

INTER-AGENCY OPERATIONAL UPDATE

BURUNDI REFUGEE SITUATION

Reporting Period: 10- 23 June 2016

HIGHLIGHTS

On Saturday, 11 June 2016, the President of Tanzania H. E. Mr. John Pombe Magufuli, has appointed Honourable Mr. Mwigulu Nchemba as new Minister for Home Affairs.

UNHCR and partners held a commemoration of the 2016 World Refugee Day in Nyarugusu camp on 20 June 2016. The United Nations High Commissioner for Refugees (UNHCR) Representative in Tanzania, the Kigoma Regional Commissioner, the Italian Delegation representing the donor community and district officials took part in the event. A series of activities from songs, dances and remarks that reflects the theme “We Stand Together #With Refugees, Please Stand with Us” were performed and delivered during the event jointly with the refugees and host community. Two subsequent commemorations also took place in Nduta and Mtendeli camps on 21 and 22 June 2016 respectively.



<Left to right: Head of UNHCR Kasulu Field Office, Italian Delegation, UNHCR Representative, UNHCR External Relations Officer, Italian Delegation and UNHCR Pilot in Kigoma Airport before proceeding to Nyarugusu camp for the World Refugee Day’s commemoration on 20 June 2016>

Kigoma regional authorities have issued a circular on 23 June 2016 introducing a number of measures to control the spread of Yellow Fever into Tanzania from the neighboring countries. The measures include: (i) screening of travelers from an endemic country for 12 hours or longer where they are required to produce a valid Yellow Fever vaccination certificate; (ii) all refugees/asylum-seekers entering Kigoma region to be screened; (iii) exemption can be accepted subject to proof from medical practitioners; and (iv) all Tanzanians traveling to endemic countries will be vaccinated. Similarly, those arriving from Yellow Fever endemic countries will be required to produce a proof of vaccination upon arrival in Tanzania.

The vaccine is not part of the free Expanded Program on Immunization (EPI) vaccines provided by the Ministry of Health and /or the United Nations Children’s Emergency Fund (UNICEF).

KEY FIGURES

As of 23 June 2016

144,447

Total Burundian population of concern

141,614

Total Burundian population post influx

64,007

Total Burundian population in Nyarugusu Camp (Pre-Influx + Influx)

55,320

Total population in Nduta Camp

22,096

Total population in Mtendeli Camp

191

Total population in Lumasi Transit Site



During the reporting period, 1,611 persons of concern have been relocated from Nyarugusu to Mtendeli camp with two relocation convoys.

On 16 June 2016, UNHCR conducted basic protection training for 18 staff members of International Organization for Migration (IOM) in Kasulu district. The training provided participants with basic protection skills particularly focusing on identification and referral of Child Protection and Sexual and Gender Based Violence (SGBV) cases. The training participants expressed keen interest in future training to help strengthen capacity. The training was the first out of a series of Protection training activities planned for IOM's staff. The second session of the training is scheduled to take place in early July 2016.

During the reporting period, 161 Burundian refugees arrived into Tanzania from various reception centres in Kigoma region. Most of the new arrivals reported insecurity including attempts of abduction, assassination, physical attack, sexual abuse and lack of food as the prominent factors that forced them to flee.

UNHCR undertook a border monitoring mission at the four major entry points in the Kagera region. They included Kabanga, Kasange, Bugarama and Murusagamba border points. The mission observed that the number of new arrivals has dropped significantly due to reports of tighter border controls inside Burundi amongst other reasons. Most new arrivals came from the north and north-eastern provinces of Ngozi, Ruyigi, Kirundo Muyinga and Giteranyi. They all cited generalized insecurity as a reason for fleeing. Although the team received no report of refoulement, plans are underway to conduct training for local authorities including Village Executive Officers, Immigration and other border authorities on international refugee protection/principles including, non-refoulement in accordance with protection priorities of the office.

The Legal Aid partner, the Women Legal Aid Center (WLAC), continued to provide legal assistance, including representations in and out of court, advice, interpretation service and coaching for persons of concern who came in conflict with the law. During the reporting period, five cases that include 21 individuals were provided such assistance. WLAC also monitored police detention cells where no person of concern was found in custody. At the Kibondo central prison, however, there were 77 persons of concern (5 f/72 m) serving various sentences.

Sexual and Gender-Based Violence (SGBV)

International Rescue Committee (IRC) has introduced group counseling sessions in Nduta camp to address the limited number of psychosocial counselors for SGBV survivors particularly rape and sexual assault survivors as well as the victims of physical assault, denial of resources and psychological abuse. The feedback received from the participants so far has been very positive and most survivors agreed to join a weekly session.

On the occasions of the International Day of the African Child on 16 June 2016 and the World Refugee Day on 20 June 2016, UNHCR and partners have engaged women and girls as well as men and boys in all three camps, i.e. Nyarugusu, Nduta and Mtendeli, to address issues around the mitigation and prevention of SGBV cases. The engagement comes in a range of communal activities which also include women football match, songs and short performances with Gender Based Violence (GBV) preventing and mitigating messages. Activities and events were organized in Nyarugusu, Nduta and Mtendeli camps.

In Nduta camp, UNHCR, IRC, Relief to Development Society (REDESO) and the Ministry of Home Affairs (MHA) Environment Expert conducted a joint visit to the three areas marked for firewood collection. The findings concluded that there is still sufficient firewood for collection within the camp. However, it was also apparent that there is a need to support women and youth with adequate tools to improve access to firewood. The visit also identified that the collection sites are located far from the shelter zones in the camp. Hence, the security measures need to be further strengthened to ensure the safety of women and girls while collecting firewood. UNHCR and partners have socialized security messages to the communities through all existing outreach mechanisms in the camp.

SGBV awareness and outreach sessions continued across Nduta and Mtendeli camps, including outreach within the communities, discussions with children and youth at the Child Friendly Spaces (CFS) and in schools as well as dialogues with women at the IRC support centres. Topics of discussion include general information regarding SGBV, access to services, security messages, problems regarding overconsumption of alcohol as well as understanding of gender roles. A total of 2,947 people were targeted through these sessions.

In all three camps, the Engaging Men through Accountable Practices (EMAP) and Women's Economic and Social Empowerment (EASE) programmes are currently being implemented. These activities include sensitization sessions to identify men and women willing to engage in the programmes and to establish women's groups to take part in the EASE programme specifically.

Provision of safety and security to women and girls moving in and around the camps remain a challenge that UNHCR and partners seek to address in cooperation with the communities and through strengthening community based protection mechanisms. Early reporting, in particular within the 72 hours in cases of rape and sexual assault, has improved. The Post-Exposure Prophylaxis (PEP) treatment has to be provided within 72 hours after exposure. Currently, the number of reporting within 72 hours has increased to 80 percent from previous prevalence at 50 prevalence. UNHCR together with IRC, MSF, TCRS and DRC continue to provide regular outreach activities to ensure that the communities particularly women and girls understand the importance of reporting within 72 hours after exposure and the types of service accessible to them.

The average number of reported SGBV cases has slightly increased from below 20 to 25 cases per week in Nduta camp and from below 15 to 20 cases per week in Mtendeli camp. The increased number of reports made reflects the increased efforts of prevention and outreach activities which subsequently improve the confidence of victims to come forward with their cases through increased awareness of and confidence in existing services. In all camps, SGBV case management and multi-sectoral response services are provided to all reported cases.

Youth

Follow-up visits have been conducted to evaluate the progress of all vocational training activities whereby a total number of 180 (90 f/90 m) refugee youths were reported to progress well and attend vocational training classes in soap making, bread making, and tailoring. The practical sessions are expected to start during the week of 27 June 2016.

The screening and selection process of most vulnerable youths is being finalized through home visits to check on the eligibility of the selected youths to benefit from dignity kits. The verification is expected to be completed on 30 June 2016.

Peer educators in consultation with social workers and incentive workers have conducted awareness and sensitization in all four zones through home visits and meetings to discuss about various issues on SGBV, HIV/AIDS and Adolescent Sexual and Reproductive Health (ASRH) that refugee youths are facing. A total of 33 (15f/18m) youths and adolescents took part in the activity.

Child Protection

A series of Best Interest Assessments (BIAs) were conducted by Plan International in Nduta and Mtendeli camps from 17 to 23 June 2016. There were 21 (13 f/8 m) unaccompanied and separated children in Nduta camp that have been included in the assessments. Meanwhile, the assessments were also conducted in Mtendeli camp for a total of 25 (10 f/15 m) unaccompanied and separated children.

When combined with the previous assessments, Plan International registered a cumulative figure of 2,048 (783 f/1,265 m) unaccompanied and separated children out which 1,192 (387 f/805 m) are unaccompanied children and 856 (396f/460m) are separated children in Nduta and Mtendeli camps.

The total number of unaccompanied and separated children that have been successfully adopted by foster families in Nduta and Mtendeli camps now stands at 932 (309 f/623 m) unaccompanied and separated children.

During the reporting period, Plan International in conjunction with other agencies in the camps such as MSF, Caritas, IRC and Tanzanian Red Cross and Red Crescent Society (TRCS) supported by UNHCR have processed 30 (20 f/10 m) referral cases in both Nduta and Mtendeli camps.

The Child Protection committees identified and handled a total number of 53 cases in both Nduta and Mtendeli camps which include the issues of child marriage ration card challenges, registration complaints, abandoned children, parental abuse /neglect, lack of NFI especially clothes, shoes and school materials, physical violence, children missing their parents, theft and prostitution.

Persons with Specific Needs (PSNs)

PSN registration by HelpAge for the new arrivals in Mtendeli camp continued during the reporting period. As of 23 June 2016, the total number of PSN in Mtendeli camp stands at 8,012 (5,235 f/2,777 m) people.

Through advocacy, collaboration and coordination between HelpAge, UNHCR and Tanganyika Christian Refugee Services (TCRS), 25 Persons with Disabilities (9 f/16 m) and additional 62 other PSNs under the elderly category (40 f/22 m) will benefit from the age and disability appropriate adaptation latrines constructed by TCRS. Thus, improving latrine usage, while ensuring dignity of these PSNs.

HelpAge social workers continued to conduct home-visits to identify critical needs of PSN in the zones to inform on case planning and management, including immediate referral of cases for provision of services. During the reporting period, there are 93 PSNs (34 f/59 m) in Nduta camp and 525 PSNs (338 f/187 m) in Mtendeli camp that have benefited from home visits. These visits helped to assess their specific needs with the support from caregivers/family members. HelpAge will provide access to various services through follow-up actions including support with appropriate Non Food Items (NFIs) distribution.

During the reporting period, HelpAge continue to distribute age and disability assisting devices to PSNs in a range of categories which include GBV survivors, adults and children with disabilities. In addition, HelpAge has also provided functional rehabilitation geared towards improving their mobility in Nduta camp for a total number of 32 children with disabilities (17 f/15 m).



Health and Nutrition

Crude Mortality Rates (CMR) and Under 5 Mortality Rates (U5MR) remain under the emergency threshold of less than 1 death per 1000 persons per month.

The main cause of morbidity across all camps is malaria constituting the average of 22.6 percent of all morbidities followed by upper and lower respiratory tract infection, urinary tract infection, skin diseases, watery diarrhea, intestinal worms and others.

The care and treatment services for HIV/AIDS patients continue to be provided for refugees in all camps. In Nduta and Mtendeli camps, the services are provided by a team from Kibondo and Kakonko district's hospitals. There have been no new reported cases of HIV patients in all camps. Currently, there are 851 HIV positive patients who are enrolled in the care and treatment services out of which 683 are receiving Antiretroviral Therapy (ART) and the remaining 168 receiving cotrimoxazole therapy to prevent opportunistic infections.

UNHCR has received the drugs replenishment during the reporting week. These drugs have been planned to be distributed to the partners on 25 June 2016. Another consignment is expected to arrive in the coming weeks.

Health partners with the support of UNHCR and UNICEF have successfully held the Vitamin A and Deworming Campaign from 16 to 19 June 2016.

Education

The cumulative enrolment for the three schools in Nduta camp rose by 9 percent from 17,334 to 19,800. This is attributed mainly to the work of incentive social workers and child protection committees that are identifying and referring children to school.

The students in grades 9, 10, 12, 13 and 14 are currently sitting for mock exams to prepare for their national examinations scheduled to take place in August 2016. There are currently about 4,000 students (40 classes) that continue to study under the trees. The classroom gap remains at 620 classrooms in Nduta camp.

During the reporting week, Save the Children provided the Early Childhood Development (ECD) facilities and mobile life skills education to youths around the camp. Save the Children also established the accelerated learning spaces for out of school children. Discussions between Save the Children and UNHCR are underway to assess the feasibility of channeling Save the Children's fund to support the provision of formal education.

The number of students in Mtendeli camp continue to increase as a result of new arrivals from the border as well as refugees being relocated from Nyarugusu camp. The total enrolment is at 5,984 students (2,749 f/ 3,235 m). The new school commissioned in the second week of June 2016 has reduced decongestion of classrooms in Mtendeli camp.

The main gap in the Education sector remains classrooms, desks, textbooks, library, laboratory, teachers' office premises and WASH facilities. The total number of classrooms needed when the camp population reaches the ceiling of 50,000 is estimated at about 500.

Food

As a result of individual general food ration distribution in Nyarugusu camp, the waiting time at the Food Distribution Point (FDP) has been reduced significantly.

The World Food Programme (WFP) is in the process of identifying the best approach to target PSNs for the planned Cash Based Transfer (CBT) programme to be piloted with 10,000 both Burundians and Congolese refugees in Nyarugusu camp.

WFP has started the planning process to conduct a recognized and credible outcomes and food security monitoring exercise, i.e. Community and Household Surveillance (CHS), to determine short to medium term impact of food assistance on targeted households, and to monitor food insecurity and livelihood trends of vulnerable groups over time. The exercise will commence in the first week of July 2016.

Due to pending construction work in Nduta and Mtendeli camps, group general food distribution will continue till Mid July 2016.

WFP continue to work with UNHCR and partners to establish unified address system in all camps for surveys and/or Cash Based Intervention (CBI) program to be implemented smoothly.

Water, Sanitation and Hygiene Promotion (WASH)

The setting up of water distribution network at Mtendeli camp has been completed. The camp, therefore, is now able to accommodate 50,000 refugees with the existing water infrastructure. The remaining challenge for UNHCR and partners to address is to establish reliable ground water sources. As reported previously, there are three operational boreholes in Mtendeli camp. UNHCR and partners have now completed the drilling of the fourth borehole. This fourth borehole will soon be equipped with a submersible pump which will subsequently make it operational. Meanwhile, two drilling rigs are positioned in Mtendeli camp to explore more boreholes. The current water distribution rate is at 23 liters per person per day as was the case in the previous reporting period.

A meeting has been scheduled together with the MHA to resolve an issue faced by UNHCR and other WASH partners related to the local community preventing access to the drilling sites that are beyond the camp borders.

The remote exploration and ground survey in Karago camp has been completed by a team of experts from UNHCR, Ministry of Water and Irrigation, Oxfam and Médecins Sans Frontières (MSF) Holland. This joint team is in the process of analyzing the survey results. The expected outcome of ongoing analysis of the results will be a selection of sites for an actual boreholes drilling in Karago camp.

MSF Holland has started the implementation of exit strategy in Nduta camp through gradual handover of their water related responsibilities to Oxfam. This has been made through reducing the number of operational hours for their water distribution network, i.e. from 24hrs a day to 6am-10am and 2pm-6pm. The number of hours will be further reduced gradually to avoid any negative impacts to the refugees' access to water. The current water distribution has been 24 liters per person per day.

A total of 3,453,428 liters of water is being supplied to refugees in Nyarugusu camp per day which translates into 26.22 liters per person per day. There are 1,194 water collection points operational in the camp (650 taps in the Congolese sites and 544 taps in the Burundian sites). The access to water in zone 9 is still challenging due to breakdown of borehole 4 on 22 June 2016. Oxfam has repaired and converted borehole 4 to the solar powered system.

The regular monitoring of Free Residual Chlorine (FRC) at different locations has been carried out in Nyarugusu camp. 135 and 483 water samples were tested for FRC in water point and household levels respectively. All tested samples in water point levels concluded the FRC level of more than 0.3 milligram per liter, whereas in household level only 123 out of 483 samples were found with FRC level of 0.3 milligram per liter. There are 16 samples concluded the FRC level less than 0.1 milligram per liter while only 112 (83 percent) out of 135 tested samples have been found with the FRC level of more than 0.5 milligram per liter. UNHCR WASH team has recommended all partners to maintain minimum FRC level of 0.5 milligram per liter for water points.

The shared family latrines construction is ongoing in Mtendeli camp. The current ratio is one latrine for 20 people in most of the zones apart from zone 1 where the ratio is one latrine for 40 people against a standard of one latrine for 50 people. The reason behind zone 1 having a lower latrine coverage is due to individual family plots that were halved in the beginning of camp setting.

In Nduta camp, shared family latrines coverage is at 20 persons per latrine. The construction of individual family latrines has started.

Tanzanian Water and Environmental Sanitation (TWESA), Oxfam, Save the Children, IRC and TRCS have been mobilizing supervisors and community hygiene volunteers in Nyarugusu camp to carry out hygiene promotion activities. The construction of communal and household shared latrines is going on in the camp.

No soap distribution has taken place in Nyarugusu camp since April 2016 due to unavailability of soaps. With the arrival of soap, a distribution is schedule to take place in the next reporting period.

During the reporting period, 261 shared family latrines were constructed and 217 family latrines were decommissioned by Oxfam GB and TWESA in Nyarugusu camp. There are 14,953 functional shared family latrines with coverage at eight persons per latrine.

Shelter and Site Planning

There is a total number of 11,487 family shelters and tents combined in Nduta camp. Out of this total figure, 4,811 tents have been pitched and occupied while 2,000 family shelters have been constructed by TWESA and another 4,676 family shelters constructed by African Initiatives for Relief and Development (AIRD).

The construction of 35 out of planned 64 pilot transitional shelters in Nduta camp by the Danish Refugee Council (DRC) has been completed with 29 transitional shelters currently being constructed and anticipated to be concluded by end of June 2016. In anticipation of the construction work in the camp, DRC and AIRD have identified several suppliers of construction materials and developed a comprehensive community communications and mobilization plan and work plan. In addition, DRC and AIRD have also identified incentive workers to provide a training to help them understand their roles in supporting the construction work.

The identification of zones and villages for the construction of 700 transitional shelters by DRC in Nduta camp has been completed through the support of Camp Management Team. The identified zones and villages include Zone 1 Village 7, Zone 2 Villages 2, 5, 7 and 9, Zone 3 Villages 13 and 14, Zone 4 Villages 2, 6 and 9, and Zone 5 Village 2.

During the reporting period, some areas have been demarcated for school construction in Nduta camp with priority areas being Zone 8 and 9.

There are 4,870 family shelters in Mtendeli camp, of which 4,672 have been occupied and 198 shelters still to be occupied. The construction of individual family shelters in Mtendeli is progressing with TWESA and AIRD.

TWESA has initiated construction of transitional shelter in Mtendeli camp started with zone 4 by mobilizing of groups of refugees. Meanwhile, the construction of 4,000 transitional shelters for the Burundian caseload in Nyarugusu camp is still pending as UNHCR and partners are currently waiting for the approval of the new layout plan. The new layout plan is expected to address the issue of increased number of damaged family tents and individual family shelters.

Access to Energy / the Environment

Women and girls face enormous challenges of insecurity in Nyarugusu camp related to collection of firewood. UNHCR and partners are working together to find a solution through distribution of biomass briquettes to the communities as well as to procure energy saving stoves to reduce the need of firewood for cooking. Educational information regarding energy saving techniques in cooking is regularly provided to women to reduce consumption of firewood.

Community Empowerment and Self-Reliance

During the reporting period, a Livelihood and Market survey has started. This survey is being conducted jointly by DRC, Oxfam, IRC, and Good Neighbours Tanzania. The result of this survey will be shared to UNHCR and partners subject to completion of the survey activities.

The literacy and language classes are ongoing and a total of 128 adults are currently receiving either French, Swahili or literacy classes. There is a need for additional materials to be provided which include notebooks and teaching materials.

Camp Coordination and Camp Management

UNHCR together with TCRS conducted an assessment on the current status of latrines in Mtendeli camp. During this exercise, serious problems regarding security, privacy, and hygiene issues were identified. TCRS agreed to address all of these issues within a timeframe of 10 days from 26 June 2016. A follow-up monitoring was agreed to be conducted in early July 2016.

Oxfam has agreed to standardize the labeling system of toilets applied in Nyarugusu camp to be replicated in Nduta camp to avoid confusion between gender-disaggregated adults, children and PSNs. There have been around 155 showers and 181 latrines labelled as of 23 June 2016.

DRC and Relief to Development Society (REDESO) have completed an assessment of the solar lamps in Nduta camp. The trees that were blocking the exposure of the lamps from sunlight will be cut down as mutually agreed to enable these lamps to charge.

Plan International, Caritas and DRC are collaborating in the identification of school locations in Nduta camp. These locations, when decided, will be included on the camp's maps.

DRC is currently conducting an assessment on the religious structures constructed in Nduta camp. As of 23 June 2016, there were 32 buildings assessed. The information collected from this assessment will help to inform the formation of a religious committee which will also support the approval of new religious structures and their locations to avoid buildings being randomly constructed throughout the camp.

During the reporting period, UNHCR and DRC held several discussions to resolve the issue of no-shows during food distribution day in Nduta camp. Efforts are currently underway to determine the names and details of absentees. There is a discrepancy between the type of information gathered that range from household number, type of address and ration card number. This inconsistency had led to complex process in identifying the number of people and times when they have not been present during food distribution.

During the reporting period, elections for three market committees took place in Nduta camp. The elected candidates will be announced during the week of 4 July 2016. There were 486 votes for the market committee in zone 1, 492 votes for zone 5 and 655 votes for zone 12. The next steps will include training the committee members, planning of the market and registration of traders as well as allocation of plots. The market committee will be rolled out with the involvement of UNHCR and MHA. This will also include the implementation of strong management of the market.

Logistics and Core Relief Items (CRIs) / Non-Food Items (NFIs)

Plan International and DRC have distributed 700 additional kits, i.e. blankets and mattresses, to unaccompanied and separated children in Nduta camp.

Planned soap distribution during the next general food distribution in Nduta camp might not take place due to issues in the supply chain from UNHCR. UNHCR and DRC are working together to address this issue.

Programme

The U.S. Department of State's Bureau of Population, Refugees and Migration (BPRM) has confirmed funding for two out of seven proposals submitted by partners which include Save the Children and Plan International.

Safety and Security

On 25 June 2016 at around 13:40 one refugee shelter in Nduta camp was burned down. The incident was suspected to have started from an open kitchen located close to the shelter. No injuries were reported. The fire destroyed all contents in the shelter. The family of five whose shelter was burnt down are currently accommodated by a neighbor pending allotment of a new shelter.

On 24 June 2016 between 22:20 and 00:00 at Mkuyuni/Taraji area along the route from Kasulu to Kibondo districts, an unknown number of bandits armed with SMG/AK 47, some of whom were wearing Military fatigues, intercepted three passing vehicles. Among the vehicles intercepted were two trucks and one Kigoma Government hospital's ambulance. The incident resulted to the loss of four bicycles, cellphones and cash. The police from Nyarugusu camp went to the scene upon receiving a report. However, the bandits had already fled when they arrived at the scene. Investigations are ongoing.

External Relations, Events and Coordination

Plan International and partners supported by UNHCR and UNICEF commemorates the 2016 International Day of the African Child in Nduta camp on 16 June 2016.

UNHCR and partners held a commemoration of the 2016 World Refugee Day in Nyarugusu camp on 20 June 2016. The UNHCR Representative in Tanzania, the Kigoma Regional Commissioner, the Italian Delegation representing the donor community and district officials took part in the event alongside the refugees and the host community.

Administration and Staffing

The following new arrivals and departures were reported:

1. Ibrahima Sanoh, UNHCR Admin/Finance Officer has returned to Kibondo to resume his work on 27 June 2016.
2. Dost Yousafzai, Head of UNHCR Kibondo Sub Office has returned to Kibondo to resume his work on 27 June 2016.
3. Rita Chilunda, UNHCR Admin Associate has ended her mission in Kibondo and will return to Dar es Salaam on 27 June 2016.

WORKING IN PARTNERSHIP



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UNHCR, sister UN agencies and partners are grateful for the generous contributions of donors in support of the Burundian refugees in 2015-2016.

UNHCR works closely with other UN agencies through the UN Reform, Delivering as One initiative and participates in the -UN Development Assistance Plan (UNDAP) 2011-2016, providing leadership for the Refugee Programme Working Group comprised of WFP, UNHCR, UNFPA, UNICEF and IOM. UNHCR also works with the Ministry of Home Affairs, its direct counterpart in Tanzania, while maintaining excellent and productive relations with other Government agencies.

Under the Refugee Coordination Model (RCM), UNHCR leads and coordinates the response to the Burundi refugee emergency in Tanzania. The RCM is intended to provide an inclusive platform for planning and coordinating refugee response in order to ensure that refugees and other persons of concern receive the protection and assistance they require through the collective efforts and capacities of all partners involved.

Partners working on the humanitarian response in Tanzania are as follows: the Government of Tanzania's Ministry of Home Affairs (**MHA**), Refugee Services Department (**RSD**), Ministry of Health (**MOH**), Adventist Development and Relief Agency (**ADRA**), African Initiatives for Relief and Development (**AIRD**), Alima Soigner Ensemble (**ALIMA**), CARITAS, Community Environmental Management and Development Organisation (**CEMDO**), Church World Service (**CWS**), Danish Refugee Council (**DRC**), Good Neighbours Tanzania (**GNT**), Help Age International, International Committee of the Red Cross (**ICRC**), International Federation of the Red Cross and Red Crescent (**IFRC**), International Organisation for Migration (**IOM**), International Rescue Committee (**IRC**), Medecins Sans Frontieres (**MSF**) Belgium, Switzerland and Holland), Oxfam Great Britain (**Oxfam GB**), Plan International, Relief to Development Society (**REDESO**), Save the Children, Tanzanian Red Cross and Red Crescent Society (**TRCS**), Tanganyika Christian Refugee Services (**TCRS**), Tanzanian Water and Environmental Sanitation (**TWESA**), the United Nations Population Fund (**UNFPA**), the United Nations Children's Emergency Fund (**UNICEF**), the World Health Organisation (**WHO**), Women's Legal Aid Centre (**WLAC**), the World Food Programme (**WFP**) and World Vision.

UNHCR and partners are grateful to the Government and people of Tanzania for their generosity and long standing commitment to hosting refugees.

Contacts:

Daria Santoni, External Relations Officer, Dar es Salaam, santoni@unhcr.org Tel: +255 784 730 427

Gina Meutia, Assoc. External Relations Officer, Kibondo, meutia@unhcr.org, Tel: +255 (0) 764 904 278 or +255 (0) 682 489 019