Tanzania:
2020 Mid Year Report
BURUNDI REGIONAL RRP

January - June 2020

164,873
BURUNDIAN REFUGEES HOSTED IN TANZANIA (30 JUNE 2020)

US$ 141.9 M
REQUIRED IN TANZANIA IN 2020

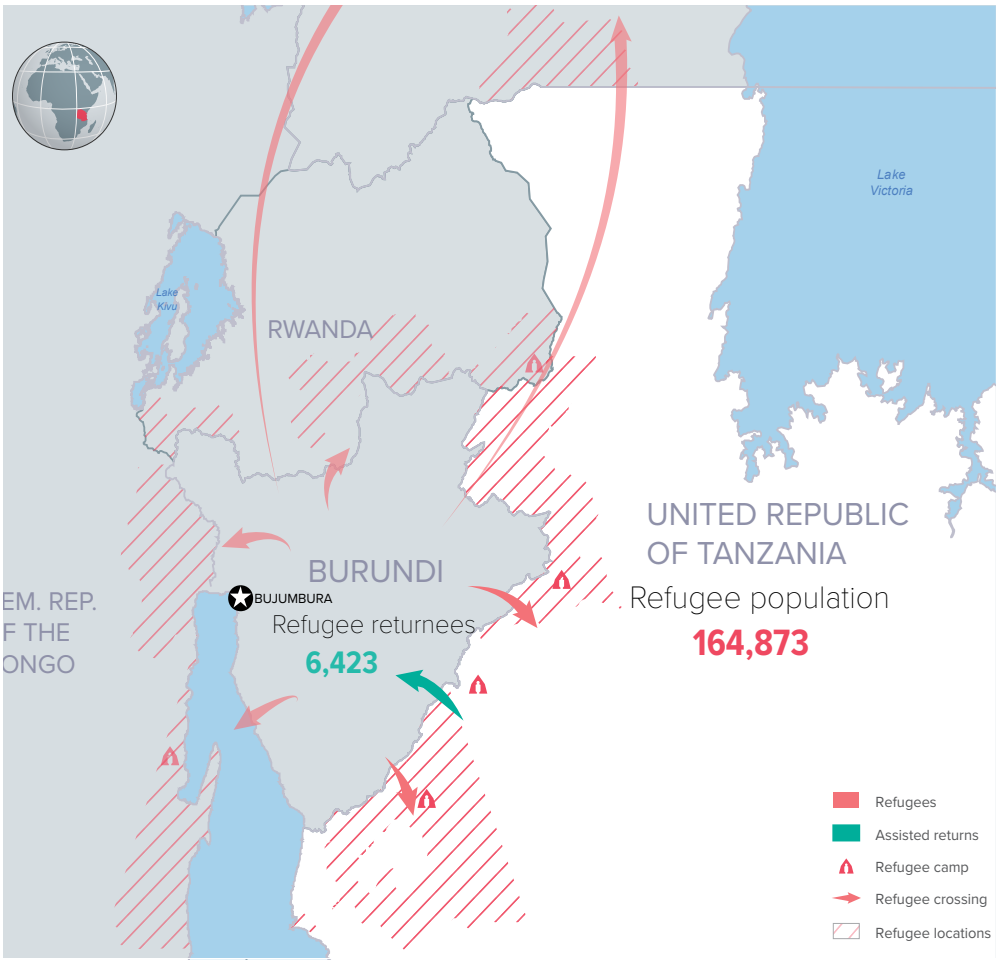
24%
FUNDING RECEIVED (SEPT 2020)

25
RRP PARTNERS IN TANZANIA IN 2020

SITUATION OVERVIEW

As of June 2020, the United Republic of Tanzania hosted a total of 164,837 Burundian refugees and asylum-seekers across three camps, including 73,011 in Nduta, 59,600 in Nyarugusu and 32,226 in Mtendeli. Among the total camp- based Burundian population, 81%. were women and children (132,994) of which 59% were children (97,305).

UNHCR continued its efforts with humanitarian and development partners to engage with the Government at the national, regional and local levels in order to advocate for improvement of asylum space in the country. Currently, there are 15,000 asylum-seekers awaiting refugee status determination (RSD).



Voluntary repatriation of Burundian refugees continued during the reporting period. A total of 2,772 households (6,423 individuals) were assisted to return to Burundi between January and June 2020. The majority of the returnees were from Nduta camp (53%) followed by Nyarugusu (25%) and Mtendeli (22%). However, voluntary repatriation was suspended in mid-May due to the presidential elections held in Burundi that month, as well as the lack of COVID-19 preventive measures in place. All movements of return convoys were suspended until all the necessary preventive and response measures were put in place.

Due to the risk of infections in otherwise densely populated camps with weak and inadequate health facilities, critical sectors were prioritized for preparedness in the camps including primary health, referral services, water sanitation and hygiene. With guidance from the government, most protection services and activities pertaining to training and mass gatherings were suspended in the camps.

COVID GOOD PRACTICES

As the COVID-19 pandemic has significantly affected provision of skills-based training to beneficiaries, RRRP partners facilitated the production of reusable face masks for refugees in refugee camps as a livelihood initiative. Inclusion of refugees in addressing cross-cutting challenges due to COVID-19 through a community-based approach contributes to reducing protection risks, to building the local economy and to creating a sense of ownership among refugees. There is now interest in expanding the community-based initiatives to the production of school materials, such as school uniforms and bags.

Regular COVID-19 monitoring with the help of Mobile Data Collection Tools and refugee incentives enabled RRRP partners to monitor and analyze data from the field as well as provide feedback. The approach enabled RRRP partners to recognize underlying challenges, such as low flows at tap stands and full latrines. Geographical data, embedded in the monitoring, facilitated the mapping of key infrastructure, as well as the follow-up of progress and status of COVID-19 prevention and response activities.

Protection

- A total of **205 BIAs and 39 BIDs were conducted**. In addition, 91 community based structures dedicated to child protection were supported to respond to issues.
- **5,768 assessments** were conducted to **ascertain voluntariness of those opting to return**
- **Safe spaces for SGBV survivors** in need of physical protection **remain a gap**

Despite the COVID-19 pandemic concerns, persons of concern (PoCs) were reached through inter-agency help desks, individual case management desks and protection focal points. To increase access to UNHCR, mobile phones and airtime was provided to community structures in order to facilitate their ability to call and report on urgent issues. The refugee community was routinely informed of any changes regarding access to services during the pandemic. Town hall meetings, information posters and notices as well as individualized counselling continued to inform and educate POCs of new measures.

All necessary protection functions remained in place except for the registration of new arrivals (due to border closures), border monitoring and RSD. Necessary

100%
of Burundian refugees and targetted host communities **reached with COVID-19 related messaging**

12
health centres supported or established for COVID-19 response, as well as **3 isolation centres** & **1 quarantine centre**

56%
of health staff participated in **COVID-19 related trainings**

1,439
additional handwashing facilities established

1%
of Burundian refugee students reached with **remote learning** (e.g. radio lessons, study packs etc.)

100%
Burundian refugee households received **additional core relief items** as part of the COVID-19 response

preventive measures such as social distancing and handwashing facilities were implemented. Information material on prevention and response were also distributed in languages that are easily understandable to refugees

RRRP partners continued to advocate jointly with other partners for the issuance of birth certificates to refugee children born in Tanzania. In this regard, two strategic meetings were held during between January and June at regional level in Kigoma, together with all relevant government stakeholders, including the regional and district authorities as well as government officials from Registration Insolvency and Trusteeship Agency (RITA) and the National Identity Authority (NIDA), to discuss the issuance of birth certificates to refugee children under five years. The proposals from RRRP partners were positively received, and a joint taskforce was put in place to follow-up on the technical issues to implement this important initiative. Standard Operating Procedures were drafted for the issuance of birth certificates to refugee children under 5 years old. This is a considerable achievement as birth certificates serve as a measure to prevent statelessness and facilitate children's access to education, health and other essential services.

The main challenge during this period was the suspension of various protection-based capacity building initiatives for POC due to the pandemic, as it was not possible to hold large gatherings. These activities are expected to resume from July 2020 onwards with additional safeguards in place.

Education

- **61% Burundians students in final grades passed** the National Examination Council of Tanzania (NECTA) administered exams conducted in January 2020
- **85.45% Burundian children were enrolled in primary education**
- **Quality education remains a challenge** due to the use of the curriculum of the country of origin. In addition, insufficient classrooms, limited educational materials, shortage of qualified teachers, lack of education certification and limited accreditation of certificates from the country of origin impacted refugee education.

With school closures in March following the outbreak of COVID-19, RRRP partners collaborated with a local radio station - Radio Kwizera - and established radio education programmes for refugee schools in the camps. Radio education has expanded access to education for refugee children at large during the closure period. In the absence of adequate teaching and learning materials in refugee schools, the radio education complemented the classroom teaching and learning processes until schools re-opened in June.

In line with Government directives, preparedness measures were put in place in schools to prevent the spread of the COVID-19 disease prior to the opening of schools. These measures included handwashing facilities, soap, and training of teaching and non-teaching staff. The attendance ratio of students has decreased compared to the pre-COVID period; in primary school, attendance decreased to an average of 60 per cent compared to 80 per cent before COVID-19 and the attendance rate has worsened for girls as the average has gone down to 50 per cent.

The inadequate quality of education is evidenced in the shortage of qualified teachers, inadequate teaching and learning materials, poor school environment (over-crowdedness), poor physical structures of classrooms, gender disparity in secondary education, unpredictable examination and certification, unavailability of school inspection by external experts, and lack of accreditation of schools.

Education Cannot Wait (ECW), the global fund dedicated to education in emergencies and protracted crises is expected to strengthen the education response in the context of the COVID-19 pandemic. RRRP partners expect increased capacity of schools and enhanced school facilities, including expansion of WASH and latrine facilities, improving capacity in gender specific responses, special needs education (for children with disabilities), teachers' development and response to mental health issues. In addition, in a few selected host community schools, the fund will support the construction and/or renovation of classrooms and improve WASH facilities.

Food

- **Food assistance provided to 100% of camp based Burundian refugees**
- **100% fortified maize flour distributed in all 3 camps** which contributed to improved nutrition
- Despite continued advocacy, **the cash-based transfer programme remained suspended**

The camp-based Burundian population remained fully dependent on food and nutritional assistance. Refugees were unable to supplement their food assistance with other goods following the closure of the common markets in 2018.

In line with COVID-19 measures in the camps since April 2020, food distribution processes were modified. In order to ensure the safety of refugees and staff and reduce the risk of transmission, adjustments for general food distribution included a shift from group to individual household distribution and a change in the days of distribution to reduce frequency of food collection, distribution of prepackaged bags of food (cereals, pulses and CSB) to beneficiaries, and improvement of waiting shelters to facilitate social distancing. The pre-packaging distribution modality involved re-packaging of food commodities for each household in pre-defined weights to be delivered as pre-packaged bags to each household at food distribution points to ensure refugees continued to access food according to agreed rations. This also allowed beneficiaries to spend minimal time at the distribution site.

The blanket supplementary feeding programme (BSFP) distribution cycle changed from one month to two months rations, while the response to acute malnutrition through the targeted supplementary feeding programme (TSFP) changed from bi-weekly to once a month to avoid frequent gatherings. Also, the number of distribution days were extended from two to five days a week to avoid congestion at distribution points. However, community nutrition screening was suspended and instead parents and caregivers with children aged 6-59 months are provided with the Mid-Upper Arm Circumference (MUAC) tapes. They are trained on how to screen and monitor their children and to conduct self-referrals to nutrition centers.

Health & Nutrition

- **A total of 185,160 consultations carried out in all camps**
- A total of 4,394 live births conducted across all camps with **97% of deliveries conducted in health facilities**
- Health facilities at camp and district level **lack necessary equipment**

Access to comprehensive Primary Health Care (PHC) through integrated health was freely available to all persons of concern through 12 health facilities along with medical referral care services outside the camps. These services included sexual and reproductive health support, health promotion, outpatient consultation, routine immunization, in-ward-patient care, medical referral, HIV prevention and treatment, mental health and psychosocial support (MHPSS), communicable and non-communicable disease support, chronic life-threatening illness management, and nutritional assistance.

Both the crude and under five mortality rates remained within the Sphere standard of <0.75 death/1000 population/month and <1.5 deaths/1000 population/month. Despite these achievements, there is a risk of increased mortality due to a high risk of infectious disease, increased malnutrition and anaemia among children, limited WASH facilities, and minimum health services due to the quality of staff, services, infrastructure, medicine and equipment. Although secondary and tertiary referrals are conducted to specialized facilities outside the camps, more than 25% of patients needing secondary referrals are rejected by the referral care committee due to limited funding.

The Global Acute Malnutrition (GAM) rate stood at 2.14% which is within the acceptable threshold of (<10% GAM rates as per the WHO classification) and slightly lower than the 2018 rate of 2.6%. However, stunting remains a major public health concern and is above the WHO standard of ≥ 20% for the past three years. This has resulted

in an increase of morbidities below the age of 5, poor nutritional status and malnourished children, growth retardation, low immunity and etc. UNHCR will emphasize community-based micronutrient deficiency prevention and management of infant and young child feeding by increasing access and coverage for the program thereby reducing the anaemia rate.

Livelihoods & Environment

- **40% of Burundian population was sensitized on environmental conservation, management and stewardship**
- A total of **279,532 reusable face masks were produced by refugees**
- **Only 1.08% of refugees have access to biomass briquettes** as a sustainable alternative cooking energy source

In close collaboration with the Ministry of Home Affairs (MoHA) and Kigoma Regional Authorities, RRRP partners supported refugee communities to engage in reusable mask production. A total of 279,532 reusable masks were produced by 669 Burundian refugee tailors and distributed to the whole refugee population.

The production of masks has been viewed as a lifesaving initiative that enables refugees to protect themselves against COVID-19 and at the same time, production and distribution demonstrated that the refugee community contributed to the prevention measures.

84 per cent of Burundian refugee households in the camps are now using fuel-efficient energy saving stoves and 3,900 persons with specific needs were provided with firewood. No trees have been planted during this period as the planting season will commence in November 2020.

Shelter & NFIs

- **12,591 households were upgraded and repaired.**
- **Dignity Kits were distributed to 30,411 Burundians**
- **12.75% of camp based Burundian refugees still live in dilapidated emergency shelters** and tents facing harsh weather conditions and exposures to health risks

Between January and June 2020, the coverage of adequate dwellings increased from 85 per cent to 87.5 per cent. As a result of the reduction in the refugee population more adequate shelter has become available for the remaining refugees.

The COVID-19 outbreak delayed all shelter projects in the camps. Only ten transitional shelters were constructed for Burundian refugees and asylum-seekers, while 12,591 households were upgraded/repaired through community-based construction.

In order to strengthen the COVID-19 response, 15 buildings/structures were constructed in all camps to support delivery of health facilities including quarantine centers in Nyarugusu camp. Electrical systems were rehabilitated at the registration center in Nduta camp. In Mtendeli camp, temporary quarantine centers were constructed at the main hospital and health post.

Due to funding constraints and with a limited stock, the general distribution of NFIs was halted in the beginning of March due to the pandemic and in the context of emergency preparedness during the electoral period in Burundi. Only 65 households received NFIs while 28,842 households received UNIQLO clothing in the camps. A further 30,411 Burundian girls and women received dignity kits in the camps. Due to COVID-19, and as WASH sector key priority, 100% of the Burundian population received soap (500gm/person/month) in line with the SPHERE standards.

WASH

- **28.3 litres of water per person per day**
- **100% of Burundian refugees received 500 grams soap per person per month** in line with the Sphere minimum standards
- **51% of households still use shared latrines.**

As part of COVID-19 preventive measures in the camps, UNHCR prioritized WASH initiatives. Handwashing facilities and sanitizers were installed at key food distribution points and public spaces, jerry cans and soap were provided for handwashing and general hygiene practices were promoted. A total 1,439 handwashing devices were installed and maintained at public spaces. 500 grams of soap was distributed to households in all camps. Hygiene promotion focused on sharing and distributing COVID-19 Information, Education and Communication (IEC) materials on good hygiene practices. WASH improvements, such as new latrines, taps and handwashing points were introduced at selected health facilities. Similarly, RRRP partners also supported host communities with COVID-19 prevention activities in Kibondo district. A total of 49 public handwashing devices were distributed. However, lack of household level handwashing devices and lack of powder soap remain as challenges.

Along with prioritizing COVID-19 initiatives, regular WASH activities continued to take place. Access to potable water was increased to 28.3 liters per person per day in all camps. The water supply and distribution network are continuously being monitored, and regular maintenance activities are taking place. In order to increase a sense of ownership and improve general cleanliness levels, RRRP partners are working to ensure that families have their own household latrines; 20,750 households (49 per cent) have their own family latrines. The replacement of shared latrines by family latrines continues.

2020 BURUNDI REGIONAL RRP PARTNERS IN TANZANIA

- African Initiative for Relief and Development
- Caritas
- Church World Service
- Community Environmental Management and Development Organization
- Danish Refugee Council
- Food and Agriculture Organization
- Good Neigbours Tanzania
- Help Age International
- International Organization for Migration
- International Rescue Committee
- Medical Teams International
- Norwegian Refugee Council
- Oxfam
- Plan International
- Relief to Development Society
- Save the Children International
- Tanganyika Christian Refugee Service
- United Nations Capital Development Fund
- United Nations Development Programme
- United Nations High Commissioner for Refugees
- United Nations Children's Fund
- United Nations Population Fund
- Water Mission
- Women Legal Aid Center
- World Food Programme

FOR MORE INFORMATION

Burundi Data Portal - http://data2.unhcr.org/en/situations/burundi

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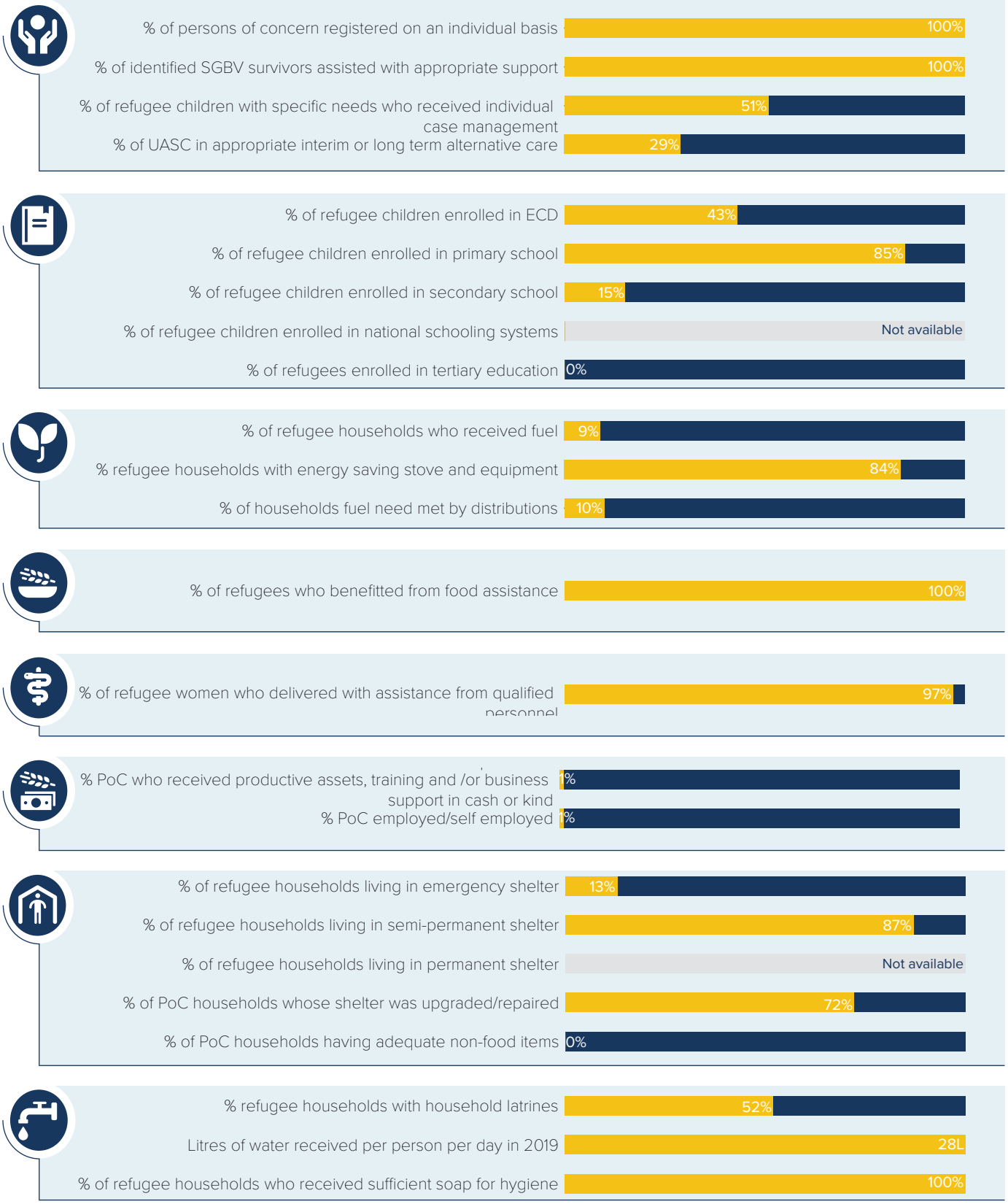

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