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Tanzania Humanitarian Situation Report No. 1



Reporting Period: January-March 2020

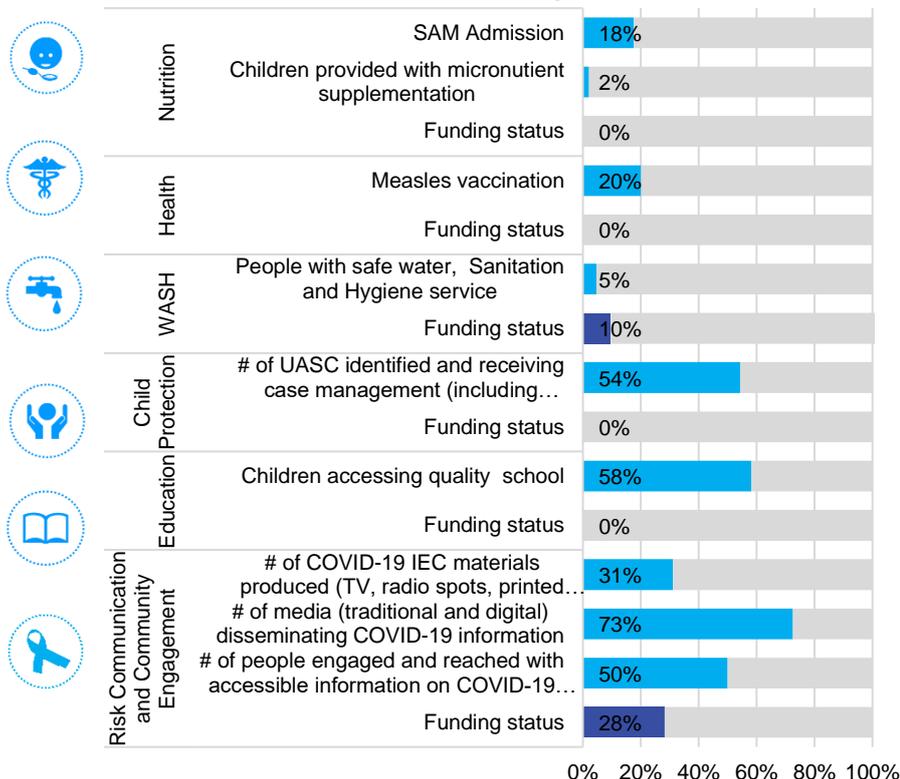
Highlights

- Tanzania 2020 HAC appeal is US\$ 8.8 million (refugee response: US\$ 3m; COVID-19 response: US\$5m*). Without predictable funding support, UNICEF Tanzania will only be able to support 50 per cent of refugee children (about 130,000) with critical services for health, nutrition, WASH, education and child protection and only 20 million people in high risk regions for COVID-19.
- Between January-March 2020, UNICEF provided teaching and learning materials for 69,230 pre- and primary refugee children (girls 34,054 and boys 35,176) living in camps.
- In collaboration with partners, UNICEF ensured that, about 90,000 refugees accessed safe water and appropriate sanitation facilities in all camps.
- UNICEF together with its implementing partners supported admission of 224 refugee children into the SAM treatment programme. The performance of the programme is within SPHERE norms.
- UNICEF supported vaccination of more than 7,000 refugee children 9-18 months against Measles-Rubella disease
- In partnership with Plan International, 6,195 unaccompanied (37 per cent) and separated (63 per cent) children have been supported by UNICEF to access protection care.
- UNICEF has stepped up response and preparedness for COVID-19 through the Technical Committee Meeting led by Ministry of Health and WHO.

Situation in Numbers

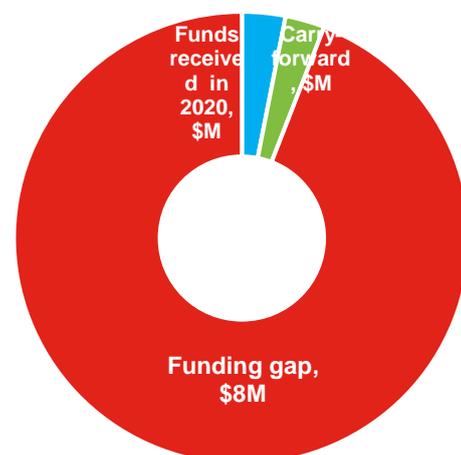
- 136,922**
Refugee children in need of humanitarian assistance (UNHCR February 2020)
- 287,160**
Refugees and asylum seekers in need (UNHCR, February 2020)
- 70 per cent (16,709,471)**
Target Population in high regions in mainland and Zanzibar (MOHCDGEC, March 2020)

UNICEF's Response and Funding Status



UNICEF Appeal 2020 US\$ 8.8m

Funding Status (in US\$)



* funding requirements are updated based on revised assessment of outbreak

Funding Overview and Partnerships

UNICEF Tanzania's 2020 HAC is appealing for US\$ 8.8 million to sustain life saving services for the refugee response from Burundi and Congo (US\$ 3 million) and additional US\$ 5 million to respond to COVID-19. UNICEF carried forward US\$ 247,780 from 2019 which leaves US\$ 8.6 million (98%) to be mobilized in 2020. In addition, regular resources were used to ensure continuation of life saving services for children in the refugee camps during the first 3 months of 2020. Without sufficient funding, UNICEF Tanzania will only be able to support 50 per cent of refugee children (about 130,000) with critical services for health, nutrition, WASH, education and child protection. Continued predictable, flexible and timely donor support is critical to sustain response to COVID-19 while ensuring continuing basic services for primary health and readiness for COVID-19. As the pandemic evolves in Tanzania, UNICEF will continue to update funding requirements.

Situation Overview & Humanitarian Needs

During the reporting period, Tanzania continued preparedness for a possible importation of Ebola Virus Disease (EVD) from the Democratic Republic of Congo (DRC). As of February 2020, UNICEF under the leadership of WHO and Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) agreed to integrate preparedness measures for COVID-19 into ongoing EVD interventions. At the same time UNICEF and partners worked together to develop a Contingency Plan in preparation of the upcoming presidential elections in Burundi in May 2020 while ensuring sustaining response to the protracted caseload of refugees from Congo and Burundi who are hosted in three camps in Nduta (Kibondo), Mtendeli (Kakonko) and Nyarugusu (Kasulu) in Kigoma region. The National Emergency Operations and Communication Center (EOCC) in the Prime Minister's Office has continued to provide information on small localized floods occurring in different parts of the country during the reporting period (including Dodoma, Morogoro, Njombe, Coast, Tanga, Rukwa, Kagera and Lindi regions) causing displacement, affecting livelihoods, life and infrastructure..

As per the Tanzania Refugee Situation Statistical Report of 29th February 2020 issued by UNHCR/Ministry of Home Affairs, Tanzania is hosting 287,160 refugees and asylum seekers, of which 244,629 are living in three camps in the Kigoma region. Another 23,047 individuals live in villages in Kigoma region and 19,337 individuals are living in old settlements. 56 per cent of all refugees are children and there are more than 7,000 unaccompanied and separated children solely depending on humanitarian assistance. UNICEF under the coordination of UNHCR and Ministry of Home Affairs-Department of Refugees Services continue to ensure the protection of refugee children including sustaining of basic services despite severe funding shortages.

Since the beginning of January 2020, the food entitlements continue to be distributed at 100 per cent of the full basket after having being reduced to 96 per cent since June 2019. Refugees remain unable to supplement their food assistance with subsistence farming or other goods following the closure of the common markets in February 2019. Additionally, 19 per cent of refugees and asylum-seekers across the three camps continue to live in dilapidated emergency shelters and tents for prolonged periods of time leading to unacceptable living conditions.

Voluntary repatriation of Burundi refugees resumed in February 2020 after a temporary hold since mid-November 2019. Between February and March 2020, 3,069 Burundian refugees voluntarily returned to Burundi, bringing the total number of Burundians who have returned since 2017 to 82,000.

On March 16, 2020, the Tanzanian MOHCDGEC announced a first confirmed case of COVID-19. As of 1st April 2020, Tanzania confirmed 20 cases of COVID-19 infections with one death (15 cases in mainland and 4 cases in Zanzibar) reported by the MOHCDGEC). The government has prioritized six regions in mainland (Dar es Salaam, Kilimanjaro, Mwanza, Dodoma, Arusha and Mbeya) and 11 districts in two regions in Zanzibar Urban, West-A, West-B, Central, South, North-A, North-B, Mkoani, Chake Chake, Wete, & Micheweni) as high risk for COVID-19 due to them having international borders including airports, seaports and ground crossing. National Plans for COVID-19 preparedness and response have been developed and shared with partners for resource mobilization. The government has enhanced screening at ports of entry and activated quarantine measures to reduce the spread of COVID-19. Two committees have been established by government to oversee the COVID-19 response: the first committee which has the role to inform the public on steps and measures taken by government to respond to the outbreak is chaired by the Prime Minister and includes key ministries. The second, committee is chaired by the Chief Secretary in the President's Office and includes Permanent Secretaries from ministries who will ensure that appropriate actions are taken to avert COVID-19. The National Task Force has been renamed Technical Committee Meeting (TCM) and is co-chaired by the Chief Medical Officer and WHO. UNICEF regularly participates in the TCM. Seven pillars have been established including Coordination, Surveillance/POE, Laboratory, Case Management/Infection Prevention and Control, Risk Communication

and Community Engagement and Logistics/Supply. UNICEF together with the MOHCDGEC/Health Promotion Section) co-leads the RCCE pillar. In addition, UNICEF is also chairing the Development Partners Group which has been tasked to ensure sustaining of primary health services in all regions.

By 16th March 2020, the Government of Tanzania has imposed measures restricting all public gatherings (including sports events, meetings, seminars). All schools, colleges and universities have been closed. All incoming visitors and citizens returning from countries with high risk (defined as those with community COVID-19 transmission) are placed in quarantine for 14 days at their own costs. All tourist hotels in Zanzibar are closed.

UNICEF through partnership with the Tanzania Red Cross Society is stepping up its response in risk communication and community engagement in the identified six high risk regions in mainland and 11 districts in Zanzibar. UNICEF is also supporting the government to procure supplies for health and WASH through the logistics pillar. There is currently a shortage of testing kits, Personal Protection Equipment (PPEs) and limited capacity for screening at Ports of Entry.

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Summary Analysis of Programme Response

Nutrition

Between January and March 2020, UNICEF in collaboration with Tanzania Red Cross Society (TRCS) and “Médecins Sans Frontières” (MSF), supported admission of 224 severely acute malnourished refugee children into the SAM treatment programme. The performance of the programme is within the SPHERE norms (cure rate of 95 per cent and death rate of 3 per cent). In addition, 724 refugee children aged 6-59 months received vitamin A supplementation. In collaboration with TRCS and (MSF), UNICEF continues to support the assessment of children’s nutritional status, the identification and treatment of SAM children, supplementation of children with vitamin A, deworming with Mebendazole and the promotion of infant and young child feeding in all three refugee camps. Routine screening to identify children with acute malnutrition in the camps is ongoing, targeting all children 6-59 months of age.

Health

UNICEF supported vaccination of more than 7,000 refugee children under the age of five (5,271 Burundians and 1,950 Congolese) of 9-18 months against Measles -Rubella disease. Six health care workers were trained on measles surveillance and timely reporting of suspected cases in the community in Nyarugusu, Nduta and Mtendeli refugee camps. 1,690 children reached with immunization outreaches conducted in 4 villages which are more than five km from health facilities and one health post. Routine measles vaccination, vaccines procurement and cold chain equipment maintenance was supported in three refugee camps through UNICEF’s partnership with the MoHCDGEC, TRCS and MSF in the Nduta camp.

During the ongoing rainy season, UNICEF supported malaria case management among vulnerable pregnant women and children under the age of five at health facilities through provision of 5,600 malaria rapid diagnostic kits and 40,000 intermittent presumptive treatment Sulphamethoxazole Pyrimethamine tablets. 79,000 iron folic acid tablets were provided to pregnant women at ante natal care clinics to prevent anemia. Lifesaving antibiotics (Ceftriaxone, Amoxicillin)

and erythromycin), oral rehydration salts (10,080 sachets), and intravenous fluids-ringer lactate (2,200 bottles) were provided to the camps to support under five children and pregnant women with acute watery diarrhoea, pneumonia and sepsis

WASH

UNICEF in collaboration with partners ensured access to safe water for 90,000 refugees (45,900 females and 44,100 males) and access to sanitation services for 20,000 refugees (10,200 females:9,800 males) across the three camps. UNICEF has distributed 600 liters of liquid soaps to the three camps for handwashing and cleaning benefitting 43,782 (21,395 girls and 22,387 boys) school children. More funding is needed to procure additional backup pumps and generators as standby units for pumping stations and water sources in all camps to ensure refugees have uninterrupted access to clean and safe water.

UNICEF through the TRCS has supported affected communities in Lindi by providing water and sanitation supplies including 30 boxes of waterguard tablets (containing 32,000 tablets each), 200 buckets (20lts), 200 jerrycans (20lts), 100 boxes of multipurpose soap (100 boxes) and assorted IEC materials on prevention of cholera to promote hygiene and prevent water-borne diseases. Additionally, the Disaster Management Department in the Office of the Prime Minister has deployed non-food items (1000 (10lts) buckets, 500 (20lts) buckets, 50 blankets, 4,500 cups, 1,600 cooking pots and 1,600 mats) prepositioned with UNICEF support to flood affected populations.

To respond to diseases outbreaks like EVD and COVID-19, UNICEF supported the MOHCDGEC to develop training materials for training of point of entry staff from Kagera, Kigoma, Mbeya, Songwe and Rukwa. The training involved participants from different Ministries and departments working at the ports of entry (including health professionals, Immigration Officers, Security Officers and Customs Officers from Tanzania Revenue Authority (TRA Office)). 70 staff from 15 points of entry were trained to become trainers ensuring sustainability of the training approach. All trainees were provided with a training package that will support them in delivering training at their workplace. Although UNICEF already pre-positioned supplies for hand and personal hygiene to enabling a quick start of response activities additional supplies are necessary for WASH/Infection, Prevention and Control (IPC). In addition, there remains a need to build capacities for a staff in health facilities and additional ports of entry as well as installation of handwashing facilities.

UNICEF through the Local Government Authorities of Kibondo, and Kakonko, completed three WASH projects under the UN Kigoma Joint Program (KJP) at Kigogo and Nyange in Kibondo district and Kasongati in Kakonko district and allowed 11,730 (6,596 females; 5,134 males) to gain access to equitable and improved water services. Furthermore, eight additional water projects are being implemented in four districts of Kakonko, Uvinza, Kibondo and Kasulu through the Rural Water and Sanitation Agency (RUWASA) and the Norwegian Refugee Services, Oxfam and Tanganyika Christian Refugee Services while at the same time supporting community sanitation and school WASH in the same four districts through district governments.

Education

UNICEF continued to provide teaching and learning materials for 69,230 pre- and primary Burundian and Congolese refugee children (girls 34,054 and boys 35,176) in refugee camps. While a 29 per cent decline of enrolment has been registered since December 2019, linked to the ongoing voluntary repatriation and school-age verification conducted in all camps, a shortage of 147 classrooms and qualified teachers (who represent only 48 per cent of the 1,836 teachers) in schools within the refugee camps continues to remain a challenge. The education working group is closely working with parent-teacher committees to improve the situation.

UNICEF in collaboration with UNHCR and the National Examination Council of Tanzania supported the administration of examinations for 1,010 (girls 369; boys 641) Burundian students in grades 9, 11, 12, 13 and 14. Due to high costs of exams (US\$198-220 per child), UNICEF is looking for alternative methods to support exams and certification for Burundian refugee children.

With UNICEF support, the Ministry of Education and the President's Office - Regional Administration and Local Government developed an Education COVID-19 Preparedness and Response Plan. Key COVID-19 messages have been developed targeting parents and children following the school closure and are being disseminated through multimedia platforms such as Radio, TV and social media to ensure continuity of learning.

Child Protection

With UNHCR's designation of Plan International as the child protection partner for all three camps in 2020, emphasis in the first quarter has been on building the capacity of Plan staff on the cloud-based case management (CPIMS+) platform and ensuring operationalization of the platform. Data cleaning is ongoing and to date approximately 1,700 children had their cases closed for reasons of voluntary repatriation, aging-out, or a status change, i.e. from unaccompanied to separated. Plan is currently verifying unaccompanied and separated children (UASC) in Nyaragusu camp which was initially supported by International Rescue Committee. Plan reports 6,195 UASC (63% separated/37% unaccompanied) out of which 56 per cent are boys. To bridge the humanitarian-development divide the KJP violence against women and children theme (lead by UNICEF) hosted an evaluation mission from NORAD in March of which the findings (including host- and refugee- systems leveraging), will be available in the 2nd quarter.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF is actively engaging and coordinating the risk communication and community engagement (RCCE) sub-committee with the Ministry of Health/Health Promotion Section and other partners. RCCE response strategy and plan has been developed in alignment with the Governments Contingency Plan. Multi-media messages have been developed and are currently being disseminated in all media platforms including print, radio, TV, social and outdoor media which include use of mobile vans/vehicles with public systems. The key messages across all communication products focus on core preventive actions and what to do in case of illness, specifically on hand washing, cough etiquette, social distancing, self-quarantine, and early care seeking. Based on ongoing analysis of social media and callers feedback, messages focusing on myths, and social distancing are developed. Communication products are being contextualized to cater for disadvantaged and vulnerable groups including refugee community, and those with disabilities. Child friendly materials are developed and disseminated in collaboration with Ministry of Education.

Government spokespersons and MOHCDGEC experts have been designated, linked to media houses and are participating in interviews and talk shows on a daily basis. In addition, influencers including political leaders, celebrities and religious leaders have been engaged and are participating in a "hand washing challenge" in order to mobilize the community on the benefits and skills of hand washing in the prevention of COVID-19.

Outdoor social mobilization is ongoing through mobile vans and megaphones with pre-recorded audio messages and IEC materials. The activity is led by the MOHCDGEC educators and TRCS volunteers without gathering communities. A call center with a short code (199) has been established. Efforts are underway to strengthen the full functionality of the call center on a 24-hour basis. Calls are also received through three hotlines previously established and frequently asked questions as well as standard responses are compiled to inform ongoing message development. Daily media monitoring is being conducted and plans are under way to engage the National Institute of Medical Research (NIMR) to conduct ongoing rapid Knowledge Attitudes and Practices (KAP) assessments.

In the refugee camps, UNICEF supported implementing partners (Danish Refugee Council, Norwegian Refugee Council and TRCS) to orient community mobilizers/influencers on COVID-19 for them to cascade prevention messages at health facilities, worshipping houses and homes along with dissemination of key messages translated into Kirundi language to ensure the community is better reached. A total of 29,966 contacts (including 6,352 children) of refugee community members were reached with EVD prevention messages at health facilities, households, schools, and child-friendly spaces in the reporting period. Assorted IEC materials: 19,000 posters and 7,000 brochures with EVD key messages in Kirundi language were distributed in three refugee camps to strengthen EVD prevention messaging as part of the ongoing community sensitization programme.

Humanitarian Leadership, Coordination and Strategy

The refugee response is coordinated at central level by the Ministry of Home Affairs (MOHA) Refugees Service department and UNHCR, who oversee daily management of the response by UN agencies and government focusing on planning, oversight and policy implications. At regional level, the Kigoma Regional Government and MOHA-Regional Refugee Liaison Office are coordinating the refugee response. Similarly, an inter-agency coordination forum also operates in the field with a monthly meeting rotating between the Field Offices in Kasulu and Kibondo, and sector meetings taking place regularly. UNICEF is a regular member in all refugee coordination meetings taking place at all levels. The UN Resident Coordinator's Office coordinates the UN Kigoma Joint Programme at national and field level ensuring that the UN is also addressing development gaps in refugee hosting districts.

For the COVID-19 response UNICEF is working closely with the different pillars established jointly with MOHCDGEC and WHO to ensure a holistic response to the virus and maintain ongoing readiness to contain any further spread. Through Development Partners Group, UNICEF will provide technical guidance and leadership to support the health systems in ensuring continuity in provision of primary health care. While stepping up response to COVID-19, UNICEF Tanzania will scale up activities in regular programmes for nutrition, protection, HIV and AIDS, social safety nets, education and WASH to ensure continuity of all essential services.

To oversee the COVID-19 response the Government of Tanzania has established two committees: one committee, chaired by the Prime Minister and Minister of Health, includes key ministries, has the role of informing the public on steps and measures taken by government to respond to the outbreak. A second committee is chaired by the Chief Secretary in the President's Office brings together Permanent Secretaries from ministries and will ensure that appropriate actions are taken to contain COVID-19. In addition, a National Task Force now called the Technical Committee Meeting (TCM) co-chaired by the Chief Medical Officer and WHO operates on a technical level. The following seven pillars have been established: Coordination, Surveillance/POE, Laboratory, Case Management/IPC, RCCE and Logistics/Supply. The Risk Communication and Community Engagement (RCCE) pillar which includes mental health and psychosocial support is co-led by UNICEF and the MoHCDGEC/Health Promotion Section. UNICEF is also chairing the Development Partners Group which has been tasked to ensure continuity of primary health services. UNICEF is a regular member of the sub committees on Case Management and IPC which also includes Nutrition, WASH and HIV/AIDS. A UN COVID-19 plan for Tanzania has been developed, with defined case scenarios with priority risk districts in line with the national plan.

Next SitRep: 15 July 2020

UNICEF Tanzania Facebook page: <https://web.facebook.com/UNICEFTanzania/?fref=ts>

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Annex A

Summary of Programme Results

Sector	UNICEF and IPs		
	Target	Total results	Change since last report
Nutrition			
SAM Admission	1,276	224	N/A
Children provided with micronutrient supplementation	34,546	724	N/A
Health			
Measles vaccination	35,887	7,221	N/A
WASH			
People with safe water, Sanitation and Hygiene service	250,000	11,730	N/A
Child Protection			
# of UASC identified and receiving case management (including placement in alternative care arrangements). Inclusive of CPIMS+ support.	11,400	6,195	N/A
Education			
Children accessing quality school	119,000	69,320	N/A
RCCE			
# of COVID-19 IEC materials produced (TV, radio spots, printed material, media statement etc.) and disseminated / broadcasted	45	14	N/A
# of media (traditional and digital) disseminating COVID-19 information	51 (45 radio, 6 TV)	37	N/A
# of people engaged and reached with accessible information on COVID-19 and targeted messages on prevention and on access to services	23,400,000	11,700,000	N/A

Annex B

Funding Status*

Sector	Requirements				Funds available		Funding gap	
					Received Current Year	Carry-Over	\$	%
	Refugees Burundians and Congolese Jan-Dec 2020	Disease outbreaks (COVID-19, EVD, Cholera); March-August 2020)	Floods (March-May 2020)	Total				
WASH	852,100		587,300	1,439,400	272,727	0	1,166,673	81
Education	1,154,130			1,154,130	0	0	1,154,130	100
Health	255,655		70,000	325,655	0	0	325,655	100
Nutrition	58,756			58,756	0	0	58,756	100
Child Protection	825,000		28,000	853,000	0	0	853,000	100
RCCE		875,000		875,000	0	0	875,000	100
WASH/IPC		1,380,000		1,380,000	0	0	1,380,000	100
Child Protection/MHPSS		160,000		160,000	0	0	160,000	100
Education in Emergency		250,000		250,000	0	0	250,000	100

Case Management/ Nutrition Care		60,000		60,000	0	0	60,000	100
Community Based Surveillance/CHWs		2,200,000		2,200,000	0	247,780	1,952,220	89
Coordination / Logistics/ Operational cost		100,000		100,000	0	0	100,000	100
Total	3,145,641	5,025,000	685,300	8,855,941	272,727	247,780	8,335,434	94