



UNICEF/2016/Anne Boher/ Refugee children playing in Nyarugusu Camp

UNICEF Eastern and Southern Africa Regional Office

# BURUNDI REFUGEE CRISIS

2016 Consolidated Emergency Report from Rwanda  
and Tanzania

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unite for  
children

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## ABBREVIATIONS

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| ADRA   | Adventist Development and Relief Agency                     |
| ARC    | American Refugee Committee                                  |
| C4D    | Communication for development                               |
| DRC    | Democratic Republic of Congo                                |
| ECD    | Early childhood development                                 |
| DFID   | UK Department for International Development                 |
| GAM    | Global acute malnutrition                                   |
| GBV    | Gender-based violence                                       |
| HAC    | Humanitarian Action for Children                            |
| HPM    | Humanitarian Performance Monitoring                         |
| IRC    | International Rescue Committee                              |
| IYCF   | Infant and young child feeding practices                    |
| MHA    | Ministry of Home Affairs (Tanzania)                         |
| MNCH   | Maternal, newborn and child health                          |
| MUAC   | Mid upper arm circumference                                 |
| NGO    | Non-governmental organization                               |
| SAM    | Severe acute malnutrition                                   |
| SGBV   | Sexual and gender-based violence                            |
| SWO    | Social Welfare Officer                                      |
| UNHCR  | Office of the United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund                              |
| WASH   | Water, sanitation and hygiene                               |



## EXECUTIVE SUMMARY

The ongoing political turmoil and violence in Burundi has led to over 340,000 Burundian refugees seeking asylum in neighbouring countries – the Democratic Republic of the Congo (DRC), Rwanda, the United Republic of Tanzania, and Uganda – by December 2016. The majority of refugees are women and children escaping violence and political turmoil. At the end of 2016, Tanzania hosted the largest number of Burundian refugees in the eastern and southern Africa region, with a total of 298,439 refugees, including the old caseload of refugees from DRC, across three refugee camps (the Office of the United Nations High Commissioner for Refugees (UNHCR) statistical report from 22 December 2016). Rwanda hosts the second largest population of more than 84,000 refugees, with over 50,000 living in the Mahama Camp.

Children and women are particularly affected, suffering from limited social services, overstretched health and nutrition facilities, and an inadequate number of schools. In Tanzania, approximately 60 per cent of the refugee population are children under 18 years, and children under five comprise 25 per cent of the entire refugee population. Refugees in Tanzania are hosted in three refugee camps in northwestern Tanzania (Nyarugusu, Mtendeli and Nduta) and all three camps are beyond their carrying capacity.

Approximately 50 per cent of refugee children are not enrolled in school and more than 6,000 separated and unaccompanied children were recorded upon arrival over the past year and half, with many experiencing sexual and gender-based violence (SGBV) and violence against children, both in transit and in the camps. As at December 2016 in Rwanda there were more than 84,000 Burundian refugees, with more than 50,000 registered in Mahama Camp (46 per cent are children). This makes Mahama Camp the most populated refugee camp in Rwanda. Most of the new arrivals, on average around 10–20 per day, are women and unaccompanied or separated children. There are 821 refugees in the three reception centres, and approximately 30,800 refugees are living in urban areas of Kigali and Huye.

In 2016, the United Nations Children's Fund (UNICEF) in Rwanda, Tanzania and Uganda, in close collaboration with UNHCR, responded to the Burundian refugee crisis with a focus on the Core Commitments for Children in Humanitarian Action. The 2016 Humanitarian Action for Children (HAC) for the Burundi refugee response, outlined the response strategy and targets for UNICEF Rwanda and



(Carr/UNICEF/2016)

*Tippy tap – the tippy tap is a simple solution for washing hands in the schools in this refugee camp in Tanzania. Here 2 Burundian boys use the tippy tap at their school in Nyarugusu camp. They learn about hygiene in school and can practice it as well to keep healthy.*

Tanzania<sup>1</sup> In both countries, UNICEF responded to and provided for a comprehensive set of interventions in child protection, education, health, nutrition, and water and sanitation and hygiene (WASH). UNICEF worked to: respond to protection concerns, such as SGBV and violence against children; provide refugee children with access to education; prevent waterborne diseases and other vaccine-preventable diseases through hygiene promotion and immunization; prevent mother-to-child transmission of HIV; support supplementary feeding and malnutrition screening; and expand access to sanitation facilities and clean water.

In 2016, UNICEF Tanzania prevented waterborne diseases through the delivery of safe water, latrine construction, safe disposal of solid waste and hygiene promotion activities to over 120,000 people across all three camps. UNICEF expanded access to education for over 54,000 children. Response mechanisms for gender-based violence (GBV) and exploitation were enhanced in camp settings, alongside psychosocial support and recreational activities, which benefited approximately 6,500 children. Over 52,000 children were immunized against polio and measles in an effort to prevent disease outbreaks. Measures to prevent mother-to-child transmission of HIV were part of routine maternal, newborn and child health (MNCH) services for all new refugee arrivals. UNICEF continued to support supplementary feeding for children, pregnant and lactating mothers, and malnutrition screening among new arrivals, as well the provision of therapeutic treatment to severe acutely malnourished children. In addition, community outreach and sensitization campaigns were carried out through Health Information Teams, covering cholera prevention, public health and nutrition promotion and awareness sessions on available services.

In Rwanda, more than 51,000 refugees gained access to safe hygiene messages and WASH services in 2016. About 307 children under five were treated for severe acute malnutrition (SAM). The nutrition screenings, the provision of ready-to-use therapeutic food, monitoring and capacity-building of health providers reduced the rate of SAM among refugee children. In addition, routine immunization, essential supplies and preparedness for cholera and typhoid helped to prevent disease outbreaks; more than 4,500 children were immunized. More than 1,500 unaccompanied and separated children were provided with protection services. More than 19,000 school-aged children were enrolled in school and received school supplies. Efforts continued to improve the quality of learning materials and teacher capacities. UNICEF Rwanda also initiated early childhood development (ECD) care and learning in Mahama Camp. Where possible, funds were reprogrammed to support refugee children's access to essential services.

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<sup>1</sup> The HAC for the Burundi refugee response did not include Uganda, as Uganda has a separate HAC and therefore a country-specific CER report.

## SECTION 1: HUMANITARIAN CONTEXT

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Since April 2015, more than 340,000 Burundian refugees, the majority of whom are women and children, have sought refuge in neighbouring countries – including the DRC, Rwanda, Uganda and Tanzania – to escape violence and political turmoil. The vast majority of refugees have fled to Tanzania (currently hosting over 200,000, in addition to 61,000 refugees from DRC) and Rwanda (currently hosting more than 84,000). DRC and Uganda are hosting smaller populations. There are on average 10–20 new refugees arriving into Rwanda each day (this increased to 22–80 at the end of December 2016), and between 200–700 people arriving into Tanzania.

In response to the influx of refugees into Rwanda, the Government of Rwanda established three transit reception centres in Bugesera, Gatore and Nyanza to accommodate the large number of refugees, and Mahama Refugee Camp was established in Kirehe District, where more than 50,000 refugees reside. Mahama Camp is the most populated refugee camp in Rwanda. Refugees in Tanzania are hosted in three refugee camps in northwestern Tanzania (Nyarugusu, Mtendeli and Nduta) and all three camps are beyond their carrying capacity and have limited and basic services. The delays in finding a suitable fourth camp site is leading to overcrowding and stretching of resources, particularly in regard to water, health clinics and space for schools. In Rwanda, the Government has adopted an open border policy, which allows those fleeing Burundi to have unfettered access to asylum and to benefit from unrestricted access to territory. Refugees in Tanzania are not granted ‘unrestricted movement’ privileges.

Children are disproportionately affected by the crisis: in Tanzania 60 per cent of the refugee population are children under the age of 18, and in Rwanda 46 per cent of the total refugee population are children. Children under five make up 25 per cent of the refugee population in Tanzania, representing over 50,000 children. Refugee children have been uprooted from school, and subjected to violence and separation from their families, and they suffer from increasing mortality and morbidity due to lack of nutrition and basic health care services. Despite efforts to meet the comprehensive needs of all children, there are still challenges around limited social services, overstretched health and nutrition facilities, and an inadequate number of schools and nutrition supplies.

In Tanzania, approximately 50 per cent of refugee children are not enrolled in school and the ones that are in school are not receiving a quality education due to the overcrowding of schools and a lack of trained and skilled teachers. Since the beginning of the conflict in April 2015, more than 6,000 separated and unaccompanied children have been recorded upon arrival. Refugee women and children report other protection issues, such as SGBV and violence against children while in transit and in the camps. Due to the Government of Rwanda and UNHCR agreement supporting the integration of refugee children into the Rwanda national education system, the majority of Burundian refugee children are enrolled in local school; however, there are still cases of out-of-school children. In 2016, over 750 unaccompanied and separate children were recorded and close to 6,000 children required other child protection services, such as psychosocial support.

As established in the recent Refugee Response Coordination Committee<sup>2</sup> meeting, the situation in Burundi remains unstable and of concern. The political situation in Burundi has not changed and there continue to be reports of human rights violations. There have been instances in which the Government requested that Burundi refugees return to the country, but many feel that the conditions in Burundi are not safe for them to return. Burundi's Minister of Home Affairs has declined the figures released by UNHCR about Burundians

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<sup>2</sup> Comprising the United Nations agencies and civil society organizations.



fleeing the country. Many human rights organizations have been banned by the Government of Burundi.

The Rwandan Ministry of Disaster Management and Refugee Affairs and UNHCR are the overall coordinators of the inter-agency response to the refugee situation. UNICEF is the United Nations Co-Coordinator for the response in water, sanitation and hygiene (WASH), child protection, education, ECD, health (with the World Health Organization and the United Nations Population Fund), and nutrition (with the World Food Programme). The main implementing partners are district and community authorities, the Ministry of Health, Rwanda Biomedical Centre, district hospitals and health centres, Africa Humanitarian Action, American Refugee Committee (health, nutrition and shelter), Plan International (child protection), Adventist Development and Relief Agency (ADRA) (for ECD and education), the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation, World Vision, Global Health and Development Foundation, and Oxfam (for WASH). The strategy agreed upon by the Government and development partners is to provide comprehensive services to refugees and to seek the fulfilment of their basic rights by providing registration, shelter and household equipment, food and water, the maintenance of sanitation and hygiene, health and nutrition services, education and protection.

In Tanzania, the refugee response is coordinated at four levels – national, regional, inter-agency and camp – and UNICEF is engaged at each level. At the national level the Ministry of Home Affairs (MHA) and UNHCR coordinate the United Nations Refugee Programme Working Group, which oversees the overall management of the refugee response. Regionally, the head of the Kigoma Regional Government coordinates all United Nations agencies and non-governmental organizations (NGOs). At the inter-agency/inter-camp level, UNHCR and the MHA are responsible for coordinating the inter-agency response across the three camps, including sector-specific coordination and response. UNHCR and the MHA coordinate the response in the camps, with support from other United Nations agencies and NGOs, who provide day-to-day sector-specific programming.

UNICEF Tanzania established a sub-office in Kibondo District and deployed staff to ensure close monitoring and supervision of UNICEF-supported interventions, including technical support across the sectors. UNICEF's Dar es Salaam Supply and Field Coordination teams provided overall guidance and technical support to the refugee response throughout 2016. In addition to the refugee response, UNICEF has been supporting the refugee-hosting districts of Kasulu, Kibondo and Kakonko with health and medical equipment, cholera prevention interventions and the procurement of vaccines, and has been working to strengthen the cold chain systems. In addition, throughout 2016 UNICEF has been working in the Kigoma region to strengthen case management for children with acute protection needs.



(Carr/UNICEF/2016)

Outside school – Burundian refugee children attend school under a tree while they wait for schools to be built – with UNICEF supplied learning materials and backpacks and teaching aids almost 50,000 children continue their schooling in the camps.

## SECTION 2: HUMANITARIAN RESULTS

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UNICEF Rwanda and Tanzania were included in the inter-agency and multisector 2016 Regional Refugee Response Plan covering the refugee response in regard to education, health, nutrition, WASH and child protection within the camps, as well as providing critical intervention in host communities across the sectors. In both Rwanda and Tanzania, UNICEF works closely with the governments, UNHCR and partners to provide critical services for women and children in response to the Burundian refugee crisis, aligned with the Core Commitments for Children.

In 2016, UNICEF and partners worked to prevent waterborne diseases and to improve WASH services. Access to education was expanded through the provision of basic learning material and training and teaching tools for teachers, to ensure all school-age refugee children receive an education. Response mechanisms for GBV and exploitation were enhanced in camp settings, and psychosocial support was prioritized. UNICEF strengthened child protection systems, specifically to address protection issues for unaccompanied and separated children, such as SGBV and violence against children. To prevent disease outbreaks, such as cholera and measles, UNICEF increased critical epidemic surveillance systems and containment, and procured necessary health supplies, including vaccines. Immunization was a key strategy for averting vaccine-preventable diseases and common causes of childhood mortality. For nutrition, UNICEF supported supplementary feeding for children and pregnant and lactating women, and screened refugee children for malnutrition. Communication for development (C4D) was a core cross-cutting strategy that contributed to the achievement of results.

In Tanzania, to prevent and control cholera in villages surrounding the refugee camps, UNICEF, through Red Cross volunteers, conducted house-to-house hygiene promotion campaigns, which included practical education on preparation of oral rehydration solution. Cumulatively, over 1,400,400 tablets of water guard were distributed to an estimated 17,000 households; each household received 90 water guard tablets on average. UNICEF supported community mobilization for the administration of oral cholera vaccinations in all districts in Kigoma. Five ambulances were procured and provided to the Kigoma local authorities to strengthen referral systems in the health facilities surrounding all three refugee camps. As part of its nationwide support, UNICEF supported the procurement of vaccines and strengthened the cold chain systems in the Kigoma region. In 2016, over 26,000 and 27,000 children were immunized against measles and polio, respectively.

UNICEF Tanzania's refugee response is embedded within existing national and regional structures to reduce the humanitarian–development divide. For example, in the Kigoma region, UNICEF supported annual planning, budgeting and review for nutrition programmes in all councils to ensure that nutrition activities are integrated into comprehensive council health plans and medium-term expenditure frameworks. UNICEF supported biannual bottleneck analysis of selected nutrition interventions in Kigoma region to identify the main barriers to effective coverage of interventions. In addition, UNICEF supported biannual joint multisectoral nutrition reviews to assess implementation and spending in all regions of Tanzania, including Kigoma. In the three districts hosting refugees, UNICEF is working with the local governments to build child protection systems that can prevent and respond to violence, abuse and neglect. In addition, UNICEF was actively involved in the development of the Inter-Agency Contingency Plan to prepare for a potential increase in refugee arrivals from Burundi and DRC.

In Rwanda, more than 51,000 refugees gained access to safe hygienic messages and WASH services in 2016. About 307 children under five were treated for SAM. Nutrition screenings, the provision of ready-to-use therapeutic food, monitoring and capacity-building of health providers reduced the rate of SAM among refugee children. Results from 2015 show that global acute malnutrition (GAM) decreased over time, from 4.1 per cent in July



2015 to 2.6 per cent in December 2016. In addition, routine immunization, essential supplies and preparedness for cholera and typhoid helped to prevent disease outbreaks; and more than 4,500 children were immunized. More than 1,500 unaccompanied and separated children were provided with protection services. More than 19,000 school-aged children were enrolled in school and received school supplies. Efforts continued to improve the quality of learning materials and teacher capacities. UNICEF Rwanda also initiated ECD care and learning in Mahama Camp. Where possible, funds were reprogrammed to support refugee children's access to essential services.

In Rwanda, the education in emergency response for Burundian children was linked to the national education service delivery system, rather than creating additional/parallel infrastructure and mechanisms. Since early 2016, refugee children have been integrated into the local school, following the agreement between the Government of Rwanda and UNHCR and UNICEF. Alongside local children, Burundian refugee children are learning the competencies outlined in the Rwanda national school curriculum. The integration of Burundian refugee children in the national education system was made possible through the hiring and training of additional teachers and by expanding local schools through the construction of additional infrastructure (classrooms, WASH facilities, kitchens, etc.). For the procurement of textbooks and supplementary materials, UNICEF worked within the Government procurement processes to achieve cost savings and quick delivery of the supplies.

**More detailed UNICEF sector results for 2016 are discussed below.**

## WASH

To meet the WASH needs of refugees in Rwanda and Tanzania, and to prevent the spread of waterborne diseases, UNICEF worked to improve access to safe water and sanitation facilities and services and to promote sanitation and hygiene messaging. Through partners, UNICEF and UNHCR coordinated the removal of solid waste across the four camps, constructed over 550 latrines, and provided safe drinking water to over 170,000 refugees (83,000 female) in Rwanda and Tanzania. Sanitation and hygiene promotion campaigns were central to preventing waterborne diseases, and evidence-based C4D practices and approaches were used to reach communities with key messages. In Tanzania, the focus was largely around cholera prevention, as cholera is endemic in the country and the three refugee camps are at risk of repeated outbreaks.

In Tanzania, to prevent the spread of waterborne diseases across the Nyarugusu, Mtendeli and Nduta camps, UNICEF, in collaboration with UNHCR and other partners, provided over 120,000 (58,200 female; 61,800 male)<sup>3</sup> refugees with access to safe drinking water. Due to a higher influx of refugees and a higher need for WASH support in 2016, UNICEF reached a higher number of beneficiaries than originally planned (the 2016 HAC target was 60,000). This was completed through a combination of borehole drilling, surface water treatment, water trucking, the distribution of water tablets and the provision of water pumps and generators. UNICEF Tanzania supported hygiene promotion efforts in all three camps through the distribution of buckets and soap, reaching approximately 120,000 people (58,200 females; 61,800 males) in 2016. UNICEF provided support to Oxfam and Tanzania Red Cross Society to improve water supply, sanitation and hygiene in 21 schools and 10 children-friendly spaces, through the construction of 540 latrine drop holes, the installation of six water storage tanks and through connecting water supply to hand washing facilities. As a result of these interventions, the latrine access ratio has improved from 1 drop-hole to 384 pupils to 1:86 pupils in Nyarugusu; from 1:682 pupils to 1:290 pupils in Nduta; and from

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<sup>3</sup> Note that all gender disaggregated data for Tanzania are estimates, based on the overall population demographics for the camps.

1:200 pupils to 1:139 pupils in Mtendeli. Overall, this intervention benefited 55,966 Burundian pupils (27,144 girls; 28,822 boys) attending schools.

In addition, UNICEF supported host community interventions on cholera prevention through awareness and sensitization campaigns led by the Tanzania Red Cross Society. Over 1.4 million water guard tablets were distributed to 17,000 host community households, while house-to-house hygiene promotion and education messages on cholera prevention were disseminated. Hygiene promotion campaigns and education messaging are key behaviour change activities.

In Rwanda, UNICEF was committed to improving access to sanitation facilities that meet the Sphere standards of 20 people per latrine. UNICEF, in collaboration with NGO partners, constructed 28 blocks of durable latrines, which are benefiting approximately 2,240 refugees. The newly constructed latrines are closer to households and have also contributed to enhanced privacy and security of refugees, especially for women and children. Compared to the temporary communal latrines, these latrines are much easier to clean and less malodorous. Water availability in Mahama Camp averaged 20.25 litres per capita per day in January 2017. The latrine and shower ratio in Mahama averaged 24 people per drop-hole and 28 people per shower room, respectively. In 2016, UNICEF, with financial assistance from the UK Department for International Development (DFID), supported construction of 27 additional blocks of durable latrines in Mahama Camp, each with four doors, resulting in improved sanitation facilities for 2,160 refugees. In order to promote safe hygiene practices among refugees, social mobilization efforts through interpersonal communication and sensitization campaigns were carried out for promotion of messages around handwashing with soap, so that preventable diseases, such as diarrhoea, could be controlled. More than 51,000 refugees were reached with safe hygiene messaging, representing 100 per cent of the refugee population.<sup>4</sup>

## EDUCATION

Access to education is considered a fundamental right, and this right is not abrogated if a child is a refugee. In 2016, efforts continued to focus on providing school-aged refugee children – both girls and boys – with access to education in the countries seeking asylum. UNICEF worked to ensure that host communities and camp settings had basic learning materials, such as textbooks and supplementary learning materials, that teachers were trained and had teaching materials, and that learning spaces were provided. Across Rwanda and Tanzania, over 100,000 children were provided with access to education. Efforts were made to address the challenges children face in regard to adapting to the host-country curriculum, particularly in Tanzania, and to advocate for refugee children to take national examinations.

UNICEF Rwanda procured and distributed 19,000 student learning kits and 300 teacher training kits. With these kits, UNICEF exceeded the 2016 HAC target of reaching 17,000 school-aged children, including adolescents, with access to quality education. As a result of the joint social mobilization efforts, the attendance rate of children in education services significantly increased, from 61 per cent at the beginning of 2016 to 85 per cent in November 2016. UNHCR and the ADRA, an NGO partner, constructed 163 new classroom facilities outside Mahama Camp. These include 53 classrooms for primary classes for Grades 1 and 2. In addition, kitchen facilities and a teachers' room were constructed. The facilities will be used in the 2017 school year. In October and November 2016, over 2,400 Burundian refugee children living in Mahama Camp sat for national examinations. This was in part due to UNICEF advocating for the integration of refugee children into the Rwanda national education system, to enable them to learn the new competency-based curriculum in

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<sup>4</sup> The 2016 HAC for Rwanda set a target of 60,000 people reached with safe hygiene messaging, but the target was based on projection and the achievement was based on the actual number of people in need: UNICEF Rwanda and partners reached 100 per cent of this latter number.

February 2016. However, challenges in respect of teachers' capacity to implement the national competency-based curriculum, child-centred teaching methods and the use of English as the primary teaching language contributed to children's poor performance in the national exams and indicate the need to strengthen education for the refugee population.

In 2016, UNICEF was the only agency among the United Nations agencies in Rwanda which supported access to early learning and basic education for refugee children. After initial life-saving interventions, UNICEF focused on the provision of basic social services and support to the development of more permanent solutions. An ECD bottleneck analysis was conducted jointly with United Nations, government and civil society partners in the camp. This revealed that a lack of semi-permanent and permanent physical infrastructure was a major constraint in expanding access to quality ECD services in the camp. In 2016, the UNICEF-supported delivery of ECD services reached over 5,400 children with daily play-based early learning activities in the existing temporary ECD spaces in Mahama Camp. The 2016 HAC target was to cover 14,000 children between zero and six years with centre-based ECD, as well as a home-based ECD approach. ECD services through a centre-based approach began in 2016, but the home-based ECD services that were expected to cover about 8,600 children, did not begin in 2016, leading to a lower number of children reached than the expected target.

In Tanzania, UNICEF's primary role in the refugee education response was to increase access to quality education, and efforts were focused on the provision of all scholastic materials, recreational materials for primary students, as well as teaching supplies, across the three camps. UNICEF also trained 477 volunteer teachers to strengthen pedagogic skills and core subject knowledge. UNICEF reached over 54,000 (26,190 girls; 27,810 boys) Burundian refugee children with improved safe learning environments and quality education, exceeding the 2016 HAC target of 50,000. At the national level, UNICEF and UNHCR continued to engage with the Tanzania Ministry of Education and Vocational Training regarding oversight of final examinations for 1,500 (727 girls; 773 boys) Burundian refugee children in Grades 9 and 10. The National Examinations Council for Tanzania confirmed their willingness to administer the examinations in all three camps in March 2017.

## HEALTH

Preventing disease outbreaks and providing health care to children and women is central to UNICEF's work of keeping women and children alive and thriving. In 2016, efforts across Rwanda and Tanzania focused on improving MNCH, immunizing children against vaccine-preventable disease, and messaging to promote health-seeking behaviour and preventing diarrhoeal diseases. Efforts were also undertaken to prevent mother-to-child transmission of HIV, which was mainstreamed into routine MNCH services. In both countries, UNICEF worked to strengthen the capacity of local health posts to ensure that the national health system can meet the needs of both the host and refugee populations. Over 55,000 children were immunized against polio and measles, representing a significant increase on the 13,500 2016 HAC target for the two countries.

In Tanzania, UNICEF supported the Tanzania Red Cross Society to improve the provision of quality MNCH services in health facilities in Nyarugusu and Mtendeli refugee camps. The specific focus of UNICEF's support included the provision of essential equipment and supplies to health facilities and skill-development of health workers to improve the quality of focused antenatal care, emergency obstetric care, neonatal care (including newborn resuscitation), prevention of mother-to-child transmission of HIV and integrated management of childhood illnesses. Capacity development of health workers was a key component of UNICEF's support in 2016. This included training which aimed to provided health care workers with important skills on maternal and newborn health – mainly on emergency obstetric, newborn and childcare.



Throughout 2016, UNICEF supported the provision of health education at the community level in Nyarugusu and Mtendeli camps through Health Information Teams. These teams reach the community on a daily basis with messages to address MNCH behaviours in an effort to prevent disease outbreak and promote timely health-seeking behaviour. Key messages include care of newborns, exclusive breastfeeding, handwashing with soap and water at critical times, promoting antenatal clinic attendance, and promoting facility delivery assisted by skilled attendants, as well as promoting early care-seeking responses to diarrhoea, fever and respiratory diseases. Promotion of health facility delivery among mothers was emphasized through community sensitization/health education, and provision of neonatal and adult blankets and insecticide-treated bednets to all mothers post-delivery. These initiatives had significantly improved facility deliveries to 96 per cent in Mtendeli and Nyarugusu refugee camps at the end of 2016. UNICEF continued to support 'on arrival' immunization at Lumasi transit centre and routine immunization in all three camps in 2016, reaching 26,294 children under five with measles and 27,042 children under five with polio vaccinations. Due to the influx of additional refugee children into the camps, UNICEF exceeded the original HAC target by almost three and half times. In addition, UNICEF provided five ambulances to strengthen the referral systems in health facilities in the host communities to respond to obstetric emergencies, among other emergencies.

UNICEF Rwanda continued to support the health response for Burundian refugees through immunization campaigns, provision of health supplies, community health programmes for the identification of sick children, cholera preparedness, typhoid fever response and yellow fever prevention. As a result, 4,600 children were reached with routine immunization services (a significant increase on the 2016 HAC target due to the greater influx of refugees than originally projected), 196 pregnant mothers were vaccinated against tetanus, and no vaccine-preventable diseases were reported in Mahama Camp after the initial influx of refugees to Rwanda. Yellow fever surveillance activities have been ongoing since July 2016 and yellow fever vaccinations are being carried out at reception centres, which has resulted in about 3,000 being vaccinated to prevent yellow fever. Incidences of diarrhoeal disease and malaria have been reduced, though incidences of acute respiratory infections are still high (47 per cent of under-fives).

## NUTRITION

UNICEF continued to screen refugee women and children for malnutrition upon arrival and to provide supplementary feeding for children, pregnant women and lactating mothers. Malnourished children were treated in either outpatient or inpatient therapeutic feeding programmes (as per the Sphere standards for programme coverage and programme performance) in Rwanda and Tanzania. The promotion of appropriate infant and young child feeding (IYCF) practices was prioritized for mothers with children between the ages of six and 23 months. Focus was also given to vitamin A supplementation and deworming activities in both countries. Due to the lower number of SAM cases than expected among refugee children in 2016 (as compared to the 2016 HAC target), UNICEF reached 765 SAM children with treatment in Tanzania and 317 in Rwanda, representing 100 per cent of all SAM cases receiving appropriate treatment. It is prudent to over-target in order to ensure that the health system is prepared to cope.

In Tanzania, UNICEF focused on screening refugee women and children for malnutrition in all three of the refugee camps as a core strategy. Throughout 2016, UNICEF supported both inpatient and outpatient management of SAM in all three camps through the provision of therapeutic supplies (F-100, F-75, Resomal, PlumpyNut) and anthropometric equipment (scales, height-measuring boards and mid upper arm circumference (MUAC) tapes). Cumulatively, 765 refugee children (371 girls; 394 boys) with SAM were admitted into therapeutic treatment centres in 2016. This result is lower than the HAC target as the number of actual SAM cases was lower than projected: the projection had assumed a faster deterioration in nutritional status.

In addition, through UNICEF Tanzania's support, 60 service providers, including health workers, nutrition officers and Health Information Teams, were trained to improve IYCF counselling skills for mothers of children aged from 6 to 23 months, and to scale up IYCF counselling practices provided by the Tanzania Food and Nutrition Centre to reach more mothers at the community level. Brochures with IYCF messages were developed and translated into Kirundi (the local Burundian language) in order to reinforce mothers' knowledge. UNICEF supported the biannual Child Health and Nutrition Month campaigns – specifically for vitamin A supplementation, deworming and malnutrition screening – across the three refugee camps. In 2016, 45,200 children were reached with vitamin A supplementation and deworming tablets. UNICEF did not meet the 55,000 children under five target. However, as the target was an estimate, during the actual implementation it was possible to further refine the targets, and thus reach the population in-need fully. In collaboration with UNHCR, UNICEF Tanzania conducted a standard expanded nutrition survey to determine the health and nutrition status among children aged from 6 to 59 months in the camps. The results of this survey showed that prevalence for stunting overall was at 45 per cent (46 per cent boys and 41 per cent girls), while GAM prevalence rates were between 0.9 per cent and 3.5 per cent in all three camps (with Mtendeli having the highest GAM rates), which is within international standards of below 5 per cent. SAM prevalence overall was 1.2 per cent.

In Rwanda, UNICEF focused on screening refugee women and all children between 6 and 59 months old for malnutrition in the reception centres and in Mahama Camp. During 2016, UNICEF supported both outpatient and inpatient management of SAM through the provision of therapeutic commodities, such as ready-to-use therapeutic food, F-100 and F-75. UNICEF distributed 15,083 kilograms of ready-to-use therapeutic food for the treatment of SAM in Mahama Camp and reception centres. Furthermore, UNICEF supported American Refugee Committee (ARC) to conduct two mass campaigns on MUAC screening, provision of vitamin A and deworming. By December 2016, 7,480 children aged from 6 to 59 months received vitamin A and 6,464 children aged from 12 to 59 months received Mebendazole.

In 2016, 348 refugee children with SAM were admitted into the therapeutic treatment programme; among these, 317 were discharged after being cured. Cured children continue to receive follow-up from the supplementary feeding programme. Through the community health workers, nutritional counselling on the importance of exclusive breastfeeding and key messages on IYCF and supplementary feeding was communicated to caregivers and mothers of young children. The 2016 target for children identified with SAM and admitted for therapeutic programmes was 360; however, the total number of children admitted for therapeutic programmes was 348 in 2016, as the number of cases did not increase, and therefore admission was lower than expected.

## CHILD PROTECTION

Children are particularly vulnerable when fleeing from one country and seeking asylum in another. They are exposed to protection concerns, including SGBV and violence against children, and separation from their families and caregivers. In 2016, UNICEF enhanced response mechanisms for GBV and exploitation in camp settings and provided psychosocial support and recreational activities to address children's needs. Child protection systems were strengthened to prevent and respond to risks associated with separation. Both countries strengthened national case management systems and community-based programmes and structures, with results spanning the humanitarian–development continuum.

With thematic funding, UNICEF provided technical support to the Government of Tanzania in its deployment of 40 Social Welfare Officers (SWOs) to support the case management of acute child protection concerns in all three camps. Embedded with the International Rescue Committee (IRC) and Plan International, the SWOs – who come from districts across

Tanzania – are already trained in the national case management protocols of Tanzania's child protection system. They are able to support the process of best interest assessments (a critical first step in triaging children identified as separated and unaccompanied), best interest determinations (guardianship), and GBV referrals, and to provide home visits with families and foster families for follow-up support and counselling. The Tanzanian Government's contribution to case management through this deployment is now recognized as an example of regional best practice for how development gains can be leveraged for humanitarian action. The cost of deploying the SWOs is also markedly lower than hiring private personnel, and it builds the capacity of the SWOs to work in emergency settings. Through this programme, UNICEF provided case management services to 6,508 children, including unaccompanied and separated children – exceeding the 4,000 children 2016 HAC target. Because there was a higher rate of influx of new refugees than was planned for, there were more unaccompanied minors/separated children than was estimated at the beginning of the year – thus the target was exceeded

During the year UNICEF also supported the operation of child-friendly spaces in all three sites, through recreation and child-friendly space kits. UNICEF also supported IRC's child protection programme – specifically with respect to supporting IRC's case management system (case workers and child protection information management systems), parenting sessions, providing four child-friendly spaces with infrastructure, capacity-building sessions with police and community policing, and capacity-building for case workers on providing psychosocial support and alternative care. The activities outlined above are critical in regard to being able to identify, and follow up on, the over 6,500 children identified as unaccompanied and separated children in all three camps, and the nearly 10,000 children enrolled in IRC's four child-friendly spaces (IRC Interagency Operational Update 1 – 31 January, 2017).

UNICEF Rwanda provide dedicated support to 718 unaccompanied children (228 girls; 490 boys) and 830 separated children (355; 475 boys), representing a total of 1,548 children provided with case management services. All unaccompanied and separated children received home visits by trained para-social workers and community-based child protection volunteers. A total of six child-friendly spaces were used as safe spaces to provide psychosocial support for children in need, and 5,824 children accessed these spaces in 2016. UNICEF, in collaboration with Plan International and UNHCR, supported the design, implementation and monitoring of three community-based child protection structures, which are facilitated by 64 para-social workers, 50 child protection mobilizers and 64 child-friendly space mobilizers. Each community-based child protection structure serves a unique role in the camp, ensuring that children are safe, cared for and have access to services that uphold their fundamental rights. UNICEF is also supporting children through recreational activities targeting at-risk youth, including football, traditional dance, music, acrobatics, drama and martial arts.

Through partners and community structures, UNICEF has been active in monitoring the protection needs of more than 1,535 unaccompanied and separated children (576 girls; 959 boys). In a continuous effort to reduce the number of unaccompanied and vulnerable children, UNICEF has taken the lead on developing standard operating procedures for alternative care in Mahama Camp; 60 foster care families were identified and trained; and 102 unaccompanied children were placed in foster care (57 boys and 45 girls).



## RESULTS TABLE

Table 1: Humanitarian results versus targets, 2016

| Health   | UNICEF 2016 target | UNICEF results in 2016         |
|--|--------------------|--------------------------------|
| <b>Rwanda:</b> Children under five provided with routine immunization  | 1,500              | 4,603                          |
| <b>Tanzania:</b> Children immunized against measles and polio  | 12,000             | 26,294 measles<br>27,042 polio |
| <b>WASH</b>  |                    |                                |
| <b>Rwanda:</b> People reached with safe hygiene messages and promotional activities  | 60,000             | 51,419                         |
| <b>Tanzania:</b> People provided with safe water (7.5–15 litres per person per day)  | 60,000             | 120,000                        |
| <b>Child protection</b>  |                    |                                |
| <b>Rwanda:</b> Most vulnerable children, including unaccompanied and separated children, provided with case management services                                  | 6,000              | 1,548                          |
| <b>Tanzania:</b> Most vulnerable children, including unaccompanied and separated children, provided with case management services                                | 4,000              | 6,508                          |
| <b>Education</b>   |                    |                                |
| <b>Rwanda:</b> School-aged children, including pre-school-aged children and adolescents, have access to basic quality education.                                 | 17,000             | 19,422                         |
| <b>Tanzania:</b> School-aged children, including pre-school-age and adolescents, have access to basic quality education (including through temporary structures) | 50,000             | 54,257                         |
| <b>Nutrition</b>   |                    |                                |
| <b>Rwanda:</b> Children under five with SAM admitted to therapeutic feeding programmes   | 360                | 348                            |
| <b>Tanzania:</b> Children under five suffering from SAM admitted to therapeutic feeding programme  | 2,860              | 765                            |
| Children under five years provided with Vitamin A supplementation  | 55,000             | 45,200                         |

## SECTION 3: MONITORING AND EVALUATION

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UNICEF Rwanda and Tanzania conduct regular monitoring of implementation and quality of activities and services provided by partners. UNICEF follows up on the overall progress of initiatives, and keeps partners informed on planning and management of issues by conducting field visits and organizing partnership review meetings. UNICEF consolidates inputs to ensure quality and timely reporting on the project achievements and emerging challenges. UNICEF relies on its monitoring processes to report on results, based on project indicators and verification of sources, and regularly updates the Humanitarian Performance Monitoring (HPM) matrix as per the HAC.

In both Rwanda and Tanzania, implementing partners provide quarterly technical and financial progress reports to UNICEF programme sections. These reports are then reviewed by programme specialists in Kigali and Dar es Salaam head offices. Feedback and recommendations are made to partners, as needed. In Tanzania, coordination meetings with partners take place at national and subnational level, under the overall coordination function of UNHCR/the MHA–Refugee Service Department. UNICEF is a regular member in all meetings 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.

The Rwandan Ministry of Disaster Management and Refugee Affairs and UNHCR are the overall coordinators of the inter-agency response to the refugee situation. UNICEF is the UN Co-Coordinator for the response in WASH, child protection, education, health (with WHO and UNFPA), and nutrition (with WFP), and is a lead in ECD. There are various coordination mechanisms within UNICEF and across agencies, such as the Refugee Coordination Meeting attended by UN agencies and implementing partners at a senior management level. Inter-agency technical meetings are also held and attended by the programme emergency focal points. The UNICEF Rwanda Emergency Management Team meeting is held monthly to review the situation and coordinate the response.

Annual partnership review meetings are jointly conducted by UNICEF and implementing partners. The objective of the partnership review meetings is to review and monitor the key successes and challenges identified in the course of programme implementation, address the key issues and incorporate lessons learned into programme documents and responses. UNICEF has internal procedures governing the development of programme cooperation agreements with implementing partners, as well as mechanisms governing the transfer of funds to partners. Monitoring plans for programme implementation and spot checks are governed by risk levels that are pre-determined by micro-assessments carried out prior to engagement with partners and government entities.

## SECTION 4: FINANCIAL ANALYSIS

### RWANDA

As outlined in the Humanitarian Appeal for 2016, UNICEF Rwanda required a total of US\$ 3,433,000 for the refugee response. The first tranche of funds for 2016 was received from DFID in the third quarter of 2016. The office managed the refugee support through the carry-over funds from 2015 and regular resources (staff for emergency were supported) until the arrival of the DFID funds. Towards the end of the year, more funds arrived for 2017. With the arrival of these funds, the funding gap has been reduced to 31 per cent. The total funding gap for 2016 was US\$ 1,057,811.

Table 2: Funding status by sector

| Funding requirements (as defined in UNICEF's Humanitarian Appeal Jan.–Dec. 2016) – Rwanda |                     |                           |                  |           |
|---|---------------------|---------------------------|------------------|-----------|
| Appeal sector   | Requirements (US\$) | Funding available (US\$)* | Funding gap      |           |
|   |                     |                           | (US\$)           | Per cent  |
| Nutrition   | 378,000             | 38,169                    | 339,831          | 90        |
| Health (including HIV/AIDS)   | 505,000             | 250,054                   | 254,946          | 50        |
| WASH  | 500,000             | 532,302                   | (32,302)         | -6        |
| Education and ECD   | 900,000             | 589,050                   | 310,950          | 35        |
| Child protection  | 460,000             | 472,560                   | (12,560)         | -3        |
| Operational support*  | 540,000             | 117,432                   | 422,568          | 78        |
| Monitoring and evaluation, including C4D  | 150,000             | 44,642                    | 105,358          | 70        |
| Sector unspecified**  |                     | 330,980                   | (330,980)        |           |
| <b>Total</b>  | <b>3,433,000</b>    | <b>2,375,189</b>          | <b>1,057,811</b> | <b>31</b> |

### TANZANIA

In 2016, UNICEF's response to the Burundian refugee situation in Tanzania received only 43 per cent of the planned resources, and therefore had to utilize about US\$ 990,000 of its regular resources to meet some of the critical needs of refugee children and women.

Table 3: Funding status against the 2016 Regional Refugee Response Plan by sector

| Appeal sector                             | Fund requirement (US\$) | Funds received (US\$) | Funding gap      |           |
|---|-------------------------|-----------------------|------------------|-----------|
|   |                         |                       | US\$             | Per cent  |
| WASH                                      | 1,000,000               | 950,000               | 50,000           | 5         |
| Education                                 | 1,100,000               | 355,000               | 745,000          | 68        |
| Health and nutrition (including HIV/AIDS) | 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        |
| <b>Total</b>                              | <b>5,550,000</b>        | <b>2,398,559</b>      | <b>3,151,441</b> | <b>57</b> |



Table 4: Funding received by donor

| Thematic Humanitarian contributions received in 2016: donor        | Grant number | Programmable amount (in US\$) | Total contribution amount (in US\$) |
|--|--------------|-------------------------------|-------------------------------------|
| Sida-Sweden  | SM160562     | 612,925                       | 661,959                             |
| The United Kingdom   | SM150317     | 400,000                       | 400,000                             |
| Allocation from global thematic humanitarian                       | SM149910     | 920,686                       | 920,686                             |
| United Nations Office for the Coordination of Humanitarian Affairs | SM150524     | 744,058                       | 796,142                             |
|  | SM160178     | 373,831                       | 400,000                             |
|  | SM160179     | 794,391                       | 849,999                             |
|  | SM160189     | 458,190                       | 490,264                             |
| <b>Total</b>   |              | <b>4,304,083</b>              | <b>4,519,050</b>                    |

## SECTION 5: FUTURE WORKPLAN

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### RWANDA

UNICEF Rwanda will continue to support humanitarian efforts by assisting UNHCR and other partners in ensuring the well-being of refugee populations, specifically children and pregnant and lactating mothers. In line with the programme targets outlined in the 2017 HAC, UNICEF Rwanda, in partnership with implementing partners, has prioritized the following activities:

#### Nutrition

- 400 children under five with SAM admitted to therapeutic services

#### Health

- 12,000 children under five provided with routine immunization

#### WASH

- 10,000 people provided with access to safe drinking water
- 10,000 people provided with appropriate sanitation services

#### Education

- 19,000 school-aged children accessing quality education
- 20,000 children aged zero to six years benefiting from the provision of ECD services through centre- and home-based care

#### Child protection

- 50,000 children, including unaccompanied and separated children, provided with appropriate care and protection services

### TANZANIA

In line with the 2017 Regional Refugee Response Plan and the HAC, UNICEF Tanzania, in partnership with implementing partners, has the following priority actions:

#### WASH

- 50,000 refugee children provided with adequate WASH facilities in their schools and child-friendly spaces, and receiving hygiene promotion materials through the training and support of Health Information Teams
- Cholera preparedness and response, both in the camps and host communities, through the distribution of WASH supplies, including water chlorination tablets and C4D messages promoting safe hygiene and sanitation behaviours

#### Education

- 90,000 school-aged refugee children provided with access to quality education, through the procurement of scholastic materials (for both learners and teachers), covering all children in schools in the three camps
- Teacher training provided to ensure qualified teachers are available in all classrooms in the camps

#### Child protection

- The provision of case management, including support for the deployment of SWOs and child-friendly spaces provided.
- The prevention of, and response to, violence against children, bolstering outreach to parents using the Positive Parenting curriculum developed for Tanzania's child protection system.

### **Nutrition**

- 1,500 children under five provided with SAM therapeutic treatment services; 54,000 children under five provided with vitamin A supplementation and deworming tablets; timely nutritional assessments and surveillance systems completed; and the promotion of appropriate IYCF practices.

### **Health**

- 60,000 refugee children aged from 0 to 59 months vaccinated against measles and polio.
- Prevention and treatment of malaria through the distribution of insecticide-treated mosquito nets, the provision of malaria treatment tablets and through information, education and communication activities conducted through community volunteers (Health Information Teams).
- Enhanced measures to prevent mother-to-child transmission of HIV.



## EXPRESSION OF THANKS

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On behalf of the children, women and the entire refugee community in Mahama Camp, UNICEF Rwanda would like to thank DFID for its generous support to the humanitarian response in Rwanda. This financial support was very timely in addressing the specific needs of refugee children and women, as highlighted in this report – in particular to ensure that many more children accessed effective and essential services in respect of WASH, child protection and education interventions. UNICEF looks forward to a continuing partnership with DFID in the future to address the needs of refugees in Rwanda.

UNICEF Tanzania is very grateful to the the United Nations Central Emergency Response Fund Secretariat, the United Kingdom Committees and Sida-Sweden for their support to this largely under-funded crisis, which has affected thousands of children who have had to flee violence from their country of origin. Your generosity has given due consideration to the fate of the refugee children and the urgent response required to ensure their safety, by enabling them to access basic services for health, nutrition, education, water and sanitation, thus providing them with hope for a bright future. Without support from donors, UNICEF Tanzania would not be able to provide a comprehensive, multisector support to meet the most critical needs of refugee children and women.



(Frisone/UNICEF/2016) Blackboard—the schools for Burundian refugees in Tanzania are basic, but with simple tools like blackboards and chalk teachers work with to provide quality education.

## Annex 1: Human interest stories

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- [https://www.unicef.org/esaro/5440\\_rwa2017\\_korea-funds.html](https://www.unicef.org/esaro/5440_rwa2017_korea-funds.html)
- [https://www.unicef.org/esaro/5440\\_rwa2017\\_back-to-school-launch.html](https://www.unicef.org/esaro/5440_rwa2017_back-to-school-launch.html)

## Annex 2: Donor report feedback form

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UNICEF is working to improve the quality of our reports and would very much appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form to UNICEF by e-mail to:

Name: Edward Addai, Regional Chief of Monitoring and Evaluation, Pete Manfield, Regional Emergency Advisor

E-mail: [eaddai@unicef.org](mailto:eaddai@unicef.org), [pmanfield@unicef.org](mailto:pmanfield@unicef.org)

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|   |
|---|
| <b>SCORING:</b> 5 indicates “highest level of satisfaction” while<br>0 indicates “complete dissatisfaction” |
|---|

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 5                    | 4                    | 3                    | 2                    | 1                    | 0                    |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|   |   |   |   |   |   |

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

**SCORING: 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”**

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|   |   |   |   |   |   |

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 5 | 4 | 3 | 2 | 1 | 0 |
|   |   |   |   |   |   |

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

**Thank you for completing this form!**