

@UNICEF/2019/Sebarua



Tanzania Humanitarian Situation Report

Reporting Period: July-September 2019

Situation in Numbers

- With support from UNICEF, Plan International and the International Rescue Committee (IRC) have identified, assessed and placed 7,687 unaccompanied and separated children with foster families.
- UNICEF supported polio and measles vaccinations reaching 16,475 refugee children to prevent childhood illnesses.
- More than 98,233 refugee school children have benefitted from teaching and learning materials with support from UNICEF.
- UNICEF supported the provision of vitamin A supplementation (VAS) to 848 Burundian children aged six to 59 months. A total of 233 refugee children and 28 hosting community children with severe acute malnutrition (SAM) were admitted into therapeutic programmes. The performance of the SAM Programme is within the Sphere norms (cure rate of 75 per cent).
- UNICEF in collaboration with the World Health Organization (WHO) and partners supported the government to revise the National Ebola Virus Disease (EVD) preparedness plan and participated in the revision of Standard Operating Procedures for all pillars.

305,921
Number of refugees and asylum seekers (Burundians and Congolese) in three camps and in hosting villages and settlements in Tanzania. (UNHCR, 31st July 2019)

269,583
Number of refugees in three camps.

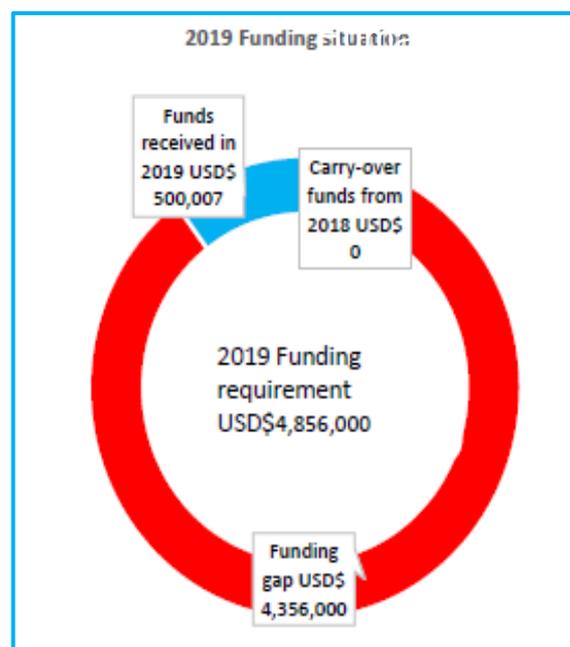
148,271 (55 %)
Number of refugee children requiring humanitarian assistance.

53,917 (20 %)
Number of children under five years old living in the three refugee camps.

74,099
Number of refugees voluntarily returned to Burundi of the **91,057** 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	17,000	16,250	6,000	55,600	23,000
Education: School-aged children including adolescents accessing quality education	42,883	60,028	52,140	38,205	95,023	98,233
Health: Child under five years vaccinated against measles and polio	19,000	12,792	5,000	3,683	24,000	16,475
Nutrition: Children under 5 years with severe acute malnutrition (SAM) admitted to therapeutic services	961	833	896	340	1,857	1,173
Nutrition: Children under 5 provided with micronutrient	24,400	4,480	27,256	0	51,656	4,480
Child Protection: UASC children identified and receiving protection services including FTR, and placement in alternative care arrangements	7,000	5,911	2,000	1,776	9,000	7,687



Situation Overview and Humanitarian Needs

Refugee Response

Tanzania is currently hosting 305,921¹ refugees and 36,338 asylum seekers in Kigoma Region (northwest Tanzania). Most of the refugees are Burundians (183,707) and Congolese (79,313), in addition to a small number of mixed nationalities. The remaining 36,338 are asylum seekers living in Kigoma villages and in settlement villages in nearby regions. Children represent 55 per cent of the refugee population, and 7,500 are separated and unaccompanied children.

Estimated Population in Need of Humanitarian Assistance in the three refugee camps (Estimates calculated based on initial figures from Tanzania Refugee Population Updates- UNHCR, 31 st July 2019)			
Start of Humanitarian Response:			
	Total	Male	Female
Total Refugee Population	269,583	134,792	134,792
Children (Under 18)	148,271	75,180	73,091
Children (Under 5)	53,917	27,488	26,429
Pregnant and Lactating Women	10,783	N/A	10,781

Currently the Ministry of Home Affairs (MHA) is carrying out a validation exercise which has been completed in Nyarugusu and is ongoing in Mtendeli and Nduta camps. The exercise, which is overseen by the Deputy Director of the Refugee Services Department, is expected to be completed by the end of September 2019 and will provide more accurate population figures for planning of space and services.

By September, a total of 74,099 refugees (43 per cent adults and 57 per cent children) have been assisted to return voluntarily to Burundi. This represents a significant portion of the 91,057 refugees who have been registered to return since September 2017, when the Volrep program started. There have been many withdrawals and no-shows for final departure; however, registrations are ongoing in the three camps.

Beginning in July 2019, the general food distribution by the World Food Programme (WFP) was distributed at 96 per cent of the full basket. At the time of this report, super cereals for refugees with special needs were provided at 50 per cent due to shortages, and efforts are underway to achieve 100 per cent provision by August/September 2019. Suspension of some businesses owned by refugees and the closure of markets between the refugee camps and hosting communities has affected refugee involvement in livelihood activities.

During the reporting period, the Ebola Virus Disease (EVD) outbreak in neighbouring Democratic Republic of the Congo (DRC) was ongoing and four cases were confirmed in Uganda. This prompted a strengthening of EVD preparedness measures in Tanzania. UNICEF staff from the country office and regional office worked closely with the World Health Organization (WHO) and other partners to revise and re-prioritize the National EVD plan and budget and reviewing Standard Operating Procedures for all pillars.

Humanitarian Leadership and Coordination

The refugee response is coordinated at central level by the MHA Refugees Service department 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 MHA-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 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.

¹ Tanzania Refugee Population update, UNHCR 31st July 2019

A coordination mechanism for EVD preparedness has been activated at the national level where the Ministry of Health (MOH) Chief Medical Officer (CMO) leads 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 MOH, and UNICEF is a regular member of 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 (inter-)national nongovernmental organization (I/NGO) meetings are led by WHO. Through these meetings a 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. UNICEF will continue to support case management of children with acute protection concerns (including unaccompanied and separated children), implement the cloud-based Child Protection Information Management System (CPIMS+/Primero) 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 outreaches and improving use of data from Health Information Teams (HITs). Nutrition screening, treatment of severe acute malnutrition (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. A quality and equity-based education for refugee children will be ensured through the procurement of education supplies and strengthened distribution systems, including utilization.

Summary Analysis of Programme Response

Refugee Response

Nutrition: Between July and September 2019, UNICEF in collaboration with the Tanzania Red Cross Society (TRCS) and Médecins Sans Frontières (MSF) provided routine VAS to 848 Burundian refugee children aged six-59 months. In addition, 233 refugee children (186 Burundian and 47 Congolese) and 28 hosting community children with SAM were admitted into therapeutic programmes. The performance of the SAM programme is within the Sphere norms (cure rate of 75 per cent, defaulter rate of 8 per cent and death rate of 5 per cent).

UNICEF, UNHCR and the WFP are currently conducting a joint Standardized Expanded Nutrition Survey (SENS) in all three refugee camps to determine the nutrition and health status of refugees to monitor the situation and establish the wider causes of malnutrition in the camps for better response planning. The survey report is expected to be published at end of October 2019.

Health: During the reporting period, UNICEF in partnership with the Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), TRCS and MSF-Nduta supported routine polio and measles vaccinations, cumulatively reaching 16,475 refugee children (12,792 Burundians and 3,683 Congolese) through the provision of vaccines, and cold chain maintenance and supplies. Mentoring was provided for 40 health care workers and 201 HITs on polio and measles surveillance and timely reporting of suspected cases in the community in the Nyarugusu, Nduta and Mtendeli refugee camps. A total of 1,240 children were vaccinated through outreach services conducted in one health post and four villages which are more than five km from health facilities.

UNICEF supported HITs to communicate key malaria prevention messages in preparation for the upcoming malaria season. Additionally, HITs supported the distribution and hanging of 2,303 long-lasting insecticide treated nets to pregnant women. At the Reproductive and Child Health (RCH) Clinic, UNICEF supplied 50 cartons of 600 tests to diagnose anaemia and 50,000 iron and folic acid tablets to treat and prevent anaemia in pregnant women.

To improve the quality of antenatal care, labour delivery and preterm/premature and postnatal care services in Nyarugusu and Mtendeli camps, 65 health care workers received mentoring. HITs supervisors were supported with transport to

supervise and mentor HITs in the field. A total of 53 HITs were provided with skills, tools and incentives to ensure continuity in engagement with the refugee community on preventive early and appropriate health-seeking behaviours against common childhood diseases.

WASH: Between July and September 2019, WASH partners in the three camps have continued to provide WASH services to the refugees where water access is above the minimum Sphere standards of 15l/p/d. Interpersonal communication activities have been ongoing in the camps, both in the refugee communities and in schools, and included information on WASH as well as prevention against EVD.

UNICEF supported WASH partners in the three camps to construct sanitation facilities. This has included the construction of sanitation facilities in four schools in Nyarugusu camp and construction has also begun on water connections for schools in Mtendeli and Nduta camps. In Nduta, new pumping equipment is under procurement to maintain water supply to reduce the burden on the existing pumps, leading to improved operation and maintenance of the pumps.

Education: For this reporting period, refugee schoolchildren have been on annual holiday break from July to mid-September 2019. The new academic year resumed in the second week of September and enrolment for children is ongoing. As of July 2019, over 98,000 refugee school children have benefitted from teaching and learning materials with the support from UNICEF, including 52,937 Burundian children (25,909 girls, and 27,028 boys) and 34,550 Congolese children (17,350 girls, 17,200 boys), including 10,746 children in pre-primary education. UNHCR and other partners conducted a verification exercise in Nyarugusu camp that noted an increase in enrolment of 4,298 Congolese school children, leading to a total of 34,550 compared to the total of 30,268 indicated in the last report.

In August 2019, UNICEF and UNHCR conducted an education joint mission to review refugee education interventions in all camps. One of the key observations during the joint mission was the well-organised school readiness programmes for early childhood development (ECD) for children in all camps. However, some challenges reported included lack of curricula materials, unavailability of final examinations and certification due to absence of support from country of origin, lack of school supervision and quality assurance and isolation from host community. To address some of these challenges, the Education Working Group recommended a joint participatory mission involving key stakeholders to three refugee camps in Kigoma that will help to strengthen linkages with Ministry of Education of Burundi and provide required support.

Child Protection: UNICEF's priority for refugee children in the latter half of 2019 continues to focus on supporting Plan International and the IRC with case management and ensuring children with acute protection concerns, such as unaccompanied minors and separated children (UASC), are identified, assessed, and placed with foster families. Partners also continue to be supported with implementation of CPIMS+/Primero, a system to manage child protection cases. UNICEF renewed its programme document with Plan in June 2019 and finalization of the next programme document with IRC was completed in September 2019. In an effort to align UNICEF's collaborations in the camp, the new programme document with IRC will include a positive parenting component for foster parents and adolescent life skill programming, both of which have been elements of the previous collaboration with Plan.

As of September 2019, the number of UASC has not changed substantially, going from 7,689 in June to 7,687 in September (3,415 girls and 4,272 boys). There has been little variation in the mix of UASC and Burundian and Congolese since June with partners reporting 5,911 UASC from Burundi (2,597 unaccompanied minors [UAM] and 3,314 separated children [SC]) and 1,776 UASC from the DRC (298 UAM and 1,478 SC). Currently the MHA is carrying out a validation exercise which has been completed in Nyarugusu and is ongoing in Mtendeli and Nduta. The exercise, which is overseen by the Deputy Director of the Refugee Services Department, is expected to be completed by the end of September 2019.

With contributions from the governments of Norway and Sweden through 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 Joint Programme in Kigoma. During the reporting period, and as per the UNICEF-International Organization for Migration (IOM) Regional Collaboration Framework, UNICEF and IOM conducted a joint training for immigration officials and social welfare officers on the standard operating procedures (SOPs) for vulnerable migrants and ethical border practices. The training aimed at strengthening the knowledge and skills of immigration officers and social welfare officers with respect to the provision of assistance and protection services to vulnerable migrants, including children. Most of the 32 participants came from areas with multiple points of entry and those surrounded with

refugee camps in Kigoma region. Participants identified key issues that needed to be addressed to improve services to vulnerable migrants, i.e. the recruitment of more female immigration officials (an overwhelming number are male), establishment of a special desk within the Migration Department for assisting vulnerable migrants, allocation of more resources to immigration officers to carry out their basic functions, and establishment of clear referral mechanisms and mapping of all key referral services for vulnerable migrants.

With support of the Embassy of Norway under the UN Joint Programme, the Tanzania Police Force (TPF) officially launched three Gender and Children's Desks (GCDs) in Kakonko, Kibondo, and Kigoma Town in September 2019. GCDs are dedicated units within each police station which are staffed with trained police officers who can provide a child-friendly response to victims of violence. Since their establishment in Kigoma, TPF has recorded a significant increase in the reporting of violence against children. Of the 271 cases reported in 2017, 83 concerned children. The number of cases reported in 2018 increased to 857, of which 360 concerned violence against children.

Communications for Development (C4D), Community Engagement and Accountability: Due to possible risk of Ebola Virus Disease (EVD) spreading into Tanzania from the DRC and Uganda, UNICEF has supported WASH and Health partners to intensify EVD messaging in all refugee camps. The number of trained Community Information Teams (CITs) tripled from 794 individuals (as reported in the second quarter) to 2,118 individuals as of end of September. These include health information teams, hygiene promotion teams and community information workers. The CITs have conducted outreach to community members with information on what is EVD, modes of transmission, signs and symptoms and prevention. These CITs are working for MSF, DRC, Oxfam, Tanganyika Christian Refugee Services (TCRS), NRC and TRCS.

A total of 162,000 adult contacts were reached with EVD messages as of September, compared to 61,000 at mid-year. These were reached at the household level, within neighbourhoods, at public meetings, at community events, and around health facilities. Among the beneficiaries were 40,000 children, with messages being made within schools and through Child Friendly Spaces (CFSs). The distribution of interpersonal communication support materials has continued, including 500 posters for adults placed at health facilities, agency office premises, and public places. In addition, 300 posters were placed in schools. EVD prevention messages approved by the MOH have been translated from Swahili into Kirundi to allow Burundian communities to be effectively reached with EVD messages by their fellow Burundians and in their own language.

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 outcomes, Violence against Women and Children (VAWC) and WASH. In addition, UNICEF is part of another outcome 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.

Ebola Preparedness

Between July and September 2019, UNICEF Tanzania stepped up its preparedness for a possible outbreak of EVD due to alerts and cases from nearby countries. UNICEF is working with the National Task Force co-chaired by the MOH and WHO to strengthen EVD preparedness at regional and district levels. During the reporting period, UNICEF Tanzania received technical support from the Regional Office through the deployment of Emergency Specialists assisting on Communication for Development (C4D); health; humanitarian action, resilience and peacebuilding; nutrition; WASH and the Principal Adviser, Public Health Emergencies from headquarters. The team worked with UNICEF CO, WHO (RO & CO) and other partners to develop the Tanzania EVD UN Contingency Plan with case scenarios defined, and to re-categorize districts (high and moderate) in the nine high risk regions to optimize priority interventions. With the support of partners from the Development Partners Group, including INGOs and the UN, the Government EVD Plan was reviewed to prioritise immediate activities and to indicate available and required funds for immediate (zero to three months) and medium term (four to six months) period. It was presented to the heads of mission from the Development Partners Group and UN agencies in early October for resource mobilization. UNICEF Tanzania Country Office has updated its contingency plan in line with these new priorities.

Additionally, UNICEF Tanzania has taken some critical steps to strengthen RCCE through the established sub-committee which is co-led by the Health Promotion Section of the MOH and UNICEF. A national social mobilization coordination mechanism was re-activated and partners worked together with MOH and UNICEF to develop an EVD RCCE plan for the

next six months. A national-level training of trainers (ToT) in RCCE was conducted targeting participants from eight high-risk regions. Information, education and communication (IEC) materials were adapted for the public and schools, as were job aids for frontline workers. Over 600,000 copies of IEC materials were produced and shared with the Health Promotion Section of the MOH and the Red Cross for distribution at sub-national level.

Through UNICEF's support, a partnership with the TRCS was initiated supporting community mobilization in 26 high-risk districts through key community structures and networks. On 18 September 2019, UNICEF and the Health Promotion team of the MOH conducted a training of regional Health Promotion Coordinators and TRCS coordinators. The partnership with Red Cross also includes the procurement of WASH supplies to promote personal hygiene as well enhancing IPC through the support of Community Health Workers.

UNICEF is supporting an assessment to better understand current knowledge, behaviours and key drivers and barriers of change in five regions: Kigoma, Kagera, Katavi, Dar es Salaam and Dodoma. UNICEF is working with the Eastern and Southern Africa Regional Office (ESARO) to supplement the assessment with a social science review on specific themes (including border movements, health seeking behaviour including the use of traditional healers and burial practices) that require in-depth analysis to inform community engagement approaches.

A three-day workshop for all sub-committees (RCCE, surveillance, points of entry, laboratory, case management/IPC, safe and dignified burials, nutrition, psychosocial support, logistics, coordination and leadership) was organized by MOH to review standard operating procedures for EVD management. UNICEF was represented in the RCCE and Case Management sub-committees, which includes WASH, Nutrition and Psychosocial Support.



Tanzania Red Cross Society/2019



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. UNICEF is a regular member of the EVD preparedness bi-weekly meeting coordinated by UNHCR in all camps as part of Ebola-preparedness awareness raising. An EVD RCCE training of multi-sectoral district teams and partners from all six districts has been conducted and micro-planning was developed. UNICEF is

supporting IPs to adapt the national IEC materials into Kirundi, Kibembe and French to engage with the Burundian and Congolese refugee community.

In Zanzibar, the UNICEF sub-office met with the MOH and obtained clearance to start EVD preparedness actions. A quick assessment of the status of EVD preparedness and contingency planning was conducted on 23 September 2019, which revealed that most core elements had been proposed (including SOPs, isolation centres, RCCE material, surveillance and training of rapid response teams), but required finalization, activation or full decentralization. Findings were shared with MOH for follow-up. UNICEF supported the Health Promotion team to adapt the national IEC materials in line with the local context of Zanzibar.

Cholera

The last cholera cases across the country were reported on 5 July 2019, with six cases reported (four from Ilala and two from Tembeke districts in Dar es Salaam), resulting in one death in Ilala district. Since then, close monitoring and knowledge management activities on cholera prevention have been ongoing. A total number of 421 cases were reported between January and 5 July 2019, including seven deaths. Cumulatively, a total of 33,740 cases including 557 deaths have been reported in Tanzania since August 2015. 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 Team meetings to work on revising the National Cholera Prevention and Control Plan that will soon be

finalized. 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 10 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) for influxes from Burundi and the DRC, appealing for US\$4.85 million to support the refugee response in 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.

Continued resource constraints have led to shortfalls in the delivery of basic and lifesaving services to refugees. The lack of consistent and sufficient resources across all agencies has required a constant re-prioritization of immediate short-term life saving measures. The overlapping threat of possible disease outbreaks has further stretched the resources for refugee response.

UNICEF Tanzania has reprogrammed US\$ 900,000 of its regular resources to strengthen EVD preparedness following an alert in the country in September 2019. At the same time, the Country Office is seeking US\$ 7 million to step up preparedness for Ebola Virus Disease to enhance community's at risk with awareness and understanding on prevention messages including active case identification by community health workers and promotion of hygiene.

Appeal Sector	Requirements Burundi RRRP	Requirements DRC RRRP	Total Requirements	Funds Available		Funding Gap	
				Funds Received Current Year	Carry-Over	US\$	%
WASH	1,000,000	500,000	1,500,000	150,000	0	1,350,000	90
Education	1,300,000	600,000	1,900,000	0	0	1,900,000	100
Health	261,920	126,040	387,960	118,880	0	269,087	69
Nutrition	138,040	80,000	218,040	81,127	0	136,913	63
Child Protection	500,000	350,000	850,000	150,000	0	700,000	82
Total	3,199,960	1,656,040	4,856,000	500,007	-	4,356,000	90

Next SitRep: 6th January 2020

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

**Who to contact
for further
information:**

Rene Van Dongen
Representative, OIC
UNICEF Tanzania
Email : rvandongen@unicef.org

Robert Carr
Chief of Planning, Monitoring and Field Coordination
UNICEF Tanzania
Email : rcarr@unicef.org