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Tanzania Humanitarian Situation Report

Reporting Period: January-December 2019

Situation in Numbers

- UNICEF supported the provision of Vitamin A supplementation (VAS) to 52,888 refugee children aged six to 59 months. A total of 1,507 refugee children and 239 hosting community children with severe acute malnutrition (SAM) were admitted into therapeutic programmes. The performance of the SAM programme is within the Sphere standards (cure rate of 79 per cent).
- UNICEF supported polio and measles vaccinations reaching 22,648 refugee children (94 per cent of the target) to prevent childhood illnesses.
- With support from UNICEF, Plan International and the International Rescue Committee (IRC) have identified, assessed and placed 7,719 unaccompanied and separated children with foster families.
- A total of 98,183 refugee school children have benefitted from teaching and learning materials with the support from UNICEF.
- UNICEF in collaboration with WHO and partners supported the government to revise the National Ebola Virus Disease preparedness plan and participated in the revision of Standard Operating Procedures for all pillars.

278,275

Number of refugees and asylum seekers (Burundians and Congolese) in three camps and in hosting villages and settlements in Tanzania. (UNHCR, 31st October 2019)

235,659

Number of refugees in three camps.

134,326 (57 per cent)

Number of refugee children requiring humanitarian assistance.

47,132 (20 per cent)

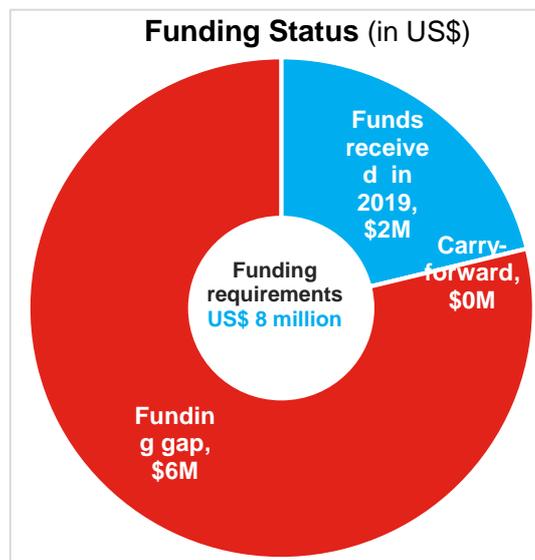
Number of children under five years old living in the three refugee camps.

78,797

Number of refugees voluntarily returned to Burundi of the 95,446 registered since September 2017.

UNICEF's Response with Partners

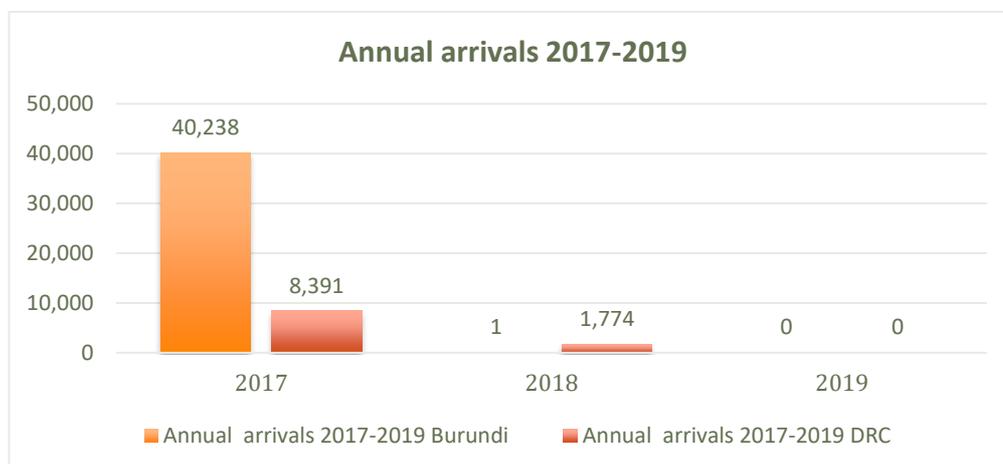
	Burundian Refugees		Congolese Refugees		Total target Burundians and Congolese	Total results Burundians and Congolese
	UNICEF 2019 Target	Results to date	UNICEF 2019 Target	Results to Date		
WASH: Refugees and host community members accessing the agreed quantity of water for drinking, cooking and personal hygiene	39,350	82,851	16,250	8,300	55,600	91,151
Education: School-aged children including adolescents accessing quality education	42,883	60,028	52,140	38,155	95,023	98,183
Health: Child under five years vaccinated against measles and polio	19,000	17,850	5,000	4,798	24,000	22,648
Nutrition: Children under 5 years with severe acute malnutrition (SAM) admitted to therapeutic services	961	1,049	896	458	1,857	1,507
Nutrition: Children under 5 provided with micronutrient supplementation	24,400	38,773	27,256	14,115	51,656	52,888
Child Protection: UASC children identified and receiving protection services including FTR, and placement in alternative care arrangements	7,000	5,935	2,000	1,784	9,000	7,719



Situation Overview and Humanitarian Needs

Refugee Response

Tanzania has not received new asylum seekers from Burundi or the Democratic Republic of Congo (DRC) in 2019, which may be due to the continuing restrictions on access to territory since 2017, including closure of all border entry and reception points for Burundian asylum seekers in 2018. However, 1,774 refugees were received into Tanzania from the DRC in January 2018.



As of October 2019, Tanzania is hosting 278,275 refugees and asylum seekers, with the majority being Burundians (162,796) and over 70,000 Congolese. A total of 235,659 refugees are hosted in three refugee camps (Nduta, Mtendeli and Nyarugusu), in north-western Tanzania. An additional 42,613¹ Burundian refugees have been living for decades in some villages in Kigoma and in three settlements (Mishamo, Katumba [Katavi] and Ulyankulu [Tabora]) though they no longer receive assistance. In total, 57 per cent of the refugee population in the camps are children under 18 years, and 20 per cent are children under the age of five. Additionally, there are more than 7,700 unaccompanied and separated children in the camps receiving protection services.

Estimated Population in Need of Humanitarian Assistance in the three camps (Estimates calculated based on initial figures from Tanzania Refugee Population Updates-UNHCR, 31 st October 2019)			
Start of Humanitarian Response:			
	Total	Male	Female
Total Refugee Population	235,659	117,830	117,829
Children (Under 18)	134,326	67,163	67,163
Children (Under 5)	47,132	23,566	23,566
Pregnant and Lactating Women	9,426	N/A	9,426

Throughout 2019, the government maintained its promotion of voluntary returns for Burundian refugees which started in 2017. The 21st meeting of the Tripartite Commission for the Voluntary Repatriation of Burundian Refugees in Tanzania was held on 29 November 2019. During that meeting the two governments reaffirmed to continue facilitating the voluntary repatriation process for those Burundian refugees who registered their intention to return once the voluntariness of their decision has been verified. In addition, both parties agreed to maintain the capacity and preparedness to transport up to 2,000 voluntary returns per week, in convoys of up to 1,000 each from Tanzania to Burundi. Voluntary repatriation resumed in February 2019 after a temporary hold since mid-December 2018 due to lack of resources. The pace of signing up for voluntary repatriation has

¹ Tanzania refugee population update, October 31st, 2019; UNHCR and Ministry of Home Affairs

decreased in 2019, with more than 50 per cent retractions, no shows and convoy dropouts reported since November 2018. A total of 78,797 Burundian refugees have been assisted to return since the beginning of the voluntary repatriation exercise in September 2017. Of the total returnees, more than 20,000 have been repatriated since January 2019, a reduction of almost 38 per cent compared to the same period last year.

The ongoing population validation exercise conducted jointly by UNHCR and the Government of Tanzania since August 2019 revealed that there are more than 5,000 unregistered refugees of which 60 per cent are children. UNICEF and partners continue to advocate for the registration of unregistered refugee children. The population validation exercise will provide more accurate population figures for planning of space and services.

The general food distribution provided by WFP stabilized to meeting 100 percent of the recommended food rations in the first half of 2019. In May 2019 WFP reported, that as of June 2019 the general food distribution ration was going to be reduced from 100 to 96 percent of the recommended food ration. However, provision of super cereals for refugees with special needs was only at 50 per cent due to shortages. Efforts were made to restore 100 per cent provision by August/September 2019. While some restrictions on livelihood activities have already been in place since mid-2018, at the beginning of 2019 some businesses owned by refugees were suspended and all markets between the refugee camps and hosting communities were closed.

Considering the continued risk of importation of Ebola Virus Disease (EVD) from neighbouring DRC, and with the alert of an EVD suspected case in Tanzania in September 2019, UNICEF Tanzania stepped up EVD preparedness under the overall coordination of the National Task Force co-chaired by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and WHO. UNICEF staff from the country office and regional office worked closely with WHO and other partners to revise and re-prioritize the National EVD plan and budget, review the Standard Operating Procedures for all pillars and strengthened coordination of the Risk Communication and Community Engagement pillar through the Health Promotion Section in the MoHCDGEC.

Humanitarian Leadership and Coordination

The refugee response is coordinated at central level by the Refugees Service Department in the Ministry of Home Affairs (MOH) and the UN High Commissioner for Refugees (UNHCR), who oversee daily management of the response by UN agencies and government, focusing on planning, oversight and policy implications. At the regional level, the Kigoma Regional Government and MOH-Regional Refugee Liaison Office are the overall coordinators of 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 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.

A coordination mechanism for EVD preparedness has been activated at national level with the Chief Medical Officer (CMO) of the MoHCDGEC leading the National Task Force every month. The EVD Sub-committee for Risk Communication and Community Engagement (RCCE) including psychosocial support is co-led by UNICEF and the MoHCDGEC. UNICEF is further a regular member of the sub committees on Case Management and Infection Prevention and Control (IPC) which also includes Nutrition, WASH and HIV/AIDS. Other sub-committees are Surveillance/Laboratory, Logistics and Safe and Dignified Burials.

At the UN level, UNICEF participates in the Interagency EVD meeting chaired by WHO. The EVD Development Partners, UN agency and INGO/NGO meetings are led by WHO. An UN EVD plan for Tanzania has been developed, with defined case scenarios as well as re-categorization of priority risk districts.

Humanitarian Strategy

In collaboration with partners, UNICEF supports life-saving interventions to expand services for children in the refugee camps and host communities. Efforts are being made to deliver results through the government systems for EVD preparedness and cholera. Advocacy is ongoing to increasingly use government systems for the refugee response. UNICEF will continue to support case management of children with acute protection concerns, including unaccompanied and separated children, through implementation of the cloud-based Child Protection Information Management System (CPIMS+/Primer) and focus on adolescent life skills and positive parenting. Maternal, new-born and child health services in health facilities will be supported with essential health equipment and supplies and the provision of skills development for health workers, including scaling up immunization outreach and improving use of data from Health Information Teams. Nutrition screening, treatment of SAM and social mobilization will be intensified during Vitamin A supplementation (VAS) and deworming campaigns. UNICEF will support development of school WASH services in the refugee camps and enhance capacity of institutions for sustainable management of WASH services. In collaboration with UNHCR, UNICEF will ensure a quality and equity-based education for refugee children through the procurement of education supplies and strengthened distribution systems, including utilization.

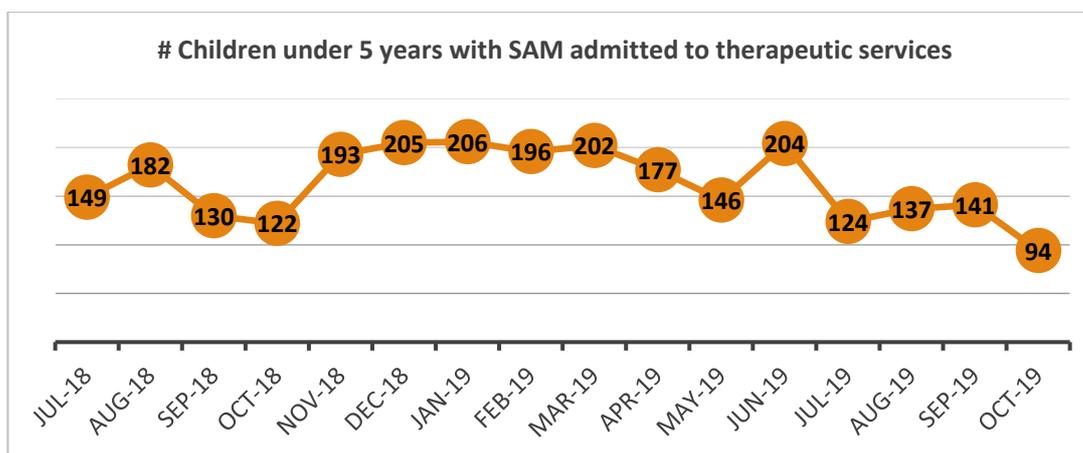
Summary Analysis of Programme Response

Refugees response

Nutrition

Between January and November 2019, UNICEF in collaboration with the Tanzania Red Cross Society (TRCS) and Médecins Sans Frontières (MSF) provided Vitamin A supplementation (VAS) to 52,888 refugee children aged six to 59 months. In accordance with the national guidelines, children aged 12 to 59 months received mebendazole chewable tablets for deworming, benefitting 34,105 Burundian and 10,669 Congolese refugee children in all three camps. A total of 1,788 children under 5 (including 1,507 refugee children—1,049 Burundian/458 Congolese—and 281 host community children) suffering from severe acute malnutrition (SAM) were admitted into therapeutic programmes. The performance of the SAM programme is within the Sphere standards (cure rate of 79 per cent and death rate of 4 per cent). To ensure quality SAM services in the refugee camps, UNICEF supported training of 25 health care providers (15 in Nyarugusu camp and 10 in Mtendeli camp) on Integrated Management of Acute Malnutrition (IMAM) using the new national IMAM training package. The training improved the capacity of health care providers in SAM management. In addition, 75 community nutrition volunteers and health information teams (50 in Nyarugusu camp and 25 in Mtendeli camp) were trained on infant and young child feeding (IYCF) in community and emergency settings. From January to November 2019, these trained community nutrition volunteers and health information teams provided IYCF messages cumulatively to a total of 14,348 pregnant women and mothers of children 0-59 months of age.

Based on the Standardised Expanded Nutrition Survey (SENS) conducted in September/October 2019, the prevalence of Global Acute Malnutrition (GAM) is less than 5 per cent across the camps, which is acceptable level according to the WHO classification, with significant improvement in Nduta camp where GAM prevalence decreased from 6.1 percent in 2018 to 3.2 percent in 2019. Improved IYCF practices like continued breastfeeding until the age of two years and introduction of appropriate complementary foods at age 6-8 months of age might have contributed to this decrease.



Health

UNICEF in partnership with the MoHCDGEC, TRCS and MSF-Nduta supported routine polio and measles vaccinations reaching 22,648 refugee children (17,850 Burundians and 4,798 Congolese) through provision of vaccines, cold chain maintenance and supplies.

With UNICEF support, refugee children were integrated into a nationwide supplementary Measles Rubella and Polio immunization campaign, where 94 per cent (41,976) of children aged 9-59 months and 92 per cent (21,829) of children aged 18-42 months were reached across all camps. Another 1,240 children were immunized through outreach services conducted in four villages which are more than five kilometres from health facilities. A total of 40 health care workers and 201 health information teams covering all camps were mentored on Polio and Measles surveillance and timely reporting of suspected cases.

UNICEF supported training of 24 members of the health management teams of Kigoma District Council, Buhigwe District Council and Kigoma Municipal Council to prepare and respond to an EVD outbreak. Capacities of 150 health information teams (HITs) on EVD disease surveillance were built through job mentorship and coaching.

UNICEF supported HITs to distribute and hang 6,000 Lasting Insecticide Treated Nets for pregnant women. At Reproductive and Child Health (RCH) Clinics, UNICEF supplied 50 cartons (600 tests each) of microcuvette to diagnose anaemia and 50,000 iron and folic acid tablets to treat and prevent anaemia in pregnant women.

In Nyarugusu and Mtendeli camps, 65 health care workers were mentored to improve the quality of Ante Natal Care (ANC), delivery, preterm/premature and postnatal care services. HITs supervisors were supported with transport to supervise and mentor HITs in the field.

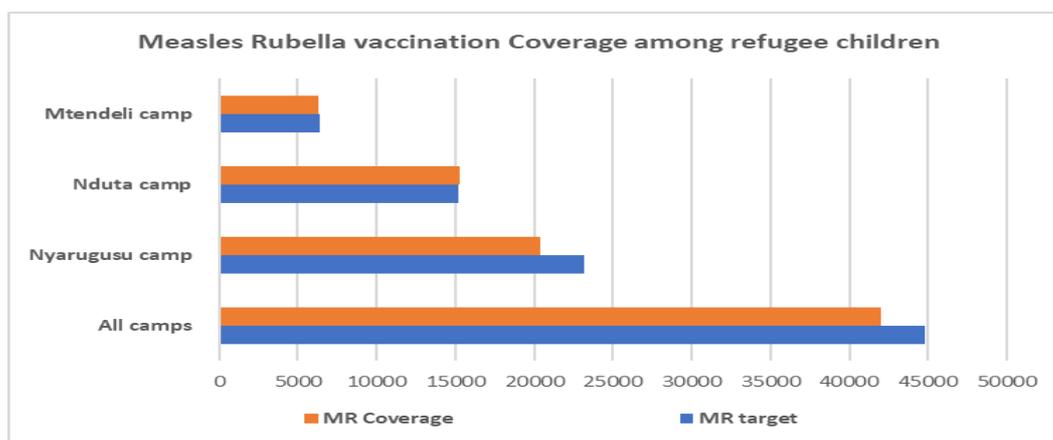


Figure 1 Number of refugee children vaccinated in the three camps for Measles-Rubella vaccine against target population during October 2019 supplementary immunization campaign.

WASH

UNICEF has continued to closely work with implementing partners Oxfam, Norwegian Refugee Council and the Tanganyika Christian Refugee Services to improve access to Water, Sanitation and Hygiene services to the Burundian and Congolese refugees living in the three camps. Access to water has continued to be above the minimum required Sphere standard of 15 litres per person per day in all three camps. A total of 91,151 (44,337 males; 46,814 females) refugees have benefitted with improved access to water at Mtendeli and Nduta camps. Moreover, about 67,761 refugee school children (33,471 boys; 34,290 girls) benefitted from sanitation and water services in the three camps. Interventions that were carried out to improve access to water are as follows: In Mtendeli, support was provided to procure pipes and plumbing accessories that have been used to increase the size of the main water pumping line from the source to the central storage facility hence increasing the amount of water delivered. Also, some of the materials were used to extend water within the camp to ensure distance to water points from the refugee dwellings is reduced supporting increase of water collected per day.

For schools, UNICEF has supported the construction of new sanitation facilities to increase the number of dropholes used by school children hence reducing the ration of drophole to students.

With the aim of preventing outbreaks of WASH related diseases, UNICEF through the Norwegian Refugee Council supported the construction of sanitation facilities in four schools (Shukuru, Nuru, Uwezo and Uhuru primary schools) in Nyarugusu camp with a total of 36 drop holes benefitting 9,806 pupils (4,957 girls and 4,849 boys). Additionally, four handwashing stations were installed in the four schools, including provision of hygiene promotion as inter-personal communication.

In Nduta camp, UNICEF through implementing partner Oxfam procured an electrical driven high capacity surface water pump to increase the amount of water pumped into the camp and reduce working hours of the pump which has been a cause for regular breakdowns. The pump has the capacity to pump water to all levels without needing an extra pumping stage at the middle hence reducing the running costs as well as being able to be hooked to the national power grid.

UNICEF also procured 760m of pipes and fittings for connection of water to four schools in the camp and constructed a 2.5-meter masonry raiser with a 3,000 liters UPVC water tank for each of the four schools. The schools are Nyangwa – 434 children (214 boys, 220 girls), Tumaini – 500 children (240 boys, 260 girls), Furaha – 974 children (527 boys, 447 girls) and Maendeleo – 2,339 children (1,247 boys, 1,092 girls). Four tap stands each with six taps and water connection to each of the four schools were constructed. Furthermore, inter-personal

communication activities reaching refugee communities with cholera and EVD prevention messages to promote good hygiene practices have been conducted.



Completed latrine block at Umoja Primary School at Mtendeli Camp

To promote hygiene best practices, UNICEF in collaboration with Tanganyika Christian Refugee Service (TCRS), supported construction of sanitation facilities in the Umoja primary school in Mtendeli camp. The sanitation facilities constructed were mainly for boys (1,592) as for girls the number of existing facilities already had a better drop hole to student ratio. Following this construction, the ratio of boys' pupils to drop hole improved from 133 to 67. Also, in Mtendeli, support was provided to procure three kilometres of pipes and fittings for replacement of the main water supply line from the borehole to the storage facilities as well as inter-personal communication.

The main constraint that has hampered adequate response has been insufficient funds to support adequate sanitation interventions especially in schools in the three camps. As of the end of the year 2019, there is a gap of 278 and 260 drop holes for boys and girls respectively to meet the standard of 1:50 for boys and 1:30 for girls.

Education

The Government of Tanzania, UNHCR, UNICEF and other partners continue to ensure access to quality basic education for Burundian and Congolese refugee children in Mtendeli, Nduta and Nyarugusu camps. In 2019, 98,183 (48,691 girls; 49,492 boys) Burundian and Congolese children in pre-primary and primary schools benefitted from teaching and learning materials enabling them to go to school with basic educational needs through UNICEF support in collaboration with IRC and Caritas.

Table 1: School enrolment for Burundian and Congolese refugees in Tanzania

Level	Burundian			Congolese		
	Boys	Girls	Total	Boys	Girls	Total
Pre-primary	3,464	3,627	7,091	1,800	1,855	3,655
Primary	27,028	25,909	52,937	17,200	17,300	34,500
Total	30,492	29,536	60,028	19,000	19,155	38,155

Summary	Boys	Girls	Total
Congolese	19,000	19,155	38,155
Burundian	30,492	29,536	60,028
Total	49,492	48,691	98,183

Source: UNHCR 2019



Parent teacher Association at Amani Primary school in Mtendeli camp @ UNICEF/2019/Sebarua



ECD children playing in Mtendeli camp @ UNICEF/2019/Sebarua

More than 9,000 Burundian refugee children gained access to new education infrastructure: 120 semi-permanent classrooms and ten blocks of latrines were complete in Nduta refugee camp with financial support from USAID, Sweden (SIDA) and UNICEF regular resources, in time for the start of the September 2019 academic year. These new classrooms helped to reduce congestion and provided shelter for children who were previously taking classes underneath trees. Furthermore, 347 Burundian children (including 63 girls) from grades 9, 13 and 14 received their academic certificates provided by the National Examination Council of Tanzania (NECTA) for the examination completed at the end of 2018. The certification enabled them to transit to secondary and tertiary education respectively. There has been a decline in girls sitting for the examination as well as a low pass rates for those who do: only 31 percent of girls passing the exams against 69 percent of boys. To address this challenge, UNICEF, UNHCR and implementing partners (IRC, Caritas and Save the Children) have developed specific plans for teacher training using the Tanzania teacher college in Kasulu district in Kigoma starting in 2020.



Fig: 1: Ms. Hareya Fassil, Senior policy Advisor from USAID visiting the semi-permanent classroom in Nduta refugee camp. The classrooms were funded by USAID and Sweden @ UNICEF/2019/Sebarua

Another major challenge in the education sector is the cost of the examination: in 2018 the cost per child of an exam was US\$ 197.64 and increased to US\$ 250 in 2019. The high costs of exams serve as a barrier for sustainability of the intervention, and in 2019 more than 1,200 Burundian children in grades 9, 13 and 14 did not sit for their exams due to lack of funds. UNICEF and UNHCR agreed to co-share cost and the exams have been postponed to January 2020. Following UNICEF's discussions with the National Examinations Council of Tanzania (NECTA), UNICEF recommended incremental phasing out the parallel system of refugee education and exams. UNICEF and UNHCR in collaboration with the Regional Office conducted a joint education mission in September 2019 to the refugee camps and the findings confirmed a lack of sustainable resources for administering examination to Burundian and Congolese children. The key recommendation therefore relates to a need to re-align the refugee education to the Tanzania Government system which however needs a change of the refugee policy.

Child Protection

UNICEF's priority for refugee children over the course of 2019 was supporting case management through Plan International (Plan) and the International Rescue Committee (IRC), including implementation of the Primero cloud-based child protection information management system (CPIMS+), and ensuring that children with acute protection concerns, such as unaccompanied minors and separated children (UASC), continue to be identified, assessed, and placed in alternative care. The partnership also included a positive parenting component for foster parents and adolescent life-skills programming designed to address gender-based violence.

Over the course of the year, the number of unaccompanied and separated children fluctuated slightly from 7,670 reported in the first quarter (2,888 unaccompanied minors/4,782 separated children) to 7,719 in the last quarter (2,901 unaccompanied minors/4,818 separated children). Although there were officially no new arrivals during the year, a verification exercise was carried out and adjustments slightly increased case load numbers. It should be noted that while all unaccompanied children benefit from case management, not all separated children do; however, the numbers above reflect the full case load of separated children. Within the unaccompanied children, approximately 37 per cent are girls and 63 per cent are boys, with separated children consisting of 49 per cent girls and 51 per cent boys, with very little variation in these percentages over the course of the year. Unaccompanied children are placed in alternative care settings: 1,663 (714 female/949 male) of whom live with foster parents, with a number of adolescents (primary boys) choosing to live together under the supervision of community members and case workers. Protection concerns during the year continued to centre issues related to voluntary repatriation, with partners working with government to ensure compliance with standard operating procedures particularly regarding unaccompanied minors and separated children and ensuring best interest assessment, best interest determination, and family tracing protocols are observed.

Concerted efforts are in place to ensure front line workers (including immigration officials) work together to identify and refer children (both host and refugee) in exploitative situations. In November 2018, 67 children were identified as being in exploitative situations; as of October 2019, 144 children had been identified, with over half (68) being refugee children. The work with immigration officials was (and continues to be) carried out under the UNICEF-IOM Regional Collaboration Framework. Joint trainings have been carried out for immigration officials and social welfare officers on the Standard Operating Procedures for Vulnerable Migrants and Ethical Border Practices to improve Kigoma-based referrals and as a measure to mitigate the risk of arbitrary detention of children.

Communications for Development (C4D), Community Engagement and Accountability

In response to the increased threat of possible importation of the Ebola Virus Disease (EVD) from neighbouring DRC, UNICEF supported community sensitization and engagement on Ebola preparedness in all three camps. The number of trained community mobilizers increased from three trained in 2018 to 3,323 by December 2019. The trained resourceful personnel include teachers, Health Information and Hygiene Promotion Teams, community and local leaders who are sensitizing communities through corresponding platforms. Over 182,000 contacts of refugee adults and 90,000 children have been reached with EVD messages in 2019. EVD Interpersonal Communication (IPC) support materials including 2,500 posters and 3,500 brochures for children and adults have been distributed. Posters have been placed at areas frequented by community members such as health facilities and schools. Brochures were distributed to community mobilizers as reference material when facilitating Ebola sessions. To underpin EVD messages through emotive discussions at communities and schools, 50 USBs sticks installed with the film of *The Story of Ebola* were deployed to enhance knowledge and understanding on EVD. EVD prevention messages are translated into Kirundi (the national language in Burundi) to ensure common understanding of Ebola key messages (transmission, signs and symptoms and prevention) among Burundians living in the three refugee camps.

Refugee Hosting Communities

UNICEF has further extended its support into host communities to strengthen national systems focusing on development gaps in refugee hosting communities through the UN Kigoma Joint Programme (UN KJP). UNICEF is leading two outcome areas of the programme - Violence against Women and Children (VAWC) and WASH. In addition, UNICEF is part of another outcome area focusing on empowering adolescent girls through education. A health, HIV/AIDS and nutrition component has been added with the support of the Irish Aid funding for a period of three years, targeting 50 per cent of the total population in eight district councils in Kigoma region.

UNICEF supported the rehabilitation of Kigogo village gravity water scheme in Kibondo. Two boreholes in Nyange village in Kibondo district were rehabilitated where one is upgraded and installed with solar system and the other installed with a new handpump. Construction of a new water system in Kasongati village in Kakonko district is ongoing and training of Water Treatment Plant Operators from respective districts has been carried out. This activity was facilitated by the Department of Water Quality from the Ministry of Water.

With financial contributions from the Governments of Norway and Sweden through the UN One Fund, UNICEF is making concerted, up-front, and simultaneous investment in the prevention, response, and coordination/data management components of the child protection system through the UN's KJP Violence Against Women's thematic area (KJP-VAWC). UNICEF continues to support child protection system implementation in four local government authorities of Kigoma through the UN KJP VAWC theme, leveraging the child protection system for refugee children in three camps. Case management has been provided to 2,481 children (1,178 female/ 1,303 male) in November 2019 - up from 122 in one district in June 2017. A cumulative 180 children (compared to 137 in November 2018), including 38 refugee children, have been placed with one of 105 fit families.

The Government of Tanzania, with support from UNICEF, has developed, approved and launched a skills development curriculum targeting out of school adolescents called the Integrated Programme for Out of School Adolescents (IPOSA). Kigoma region is among five regions with highest number of out of school children and adolescents as per the Ministry of Education, Science and Technology (MoEST) and UNICEF's 2016 Out of School Study. Through the UN KJP,² UNICEF is supporting four local government authorities of Kibondo District, Kasulu Town council, Kakonko District and Kasulu District council in the provision of vocational education to adolescents aged 14-19 years who have never been to school, had dropped out of primary school, did not transit from primary to secondary or dropped out of secondary school, to develop self-employability skills through the IPOSA programme. In 2019, working with PORALG, 69 technical teachers were identified and received capacity building on how to train out of school adolescents on varied vocational and literacy skills. Subsequently, 2,113 (53 per cent girls) adolescents gained valuable vocational, entrepreneurship, literacy and life skills through this programme. Additionally, UNICEF procured and distributed teaching and learning materials to IPOSA centres to four LGAs of Kigoma region.

Over 200 Community Health Workers (CHWs) supervisors from Uvinza and Kasulu districts were trained to be able to provide supportive roles to ensure community outreach in host communities. More than 40 adolescents and peers were trained to support training and mentorship among groups on HIV/AIDS prevention. Selection of villages (25% each) in four districts (Kasulu District Council, Kasulu Town Council, Kakonko District and Uvinza District) was completed and an introduction on Village Health and Nutrition Day interventions was conducted. The regional secretariat of Kigoma and the local governments were supported to conduct twice per year multisectoral nutrition steering committees, annual planning and budgeting workshops for nutrition. Training on bottleneck analysis of specific nutrition interventions, multisectoral nutrition scorecards and review of nutrition annual workplans was also done.

Ebola Preparedness

² UNICEF is one of the four agencies (UNICEF, UNESCO, ILO, UNFPA) supporting the implementation of education activities in Kigoma under the UN Kigoma Joint Programme.

Considering the continued risk of importation of Ebola Virus Disease (EVD) from neighbouring DRC, and with the alert of an EVD suspected case in Tanzania in September 2019, UNICEF Tanzania stepped up EVD preparedness under the overall coordination of the National Task Force co-chaired by the MoHCDGEC and WHO. A technical team from UNICEF Regional Office was deployed to support development of the Tanzania EVD UN Contingency Plan based on defined case scenarios and re-categorized high-risk districts. A national Risk Communication and Community Engagement (RCCE) sub-committee is activated and is convening partners under the leadership of Health Promotion Service (HPS) of the MoHCDGEC, and with support from UNICEF.

Under the RCCE sub-committee, UNICEF supported the development of costed national and regional RCCE plans and mobilization of resources. About 700,000 copies of IEC materials were produced and disseminated through HPS and TRCS to district and community levels. A partnership with the TRCS was initiated to support community mobilization and engagement in 26 high-risk districts. Mapping of community structures and networks has been completed in 27 districts. Twenty-seven (27) regional HPS coordinators and 1,126 volunteers and 596 leaders and key influencers from 18 districts were trained on how to conduct community engagement. The partnership with TRCS also includes the procurement and prepositioning of WASH supplies to promote personal hygiene and infection, prevention and control in health facilities, points of entry, schools and public settings. In collaboration with the National Institute of Medical Research, UNICEF is currently conducting a Knowledge, Attitudes and Practices (KAP)/anthropological assessment to better understand knowledge levels and behavioural risk factors related to EVD transmission in Mainland Tanzania and Zanzibar with preliminary results expected in January 2020.

UNICEF through the RCCE, Case Management and IPC sub-committees, which includes WASH, Nutrition and Psychosocial Support (PSS) supported the review of Standard Operating Procedures (SOP) for EVD management. The nutrition SOPs were incorporated into combined national EVD SOPs including, nutrition care for EVD patients in the Ebola Treatment Units (ETUs), management of acute malnutrition, IYCF, management of breast milk substitutes, food assistance and roles and accountabilities of nutrition staff in the ETUs. Nutrition training materials have been integrated into EVD trainings which were conducted for community leaders. In addition, nutrition supplies were forecasted and RUTF was prepositioned. The WASH team is in the process of procuring WASH EVD Infection, Prevention and Control (IPC) supplies for entry points and health facilities and facilitate training and mentorships for front line and ancillary health care workers, port health teams, immigration officers on screening and Ebola virus disease infection prevention and control. Training of Trainers on Psychosocial Support (PSS) and Psychological First Aid (PFA) for national PSS facilitators was conducted in both Mainland and Zanzibar. The team of national facilitators will roll out training to high risk regions and districts in 2020.

In Zanzibar, a rapid assessment of EVD preparedness and contingency planning proposed the establishment/strengthening of core elements including SOPs, isolation centres, RCCE material, surveillance and training of rapid response teams. UNICEF supported the health promotion team to adapt the national IEC materials to the local context of Zanzibar.

In the refugee camps, UNICEF has supported WASH and health partners to intensify EVD messaging. Over 2,000 Community Information Teams (CITs) were trained on EVD prevention, signs and symptoms, mode of transmission and measures to take upon detection of a suspected case. The CITs have conducted outreach to community members with information on what is EVD, modes of transmission, signs and symptoms, and prevention. UNICEF is supporting partners to adapt the national IEC materials into Kirundi, Kibembe and French



Tanzania Red Cross Society/2019

to engage with the Burundian and Congolese refugee community. In Kigoma region, UNICEF participated in an EVD simulation and drills conducted by WHO and the MOH. Existing capacity and key gaps were shared with partners for considerations in planning and gap-filling.

Cholera

A total number of 421 cases including seven deaths were reported between January and 5 July 2019, with no further cases reported after that date. Since then, close monitoring and knowledge management activities on cholera prevention have been ongoing. UNICEF continues to engage with the National Task Force Team of the MOH for information sharing and monitoring. UNICEF has been working with the MOH in providing supplies that include household and private water treatment tablets and IEC materials. In addition, UNICEF has continued to participate in the National Cholera Task Force Team meetings to work on revising the National Cholera Prevention and Control Plan that is about to be finalised. As an added contribution to the finalization of the plan, UNICEF through the Regional Office has engaged a consultancy with Johns Hopkins University to undertake a mapping of cholera hotspots in mainland Tanzania and Zanzibar. The Zanzibar Comprehensive Cholera Elimination Plan was launched on the 10th of September 2019 by the President of Zanzibar, with a high-level delegation from partners committing to jointly start implementation of the plan.

Funding

UNICEF Tanzania's 2019 refugee response is part of the Regional Refugee Response Plans (RRRP) of influxes from Burundi and the DRC, appealing for US\$ 4.9 million to support the refugee response in the Kigoma region. In May 2019, UNICEF received US\$ 500,000 from the Central Emergency Response Fund (CERF) Secretariat to enhance the protection of refugee children and basic services for health, nutrition, water and sanitation services. UNICEF is grateful to all donors who have contributed in making a difference to the lives of the most vulnerable refugee children in Kigoma region and for their contributions to support this largely forgotten and underfunded refugee crisis and the hosting districts.

Overall, chronic underfunding has resulted in serious gaps in the provision of humanitarian assistance and underfunding has impacted all sectors as Tanzania's requirements for the refugee response as outlined in the 2019 regional Humanitarian Action for Children (HAC) was only funded at 10 percent. The lack of resources across all agencies has required a constant re-prioritization of immediate short-term life saving measures. The overlapping threat of possible disease outbreaks like Ebola and Cholera has further stretched the resources for the refugee response.

UNICEF Tanzania has estimated a need of US\$ 3.1 million for its EVD preparedness in 2019. Following the alerts in September 2019, the office has reprogrammed US\$ 1 million of its regular resource to strengthen EVD preparedness. In addition, towards the end of the year US\$ 1.2 million were received for EVD preparedness. UNICEF is working in close collaboration with partners to raise funds to step up preparedness for EVD to enhance awareness and understanding of at-risk communities at-risk including active case identification by Community Health Workers and promotion of hygiene through WASH-IPC.

Continued and timely donor support is essential to scaling up the response to meet the remaining critical humanitarian needs of refugee children and hosting districts in Tanzania as well to increase EVD preparedness.

Appeal Sector	Requirements				Funds Available		Funding Gap	
	Burundi RRRP	DRC RRRP	EVD preparedness Oct -Dec 2019	Total	Funds Received Current Year	Carry-Over	US\$	%
WASH	1,000,000	500,000	0	1,500,000	150,000	0	1,350,000	90
Education	1,300,000	600,000	0	1,900,000	0	0	1,900,000	100
Health	261,920	126,040	0	387,960	118,880	0	269,080	69
Nutrition	138,040	80,000	0	218,040	81,127	0	136,913	63
Child Protection	500,000	350,000	0	850,000	150,000	0	700,000	82
Risk Communication and Community Engagement	0	0	1,620,000	1,620,000	660,000	0	960,000	59
Risk Communication, and Community Engagement - Community Based Surveillance	0	0	270,000	270,000	540,000	0	-270,000	-100
Case Management: IPC WASH	0	0	648,000	648,000	0	0	648,000	100
Case Management: Nutrition/IYCF	0	0	108,000	108,000	0	0	108,000	100
Psychosocial support	0	0	140,940	140,940	0	0	140,940	100
Coordination and Leadership	0	0	162,000	162,000	0	0	162,000	100
Logistics and Operations	0	0	81,000	81,000	0	0	81,000	100
Programme Support Costs	0	0	135,000	135,000	0	0	135,000	100
Total	3,199,960	1,656,040	3,164,940	8,020,940	1,700,007	0	6,320,933	79

Next SitRep: March 2020

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