

UNITED REPUBLIC OF TANZANIA
INTER-AGENCY OPERATIONAL UPDATE
BURUNDI REFUGEE SITUATION

Reporting Period: 11 – 24 March 2016

HIGHLIGHTS

KEY FIGURES

As at March 24, 2016

135,778

Total Burundian population of concern

132,803

Total Burundian population post influx

79,009

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

51,217

Total population in Nduta Camp

17,026

Relocated from Nyarugusu camp to Nduta camp

5,322

Total population in Mtendeli Camp

229

Total population in Lumasi Transit Site

While efforts continue to ensure sufficient water supply to support Mtendeli and Karago camps, it is anticipated that the potential water supply can support 50,000 refugees between the two camps. Any increase in refugee population beyond 50,000 combined in Mtendeli and Karago will be guided by expert opinion on underground potential. Meanwhile the district authorities are negotiating with the local farmers to retrieve the land in Mtendeli camp under agricultural use by the local community.

The water pump procured by the Tanganyika Christian Refugee Services (TCRS) arrived in Mtendeli camp on Monday 21, March, 2016. The installation commenced on Wednesday 23 March, 2016 after heavy rains delayed activities on Tuesday 22 March, 2016. After the pump and generator were installed, five days of testing commenced to ensure a continuous water supply. The construction of the main pipe-line from this borehole to the main distribution network has already completed. Once the water supply is proven, it will resolve one of the obstacles towards resumption of the relocation exercise; the other challenge relates to the use of land within the camp for agricultural purposes, which is being resolved by the district authorities who are leading negotiations with the local farmers.

The Government of the United Republic of Tanzania has advised that they will not allocate any additional land to house refugees. UNHCR has recognized that the Government has been extraordinarily generous in providing additional camps to respond to the current Burundian influx and acknowledged the Government's decision not to allocate any additional land and will maximize the use of existing land. UNHCR, however, hope that the door to further discussion on this issue will remain open, should another influx occur.

During the second week of the reporting period, the number of arrivals from the borders was approximately 120 per day. Nduta has a maximum capacity of 55,000 and is nearing its capacity with 51,217 refugees as at March 24, 2016.

Operational Context

Although the situation in Bujumbura is reported to be stable, it remains extremely tense due to the countrywide presence of Imbonerakure militia and government forces. Refugees from Burundi are therefore continuing to arrive in Tanzania through the Kigoma region, with indications that more refugees are to follow. The profile of refugees entering Tanzania shows that many of them are women and children, with some elderly persons, often with very little baggage. Many refugees have fled through secondary roads due to restrictions and road blocks reported along major routes.

Protection

During the second week of the reporting period an average of 120 Burundian refugees arrived per day. The refugees were mainly from Ruyigi, Bururi, Cankuzo, Makamba and Bujumbura Mairie provinces entering into Tanzania through various entry points with daily transportation provided by IOM to Nduta camp in Kibondo District. In the two week period under review, a total of 1301 refugees were received in Nduta camp. As reported previously, there had been a decrease in the rate of new arrivals but this has slightly increased again during the last 7 days from 411 (March 11-16) to 890 (March 17-24). As at March 24, 2016, the total Burundian refugee new arrivals/ births recorded since April 2015 is 132,803 (births recorded among new arrivals is 2,497) with the total number of all Burundian refugees now residing in Northwest Tanzania being 135,778. This consists of 79,010 residing in Nyarugusu camp (2,975 pre April 2015 and 76,035 post April 2015), while 51,217 refugees are in Nduta camp, 5,322 in Mtendeli camp and 229 in Lumasi Transit Site in Ngara District.

Border Monitoring

UNHCR continued to provide protection interventions to refugees both to new arrivals and those residing at the National Milling Centre (NMC). Screening continues in order to identify Persons living with Special Needs (PSNs) and Sexual and Gender Based Violence (SGBV) cases. UNHCR highlighted the need for urgent psychosocial counseling and support for refugees at the reception/transit centers due to situations encountered in Burundi, including the loss of close family members. There are currently limited facilities to accommodate refugees released by the authorities pending departure to the separation facility. There is a need to strengthen medical services at NMC transit centre by increasing number of health staff while serious cases will continue to be referred to Maweni Regional Referral Hospital.

Sexual and Gender-Based Violence (SGBV)

In Nduta and Mtendeli camps, Prevention and Advocacy teams have been established under the International Rescue Committee (IRC) and systematic SGBV prevention activities has started in all Zones. All prevention and advocacy team members participated in a 3-days intensive SGBV training programme before starting their work in the communities. Current activities include community dialogues, outreach and awareness raising with different target groups. The EMap programme--that specifically engages men and boys--will be rolled out in Nduta and Mtendeli camps with training starting in April 2016. This will address the urgent need to work with PoC of both sex and all age groups to increase community engagement in prevention and survivor centered response.

As planned, the SGBV training centre in Mtendeli camp has been opened and training sessions will be conducted at the beginning April 2016. The number of requests from partner organisations to include staff and incentive workers in SGBV training sessions is increasing, which is a positive development and helps to ensure that SGBV is effectively mainstreamed through all sectors.

To establish a Task Force on the Prevention of Sexual Exploitation and Abuse (PSEA), all Heads of Agencies have been addressed to appoint PSEA FOPs. This is in accordance with the IA Standing Committee Task Team on Prevention of Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations and the Secretary-General's Bulletin *Special measures for protection from sexual exploitation and abuse* as well as the 2006 *Statement of the Commitment at the High-level Conference on Eliminating Sexual Exploitation and Abuse by UN and NGO Personnel*. Once all the Focal

Points have been announced, the first network meeting will be conducted. Training on Code of Conduct is ongoing in both Nduta and Mtendeli camps, particularly focusing in Mtendeli with newly hired incentive workers.

To address the issue of underreporting, IRC in cooperation with other partners, increased outreach and information activities with regard to access to SGBV services, including at entry points. In particular, during organized events and community dialogue with women, survivors of SGBV were identified, and multi-sectoral response services provided. However, despite ongoing efforts, underreporting remains a key challenge. Also repeated statements that survivors are confronted with threats and pressure by family members of the alleged perpetrators prior to reporting a SGBV incident, is of particular concern.

In Mtendeli, the absence of any referrals to IRC from the Tanzanian Red Cross and Red Crescent Society (TRCS)--the health agency providing medical services to SGBV survivors--remains a concern. During a 3-day training exercise on clinical management of sexual violence, which included SGBV prevention, response and guiding principles, the importance of referral of SGBV cases to IRC was emphasized, though, without yet substantial improvement. Further training of the medical staff is being discussed.

Persons with Specific Needs

HelpAge International provided five (05) children with Albinism (3f/2m) with protective UV ray glasses, a hat and shoes. HelpAge continues to conduct daily home visits to their households to ensure their safety and have submitted a formal letter to the Ministry of Home Affairs (MHA) and Police to request security monitoring for those living with Albinism. In addition, HelpAge continued to register and support children at the community based rehabilitation centre in Nduta camp with 78 (46f/32m) children registered during the reporting period who were provided with several services.

TCRS is due to commence the construction of 65 latrines for persons with disabilities and 195 family latrines in Mtendeli camp. The final design, which will ensure increased safety and security within the camp, as well as increased hygiene and sanitation standards, is currently being discussed amongst WASH and Protection Focal Points. Furthermore, additional latrines for persons with specific needs are being discussed for public areas, including the reception area, distribution centre, schools, hospital, police and market place. Implementation of this pilot project should be finalized in April 2016 and will address a number of concerns raised with regard to shared household latrines.

Child Protection

Plan International continues to: register unaccompanied minors and separated children in Nduta and Mtendeli camps; monitor their care through home visits; and respond with corrective actions where appropriate. The cumulative total of unaccompanied and separated minors registered by Plan International is 1,459 (539f/920m) and 154 (60f/94m) respectively. The organization also continues to arrange alternative care in both camps, with a total cumulative of 227 588 children (158f/394m) in Nduta camp and 72 children (22f/50m) in Mtendeli camp. Plan International continues to make efforts to reduce the number of teenagers in group shelters and place them in foster care in Nduta and Mtendeli camps. However, the number in group shelters did not change due to the on-going examination period. The number of teenagers in group shelters remained at 227 (95f/152m). The total cumulative number of children in alternative care is 837. The number of children who attended a child friendly space in Nduta and Mtendeli camps, at least once per week, in ages from 5 years to 17 years increased from 2,298 to 2,789 (1,371f/1,418m). The number of children living with a disability attending child friendly spaces increased in the camps from 12 to 14 children. The theft of non-food items remains a key challenge in group shelters, especially when the teenagers are at school. A meeting was held between Plan International and the Danish Refugee Council (DRC) during the reporting period and a focus group discussion (FGD) was held between Plan International, zone leaders and teenagers who live in zone 5 in a bid to find a solution.

Focus Group Discussions (FGDs) with 239 children (120f/119m) aged 9 to 17 years on the impacts of alcohol consumption in the camp were held in the three child friendly spaces in Nduta camp with 239 children (F 120, M 119) of 9 to 17 years of age. The findings will be shared in the next operational update.

The number of unauthorized movements of refugees with children from Mtendeli to Nduta camp to join their family members is increasing. UNHCR, MHA, Women's Legal Aid Centre (WLAC) have continued to ensure messages are shared with the refugees on reunification procedures on unauthorized movement out of the camp and the consequences.

UNHCR and MHA in collaboration with Plan International developed key messages that were shared with the refugee community to address the misinformation about targeted intervention to children at risk in relation to resettlement and core relief item provision.

Education

In Mtendeli camp, where the school opened on February 29, 2016 the number of students enrolled in the different classes are Pre-Primary is 236 (F 125, M 111); Primary 1,468 (739f/729m); and Secondary 223 (92f/131m). The shortage of desks is being addressed by IRC who have provided 42 desks with the remaining being constructed and available during the week commencing April 7, 2016. Children have now been provided with scholastic materials comprised of text books, pens and reference materials for the teachers. Construction by DRC on the second school in Mtendeli is progressing; the foundations are completed and wall construction has commenced.

In Nduta camp, Caritas reported 17,545 children registered in schools (74%). The MHA and UNHCR have supported Caritas to engage with school teacher incentive workers over the dissatisfaction with the incentive scale. The schools in Nduta camp classrooms remain severely congested and approximately 13,000 children remain without desks. Caritas have been requested to highlight the most urgent classrooms in their second quarter budget with UNHCR to address as a priority.

The General Food Distribution has been linked with absences of children and teachers from the learning process. The Child Protection Working Group is engaging with the community and partners for solutions to ensure attendance is not interrupted.

There are indications that female student (and teacher) numbers reduced at the higher school levels as they are involved in household chores and early and forced marriages. This is being taken up by Sexual and Gender Based Violence and Child Protection working groups with the MHA who will investigate further to find solutions.



Health and Nutrition

The main cause of morbidity across all camps is malaria constituting the average of 41.9% of all morbidities for week 11 followed by Upper and Lower Respiratory Tract Infection (15.6%), Urinary Tract Infection (5.5%), Watery Diarrhea (5%), Intestinal Worms (4.4%), Skin Diseases (3%) and others. Malaria constituted 55% of total consultations in Nduta camp and was recorded at 38% in Mtendeli camp and 32% in Nyarugusu camp. Both Crude (CMR) and Under 5 (U5MR) mortality remain under the emergency threshold of <1death/1000/month.

As means of addressing the high cases of malaria, a strategic planning meeting on the prevention and control of malaria is set to take place with partners and stakeholders. Additionally, 20,426 mosquito nets have been distributed in 10,530 shelters in Nduta camp along with a mass campaign on malaria prevention and control including the effective use of nets. A total of 55 host community shelters situated within the camps also benefitted from the distribution. Furthermore, an entomologist from Medecins Sans Frontieres (MSF) Switzerland has been on mission in Nduta camp for the past three weeks. The objective is to collect data and describe the transmission of malaria by species, undertaking resistant testing, mapping breeding sites and determining its infectiousness. The entomologist will also complete an assessment of the different types of shelters to determine which one is most susceptible to mosquitos and may increase the rate of infection. A detailed presentation on findings and recommendations will be presented to UNHCR and stakeholders at the end of the mission. In Nyarugusu, there is a plan targeted distribution of Long Lasting Insecticide

Treated Nets (LLITN) in the coming week to fill the gap for those individuals without a net. The distribution will be focused in the new Zones with priority given to those in newly built shelters.

The second round of 5 days training on the surveillance of epidemic diseases is being conducted for 120 Health Information Team members in Nyarugusu camp. The objective of the training is to improve surveillance and early detection of diseases of outbreak potential.

A total of 32,124 persons were vaccinated during the first round of MSF-CH's Oral Cholera Vaccination (OCV) campaign and 29,816 during the second round in Nduta camp which began on February 26, 2016. The first round constituted 93% of the population vaccinated.

Community surveillance activities by MSF-H started in Mtendeli camp. Surveillance activities includes information gathering on mortality, birth, and vaccination history among others. The surveillance team also refers people from various zones to the hospital for health services.

The Supplementary Feeding Programme (SFP) for Moderate Acute Malnutrition (MAM); HIV positive patient on treatment, pregnant and lactating women and the Blanket Supplementary Feeding (BSFP) for children under 2 and 5 years old is functional in all camps. A total of 80 cases were enrolled in the MAM programme with a recovery rate of 99.8%. 489 Pregnant and Lactating women were also enrolled in the programme. Out Patient Therapeutic (OPT) and Severe Acute Malnutrition (SAM) programme is available in all camps and patients are receiving nutritional supplements as required. 11 persons were admitted in the SAM programme and 10 persons in the OPT programme in Nyarugusu camp.

The MSF-CH pediatric and the intensive care ward opened in Nduta camp with 15 beds. The neonatal department will open in the coming weeks.



Food

The general food distribution in Nduta and Mtendeli camps was completed during the reporting period. The World Food Programme (WFP), and partner World Vision, have highlighted the change in the food distribution cycles; with the general food distribution remaining every two weeks which includes the under 5 and lactating mothers, with monthly distributions for ages 2 years and under.

UNHCR and WFP have engaged in discussions on the links with food and environmental issues around firewood including the time it takes to cook some food items. WFP is investigating the food supply further and will follow up with UNHCR.

Works are underway by WFP and World Vision to provide sanitation facilities at distribution points, as well as lighting and fencing around the distribution points. The sanitation facilities will consider persons with specific needs in the design.



Water, Sanitation and Hygiene Promotion

In Nduta camp, the average per capita water supply is 27 litres per person per day. With MSF-CH's planned exit of the WASH sector, an alternative underground water source is being considered to increase water supply at the camp. A water coverage survey conducted by MSF-CH demonstrated that 85% of the camp refugees live within 250m from a water point while 15% are within 500m from the nearest water point. Strong efforts are being made to install additional water points to reduce the walking distance to 250m for all refugees despite the standard being 500m. All water testing samples recorded chlorine concentrations at the standard concentration of 0.2 mg/l. In relation to sanitation, crude latrine coverage is at 16 persons per latrine, against a standard of 50 persons per latrine.

In Mtendeli camp, the average water supply is currently 24 litres per person per day, through a water distribution network of 88 persons per tap. The additional pump has been installed to increase water supply at the camp and is currently being tested. All tap stands have been constructed within the 500m walking distance standard. All water testing samples recorded chlorine concentrations at the standard concentration of 0.2 mg/l, meeting the required minimum standard. Crude latrine coverage is at 20 persons per latrine, against a standard of 50 persons per latrine.

The supply of water in Nyarugusu camp was on average of 3,483,833 litres/day and sustained a water consumption of 24 litres per person per day when considering a total registered refugee population of 143,043. The water supply service in the camp is being managed by OXFAM GB, Tanzanian Water and Environmental Sanitation (TWESA), and Water Mission. MSF handed over the water supply station and tap stands including all operational responsibilities to TWESA on March 1, 2016. There are 1,090 water collection points operational in the camp (636 and 454 taps in Congolese sites and Burundian sites respectively). Significant efforts are required to increase the number of water collection points in the camp in order to meet UNHCR's standard of 1 tap for 80 refugees. The regular monitoring of Free Residual Chlorine (FRC) at different locations has been carried out. 107 and 242 water samples were tested for FRC at water points and the household level respectively. All samples taken from water points have recorded FRC levels above 0.1 mg/ltr whereas 20 samples from the 242 water samples taken from households were recorded as having a FRC concentration below 0.1mg/litres. More efforts should be put through hygiene promotion activities in relation to safer water handling.

With regard to sanitation at Nyarugusu camp, only 31 household latrines have been constructed, 20 by Oxfam GB and 11 by TWESA. The construction of latrines is delayed by the lack of availability of plastic sheeting. 85 family latrines have been decommissioned. There are 15,400 family shared household latrines functional in the camp. 5,610 functional latrines are in Burundian sites and 9,790 functional latrines in the Congolese site (as a latrine/HH has been practiced in Congolese sites). The crude latrine coverage in the overall camp stands at 1:10; however the segregated data for Burundian sites 1:14 and Congolese sites 1:6.

World Water Day Celebrations occurred across the camps in Kigoma region. In Nduta camp, OXFAM GB held a gathering led by Community WASH workers, entertainment groups, speeches and a public quiz with prizes.



Shelter and Site Planning

In Nduta camp, the combined number of family shelters and tents is 10,563, out of a target of 12,222 shelters for a maximum population of 55,000 persons. This consists of 4,339 tents currently pitched and occupied and 2,000 Emergency Family Shelters constructed by TWESA and 4,224 by AIRD. 28 classrooms have now been completed by DRC since the beginning of November 2015 at an average of 7 per month. While 12,222 transitional shelters are required across the camp, 4339 new transitional shelters will replace current tents while 7,883 will be an upgrade from the emergency shelters. The transitional shelter design has been selected and planning for the implementation process is underway, including community engagement. Due to the change in water supply design additional shelters will be added to all neighborhoods to accommodate the population within the water network. Partitioning of 6,000 family shelters is being completed by refugee groups who are recycling materials from the mass shelters.

In Mtendeli camp, the number of family shelters constructed is 1,172 with 4,979 required for a maximum population of 30,000 persons (6,700 @ 4.5 occupancy rate per shelter). This target will change depending on the decision taken in relation to the expansion capacity for Mtendeli camp. Neighborhood level drainage is required to be completed across all hillsides.



Access to Energy / the Environment

On Wednesday March 22, 2016 an environmental partners meeting took place in Nyarugusu camp. The meeting was organized by Community Environmental Management Development Organisation (CEMDO), the environmental partner of UNHCR working in Nyarugusu camp. The aim of the meeting was to exchange knowledge, lessons learnt and ideas on environmental resource management throughout the Kigoma region refugee camps. The MHA Environmental

Coordinator and UNHCR Environmental Adviser/Focal Point from Sub Office Kibondo were requested to attend. Also in attendance was 11 staff from Relief to Development Society (REDES), several Burundian refugee incentive workers, 18 CEMDO staff and community volunteers. The main areas of discussion included; fuel efficient stoves; fuel crisis in Nyarugusu camp; firewood collection and distribution; livelihoods; family kitchen gardens and transitional shelters. Recommendations ensued from the discussions, which have been compiled in a report shared as appropriate.



Camp Coordination and Camp Management

In Nduta camp, DRC finalized the labeling of all shelters with the new address system that has been implemented in agreement with UNHCR and MHA, and only shelters under construction remain without an address. When the proof of registration process is completed by UNHCR, refugees will be linked with their address through the registration system. The address system includes: Zone (letter from A to L)/village number (number)/shelter number in the village (number) eg: Zone L/01/0064. All organisations operating in the camp should commence use of the system immediately, with queries directed to DRC, who will also change the signboards shortly.

DRC finalized the first round of the sweep exercise in Nduta camp and has commenced the second round with approximately 65% of the total current population physically reached so far. While results will be presented upon completion of the second round, an interim report from the first round provided estimated figures based on project of the total population per zone. The aim of the exercise is to provide: estimated figures of the refugee population per zone; and address tokens linked to the permanent addressing system.

Since March 16, 2016 DRC has been working on the second round of the shelter sweep exercise, in order to update figures, and to include families from the first round.

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

In Nduta camp, a total of 1,017 new arrivals received CRIs including Blankets, Sleeping mats, Mosquito nets, jerry cans, Buckets, kitchen sets and bars of soap.

Thanks to close cooperation UNHCR, MSF-CH, Plan International, DRC and IRC, could fill almost all existing gaps in the provision of dignity kits in Nduta and Mtendeli camps. Furthermore, it is anticipated that stocks of dignity kits could be secured in key institutions, including IRC Support Centre and safe shelters, schools, child-friendly spaces, the gender/child protection desk at the police stations and at all border entry points.

Security

Police stations in Nduta and Mtendeli camps have received motorbikes, although the continued lack of vehicles limits their ability to ensure (i) increased security patrols during day and in particular night time; (ii) timely arrest of alleged perpetrators; (iii) immediate response to emergency calls from women and girls at risk of Sexual and Gender Based Violence. This issue has been raised at different coordination fora.

External Relations, Events and Coordination

The Nduta Camp Coordination and Camp Management meeting was merged with the Kibondo Inter-Agency Meeting and held on Wednesday March 30, 2016 due to the Easter holiday period. Meetings will resume as per the normal schedule from next week. The next Inter-Agency meeting is due to take place on May 7, 2016 at 3.00pm in the Sub Office Kibondo meeting hall.

UNICEF and UNHCR have been making efforts to highlight the urgent needs within the Education sector with all donors for resource mobilization under the joint education strategy.

The MHA Assistant Director accompanied by the MHA Regional Coordinator and the MHA Environmental Coordinator visited all camps and border entry points in the Kigoma region. The visit also included a briefing with the UNHCR Sub Office Kibondo, Officer in Charge.

Administration and Staffing

Kindly note the following new arrivals and departures during the reporting period:

Arrivals:

Jamie Shaff, HR/Finance Coordinator, ALIMA
 Maina King'ori, Emergency Coordinator, World Vision
 Daniel Ouma, Civil Engineer, AIRD
 Joseph Kinoti, Water Resources Engineer, OXFAM GB
 J.J Singano, PHETTL, OXFAM GB
 Sadiki Aliko, Advocate, WLAC

Departures:

None

Working in partnership

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**), African Initiatives for Relief and Development (**AIRD**), CARITAS, Community Environmental Management and Development Organisation (**CEMDO**), Church World Service (**CWS**), Danish Refugee Council (**DRC**), 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.

Contacts:

Dost Yousafzai, Head of Sub Office, Kibondo yousafza@unhcr.org, Tel: +255 (0) 627 596 977
 Amah Assiama-Hillgartner, Head of Field Office, Kasulu assiama@unhcr.org Tel: +255 (0) 787 730 449
 Daria Santoni, External Relations Officer, Dar es Salaam, santoni@unhcr.org Tel: +255 784 730 427
 Donna Corcoran, Field/Reporting Officer, corcoran@unhcr.org, Tel: +255 (0) 784 730 408 (Airtel) +255 (0) 626 890 310 (Halotel)