities (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 per cent and acute watery diarrhea (AWD) at 3 per cent), UNICEF supported the Tanzania Red Cross at Mtendeli and Nyarugusu camps to introduce emergency services at out-patient department in Health centres, mentored and trained 45 health care workers on Help Babies Breathe and Basic Emergency Obstetrics and Newborn Care (BeMONC).



Premature refugee baby in a radiant warmer at Mtendeli camp @UNICEF/2018/Minja

This resulted into 80 per cent reduction of maternal deaths reported in 2018 compared to 10 deaths in 2017. Additionally, the number of stillbirths reduced by 55 per cent (94) 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 TOT on Ebola risk communication to 32 Regional and Community Health teams in Kigoma region, as well as supported development of costed preparedness and response plans for eight district councils in the region including those which serve as point-of entry for refugees and those hosting refugee camps.

Nutrition

Between January and December 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). In addition, 2,172 refugees (1,767 Burundian/405 Congolese) and 317 hosting 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 2 per cent).

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 improved response. The

results of the SENS show that the global acute malnutrition (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. 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 found at near 0.6 per cent in all camps. However, stunting and anemia prevalence among children under five remains high in the three camps, both above WHO standards of 40 per cent. In addition, anemia among women of reproductive age (15-49 years) has generally decreased except for Congolese population where it is still above the threshold of 40 per cent. High stunting and anemia prevalence among children and women reflects the high stunting and anemia levels in the countries of origin of the refugees, which UNICEF and partners will address through preventive interventions.

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 procured a high capacity surface pump and two electrical submersible pumps for Nduta and Mtendeli camps as well as funds for installation and connection to the network. For Mtendeli, support was also provided to procure pipes and plumbing accessories that were used to connect the new high capacity borehole and increased 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 15l/p/d.



Amani primary school pupils at water drinking point - Mtendeli Refugees Camp UNICEF@daudi 2018



Water point in Mtendeli camp Daudi/UNICEF

As for sanitation, UNICEF worked with the WASH partners to support in the increase of school WASH facilities and 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 and were causing public health hazard. In schools, new sanitation facilities were constructed that are in-line with the school WASH guidelines where they include menstruation management rooms and room for children with disability. The actions implemented in school WASH managed to reach 36,570 children in the three camps that is 24,995 Burundians (12,879 girls; 12,116 boys) and 11,575 Congolese (6,205 girls; 5,370 boys). Through focus group discussion with school going

children, they expressed their satisfaction with the facilities that have improved the learning environment, especially for school girls due to addition of MHM facilities in the new structures.

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 inter-personal communication on prevention of cholera.

Education

UNICEF and partners have continued to ensure the provision of quality and equity-based education to 109,317 refugee children; 57,177 Burundian refugee children (including 28,667 girls) and 52,140 Congolese children³

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

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.



Distribution of scholastic materials in Nyarugusu camp Tehingisa/UNICEF/2018

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).

³ UNHCR enrollment data, November 2018



Latrine blocks and part of the semi-permanent classrooms in Nduta camp@UNICEF Tanzania/2018/SHEDRACK



UNICEF/2018/Carr Semi-permanent school

921 students of grade 9, 13, and 14 from Nduta (403 candidates), Mtendeli (159 candidates) and Nyarugusu (359 candidates) sat for the exams. Marking of the examinations is ongoing and results and certification are expected to be released within early 2019.

The UNICEF supported construction of 120 semi-permanent classrooms and ten latrines in Nduta Refugee camp has been completed and handover 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 for 2018. Out of a total number of 959 candidates who had register for the exams,

The education sector continues to be affected with congested classrooms. As of November 2018, about 20,000 Burundian refugee children are 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 given the costs. UNICEF and UNHCR continue to engage with National Examination Council of Tanzania (NECTA) in the Ministry of Education to realign planning and organization of refugee examinations into the national system to reduce cost.

SECTION 3: MONITORING AND EVALUATION

UNICEF Tanzania has its own monitoring system to report on results against indicators and targets selected and a report is provided bi-monthly. Staff in the Kibondo Field office provides regular onsite/field monitoring both in the camps and in hosting districts on the implementation and quality of activities and services provided with UNICEF support. In addition, staff in the Kibondo field office provide technical support, coaching and mentoring support to implementing partners during the monitoring visits.

Quarterly Joint Programmatic visits were conducted with staff from Dar Es Salaam and from Kibondo to assess progress, share key lessons and agree on recommendations to address the challenges.

Annual Partnership review meetings were held with implementing partners in the refugee camps including UN agencies and Ministry of Home Affairs and the Regional and local authorities to jointly discuss key achievements, incorporate lessons learnt, challenges encountered during implementation and recommendations for improvement.

Weekly and monthly meetings are held between staff in Kibondo field office and the Chief of Planning Monitoring and Field Coordination, Emergency Specialist and Emergency Focal Points in all program sections to follow up on progress on programmatic and operational issues including challenges that require actions from Dar.

At central level, UNICEF Tanzania conducts quarterly Emergency Management meeting chaired by the representative and involved all section chiefs to review the situation in the refugee camps and in the hosting districts and coordinate the response.

UNICEF is a regular member in all meetings with partners taking place at national and subnational level, under the overall coordination function of UNHCR/the MHA–Refugee Service Department. at all levels. UNICEF Tanzania has a field presence in Kibondo, which covers the Kigoma region and the districts hosting refugees in the regular course of programming. The head of field office/Emergency Coordinator for UNICEF Kibondo serves as the overall supervisor for all of UNICEF’s supported response interventions in the three refugee camps. Daily technical guidance and support to implementing partners in the three camps in Nyarugusu, Nduta and Mtendeli is provided by sector specialists for WASH, nutrition, health, education and child protection, based in Kibondo. Technical oversight and substantive programming supervision is provided by sector emergency focal points and chiefs of sections based in Dar es Salaam.

UNICEF in collaboration with UNHCR and WFP supported 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 improved response.

SECTION 4: FINANCIAL ANALYSIS

In line with the Regional Refugee Response Plans (RRRP) for influxes from Burundi and the DRC, UNICEF Tanzania appeal was USD 6,690,000 (USD 4,660,000 Burundians and USD 2,030,000 Congolese). At the beginning of 2018, UNICEF Tanzania had USD 910,025 carried-over from 2017 from USAID and the Swedish Natcom 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 had 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 and use grants flexibly and cost-effectively.

UNICEF wishes to extend its sincere gratitude to the CERF secretariat for providing emergency funding to the response. UNICEF also wishes to extend its sincere gratitude to One Fund (funded by Norway) and the US Agency for International Development 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. Sister UN agencies and NGOs are facing similar severe funding shortages. Continued predictable, flexible and timely donor support is critical not only in maintaining life-saving interventions but also to sustaining vital response activities and preventing further deterioration of the situation.

Funding status by sector in 2018:

Appeal Sector	Requirements Burundi RRRP	Requirements DRC RRRP	Total Requirements	Funds available		Funding gap	
				Funds Received Current Year	Carry-Over	\$	per cent
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

SECTION 5: FUTURE WORKPLANS

UNICEF and partners will strengthen and expand support to ensure protection of refugee children while sustaining provision of basic services and strengthening capacity of partners. 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). 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. Strengthening preparedness for potential outbreaks such as Ebola and Cholera continues to be a priority for 2019.

Below are sector specific priorities for 2019:

Nutrition

Nutrition screening, treatment of severe acute malnutrition, and social mobilization will be intensified during vitamin A supplementation and deworming campaigns.

- 51,656 refugee children 6-59 months receive Vitamin A supplement (routine/campaign)
- 1,857 children aged 6-59 months affected by severe acute malnutrition admitted into treatment centers

Health

Maternal, newborn and child health services in health facilities will be supported with essential health equipment and supplies, skills development of health workers, including scaling up immunization outreaches and improving use of data from Health Information teams

- 10,379 children vaccinated against measles

WASH

UNICEF will support development of School Water, Sanitation and Hygiene services in the refugee' camps and enhance capacity of institutions for sustainable management of WASH services.

- 115,000 people accessing the agreed quantity of water for drinking, cooking and personal hygiene.

Child Protection

UNICEF will strengthen the case management of children with acute protection concerns, including unaccompanied and separated children with a special focus on rolling-out a cloud-based Child Protection Information Management System.

- 7,000 UASC children identified and receiving protection services including family tracing and reunification, and placement in alternative care arrangements

Education

UNICEF will support procurement of education supplies and strengthened distribution systems including utilization. Harmonization of capacity building programs for teachers, strengthen data systems for education,

- 95,823 refugee children (M/F) accessing quality education

EXPRESSION OF THANKS

UNICEF Tanzania is indebted to the United Nations Central Emergency Response Fund Secretariat, the One Fund (funded by Norway), the Swedish Natcom and the US Agency for International Development which has enabled more than 160,000 refugee children from Burundi and Congo to have access to basic services for water, sanitation and hygiene, health, nutrition, education as well as providing protection from violence.

UNICEF Tanzania would not be able to provide an inclusive, multisectoral response to the most critical needs of refugee children and women of this forgotten refugee crisis without the critical support of donors. The generosity of these donors has not only provided basic services to children but has also given them hope for a brighter future.