

## United Republic of Tanzania

### Update on the context and situation of children

2022 was a remarkable year for data for children with the first-ever paperless census and Tanzania Demographic and Health Survey completed. The census shows that the population of Tanzania is at 62 million, an increase of 37% from 2012 (~60 million in Mainland and ~1.9 million in Zanzibar). In 2050, it is projected that the child population will double from ~29 to ~59 million[i]. This makes Tanzania amongst the 10 most populous African countries and presents an opportunity for further development if the demographic dividend is capitalized with investments in and for children and youth.

Re-accelerated in 2021, recent policy directions continue to demonstrate a commitment to building human capital, investing in children, tackling gender disparities and preventing and addressing violence against children and women. This commitment was evidenced by the acceptance/partial acceptance by the Government of over 74% of the recommendations in the Universal Periodic Review (UPR) which was adopted in March 2022. Almost all recommendations related to children were accepted including amending the law of marriage act. Significantly, the Sixth State Party report to the United Nations Committee on the rights of the child was submitted in August 2022. UNICEF and UN partners are continuing to support implementation of the UPR recommendations. At the Transforming Education Summit in New York, Tanzania showcased its ongoing efforts at education policy and curriculum reform process. The Government committed to improve access to quality, inclusive and safe education for all children accompanied by increased investments.

The commitment to the investment in addressing child rights and providing social services is critical, as over 50% of children currently experience either monetary poverty, non-monetary poverty or a combination of both. Rural areas continue to be more deprived than urban zones and regional disparities persist. Notably, Tanzania obtained lower-middle income status in 2020. While the country is yet to reach pre-pandemic growth levels, GDP grew at 4.9% in 2021[ii] and inflation increased from 3.6% to 4.9% between March and October 2022; the latter is largely attributed to the global impact of the Russia-Ukraine war.

The repercussion of slower economic growth has meant that budget allocations to social sectors[iii] have not witnessed a substantial increase from FY2018/19 to FY2022/23. However, in a progressive move, as a share of the total budget, the allocated budget for social protection increased from 3% to 5.14% but both education and health budgets witnessed a slight decline from 14.3% to 13.7% and 5.3% to 5.2% respectively. Government remains committed to addressing systemic challenges that hinder the accessibility and quality of essential social services remain. These include weak linkages between plans and budgets at all levels of the public finance management (PFM) architecture, poor budget execution and significant inequities in the allocation of intergovernmental fiscal transfers across Local Government Authorities (LGAs).

Both the census and the forthcoming results from the TDHS will provide updated data related to the situation of children, particularly on early childhood development, adolescents, and disability. Two significant situational updates worth reporting in 2022 are:

- Significant success was recorded in expanding COVID-19 vaccinations; 96% of the eligible population (50% of the total population) are fully vaccinated starting at only 1% at the beginning of the year. All eligible refugees (91,223) were fully vaccinated in the two camps in Kigoma region, putting Tanzania's performance ahead of most countries in refugee contexts.
- Recently released decadal HIV estimates show remarkable progress in HIV epidemic control in

the past decade with reductions by 47% and 60% in new HIV infections and AIDS related deaths respectively among people of all ages between 2010 and 2021. Anti-Retroviral Treatment (ART) coverage among pregnant and breastfeeding women living with HIV is relatively high at 80% although it has declined from 84% last year. The evidence highlights the need to focus on HIV treatment for children (0-14 years) and adolescents (10-19 years) living with HIV which is at 60% and 63% respectively and significantly lower than adult ART coverage of 87%.

A whole of government and systems strengthening approach to addressing public health emergencies was further reinforced to address the risk of importation of polio and Ebola Virus Disease (EVD) from neighboring countries and respond to the recurrence of cholera and measles outbreak. Following the threat of importation of Wild Polio Virus from Malawi and Mozambique, UNICEF supported the MOH to conduct four rounds of house-to-house vaccination campaigns reaching more than 46 million [iv] children under five years. Zanzibar coupled its round four campaign with measles vaccination and vitamin A supplementation, covering 97.8% of children. EVD preparation provided an opportunity for further strengthening pandemic preparedness particularly in bordering regions, Dar es Salaam and Zanzibar. UNICEF supported government at national and LGA level to address the cholera outbreak in five regions (Rukwa, Kigoma, Katavi, Ruvuma, Manyara), including support for infection prevention and control.

Repatriation of refugees in Kigoma region continued in 2022. UNICEF continued to provide services to 100,000 refugee children[v], including the provision of critical lifesaving services such as treatment of severe malnutrition, water and sanitation services, maternal child and nutrition health, psychosocial support to separated and unaccompanied children, and provision of learning and teaching materials for refugee schools. A short-term solution to address the constraints on refugee children from Burundi taking school leaving exams was negotiated jointly with UNHCR. A longer-term systematic approach to this constraint needs to be agreed between the Tanzanian and Burundian governments with the joint support of the UN.

## Major contributions and drivers of results

The year 2022 was marked by the formulation of the new country programme within the wider United Nations Sustainable Development Cooperation Framework (UNSCDF) approved in July 2022 by the UNICEF Executive Board. It focuses on two critical phases in life – early childhood development and adolescents, especially girls. The 2022 results for children are driven using key strategies such as system strengthening, creating an enabling environment, leveraging resources and evidence generation, social behavior change and gender transformation.

### **Strengthen systems to ensure continuity of essential services**

UNICEF's approach to system strengthening played a critical role in increasing results for children across all sectors.

In the **health** sector, to address the decline in routine childhood immunization coverage since 2020 resulting from COVID-19 [i], UNICEF and the MoH intensified efforts to **strengthen integration of COVID-19 vaccination with routine childhood immunization** in four low performing regions. This resulted in an increase in coverage of measles containing vaccine dose 2 coverage between 3% and 6% [ii] and COVID-19 vaccination between 77% and 119% [iii]. In an effort to accelerate reductions in neonatal mortality, UNICEF and MoH **improved both facility readiness and quality of care** to comprehensively manage newborn care. This included provision of equipment and the introduction of innovative skills-based approaches to improve health worker capacity. **The Mama na Mwana digital client feedback mechanism** was improved, with over 20,000 registered mothers across 4 regions providing feedback. Feedback increased social accountability and enabled client (especially women) centered service improvement through capacitating health workers and management teams, who used

evidence to drive service improvement.

Following the transition to a new and potent **HIV treatment** regimen for children, UNICEF in partnership with CDC, supported the capacity development of trainers who trained health workers nationwide, resulting in 98% of all eligible children living with HIV to transition to the new optimized treatment. Models to reduce new HIV infections among adolescent girls and young women (AGYW) reached up to 41,000 out of school AGYW and 34,150 adolescent girls with a comprehensive package of evidence-based biomedical, behavioral, and structural interventions, in 5,572 schools in 5 regions.

To improve **nutrition** outcomes for children, UNICEF focused on **system strengthening with national, regional, and local governments to enhance the delivery of proven services** for the improvement of child, adolescent, and maternal nutrition. As a result, 8,501,264 (92%) of children 6-59 months received the recommended two doses of Vitamin A to improve their health outcomes and survival. Over 1.3 million pregnant women (94%) received Iron and Folic Acid Supplementation, an increase of 11% compared to 2021.

In the **WASH** sector, UNICEF continued its system strengthening approach with sub-national governments capacity enhancement. **A total of 486 villages** (including several schools and health care facilities in those villages) achieved basic sanitation self-certification status. This means **an additional 1,042,068 people (510,613 male, 531,455 female) using basic sanitation services** and 822,411 people (402,966 male, 419,445 female) using basic handwashing facilities in Iringa, Mbeya, Njombe, Songwe regions in Mainland, and in Zanzibar demonstrating successful mass mobilization by the Government for individual behavioral change.

In **education** UNICEF aimed to strengthen government systems for **reducing the number of out of school children** by engaging at sub-national level. As result in Zanzibar 15,793 (5,967 girls) and in Mainland 8,500 (5,000 girls) were enrolled and given access to education. In collaboration with the World Bank, UNICEF strengthened the national framework for Teacher Continuous Professional Development and Safe School Initiative which will benefit 250,000 teachers as part of World Bank's investments in the Boosting Primary Student Learning (BOOST) and Secondary Education Quality Improvement Project (SEQIP) projects valued at US \$1 Billion.

As a result of UNICEF support to the implementation of the **Child Justice Strategy** (2020-25), key justice actors improved their institutional capacity to deliver standardized child justice services. Tanzania Police introduced Gender and Child Protection as a subject within all police academies. The Institute of Judicial Administration together with the Judiciary of Tanzania, developed a standardized training curriculum for legal record management assistants furthering management of children's court cases.

An additional **1.2 million children under five were registered and received a birth certificate** in 2022 through the UNICEF-supported Gender-Responsive Simplified Birth Registration System which expanded to Tabora region, reaching 23 out of 26 regions. To strengthen data management and monitoring for child protection the District Case Management System (DCMS) expanded to 20 additional LGAs in 2022 (77 per cent of LGAs in Mainland).

In **public finance management**, UNICEF supported the Regional Authorities in Songwe to organize a high-level forum on issues related to intergovernmental fiscal transfers and their implications on service delivery. The office accompanied the Budget Department of the President's Office for Finance and Planning (POFP) to establish a Budget Monitoring and Evaluation Unit. These initiatives aim to foster a culture of evidence-based budgeting and planning, enhance budget spending accountability, and promote the dialogue between regional and national level authorities, including Ministries, Government Departments, and agencies (MDA).

## **An enabling environment through comprehensive policy engagement for scaled-up essential services for children**

Based on the new orientation of the country programme, UNICEF provided extensive policy support in all sectors to scale-up services and leave no one behind.

Following the launch of the National Multisectoral ECD Programme (NM-ECDP) 2021/22-2025/26 in December 2021, UNICEF's support led to the strengthening of the ECD governance system which resulted in the establishment of the ECD National Secretariat Committee and National ECD Technical Working Group. These structures are steering stakeholders' action for the implementation of the NM-ECDP. In Zanzibar, UNICEF-led advocacy contributed to the Government decision for the development of the Zanzibar Multisectoral ECD Framework in 2023. In adolescent programming, UNICEF continued its support to establish coordination mechanisms for the operationalization of the National Accelerated Action and Investment Agenda for Adolescent Health and Wellbeing (NAIA-AHW) 2021/22-2024/25. As a result, the government has started implementation of the NAIA framework for adolescents' boys and girls.

On **HIV/AIDS** UNICEF contributed to the development of a national action plan to domesticate the Global Alliance to end AIDS among children – a global initiative established to galvanize efforts towards HIV epidemic control among children and adolescents. In partnership with UNAIDS, and WHO, UNICEF supported the Government to develop and launch the National Strategy for the Triple Elimination of Mother to Child Transmission of HIV, Syphilis and Hepatitis B.

UNICEF support in the strengthening of accountability for nutrition, resulted in the signing of the nutrition compact (2022-2030) between Her Excellency the President and the 26 Regional Commissioners. The compact will reach over 10 million children under the age of five with priority nutrition interventions in Mainland.

UNICEF, UNESCO, and education partners advocacy efforts gained traction with government in both Mainland and Zanzibar embarking on an ambitious education policy and curriculum reform process. Hence UNICEF, in close collaboration with UNESCO and the UN Resident Coordinators Office, provided support to facilitate multi stakeholder dialogue. Subsequently, at the Transforming Education Summit (TES) Tanzania committed to improve access to quality, inclusive and safe education for all children accompanied by increased investments. **Young people's voices at the TES were supported through participation by a youth advocate from Tanzania.**

## **Generating strategic evidence and data to support policy and decision making**

**To enhance** child focused policies, **leverage resources and guide Government action**, UNICEF invested in **strategic evidence generation in various areas in 2022**:

- In close collaboration with UNFPA and the UNCT at large, UNICEF contributed in the realization of the first **paperless Population and Housing Census** which was completed in 2022 and provided leadership support to the 2021/22 **Tanzania Demographic and Health Survey/Malaria Indicator Survey (TDHS/MIS)**. The TDHS/MIS includes a full micronutrient survey (MNS) and a survey module on Early Childhood Development Index 2030 (ECDI2030) aiming at providing evidence to enhance programming across sectors. The findings of the TDHS/MIS/MNS will be released in 2023.
- UNICEF also collaborated with the National Bureau of Statistics in Mainland and the Office of the Chief Government Statistician in Zanzibar to generate an assessment of **the state of children** in Zanzibar and Mainland Tanzania. In Zanzibar, the report was launched jointly with the World Bank's Zanzibar Poverty Assessment.
- The *Implementation research on the satellite and INSET models for improving equitable access and quality early learning in Tanzania* confirms that satellite centers have contributed to opportunities for young children to access pre-primary education closer to their communities. As

a result, the MoEST has endorsed the National Guidelines for the Establishment, Administration, and Management of Satellite Centers which aims to **increase access to equitable pre-primary and early grade primary education** for children in remote and marginalized communities.

- To support health system strengthening UNICEF conducted an **immunization equity assessment** to provide evidence as the basis for addressing inequities in immunization coverage in general and to reduce the cohort of zero dose children mostly located in Kilimanjaro and Tanga regions, around Lake Victoria, southern highlands, central zone, and in Zanzibar.
- **The midline assessment of the Girls Reproductive Health, Rights and Empowerment Accelerated in Tanzania (GRREAT) initiative** was conducted. The project's use of the Girls Empowerment Index (GEI), adapted from Oxfam's Women Empowerment model was assessed as an innovative approach of measuring change in girls' empowerment levels. The tool will be shared widely with stakeholders to explore potential use for measuring gender transformation.
- In collaboration with UNICEF Innocenti, Interpol, ECPAT and the Global Partnership to End Violence against Children, UNICEF launched the **Disrupting Harm Survey** which provided evidence on the occurrence of online child sexual exploitation and abuse in Tanzania - a first such report. In response, the Tanzania Police Force integrated online child sexual exploitation and abuse into its pre- and in-service training curricula. Government-led technical consultations have been conducted on the amendment of the 2015 Cybercrimes Act and other relevant laws. National online child sexual exploitation and abuse education materials for parents, teachers and children have been developed.

### **Leveraging resources for scale-up**

In line with the new CPD orientation focusing on strengthening upstream work, UNICEF in 2022 has successfully leveraged public and donor resources. Key initiatives include:

- Contribution to the Health Basket Fund (HBF) which leveraged resources from six development partners totaling US \$42.2 million directly benefiting more than 7,000 primary health care (PHC) facilities, contributing to the continuation of services through outreach, and procurement of essential medicines and improving quality through supervision and demonstrating improvements in maternal and child health indicators. Advocacy to accelerate the reduction in neonatal mortality leveraged US \$10 million in domestic resources towards improving newborn care.
- Support to the Ministry of Education, Science and Technology (MoEST) in Mainland to complete the Education Sector Development Plan (ESDP) 2021/22-2025/26 leveraged funding from Global Partnership for Education amounting to US \$117 million over five years to support gender focused pedagogy, inclusive education, and teachers' capacity building.
- Social Protection investment case: the evidence generated in this pioneering study led to Government's decision to fully integrate, scale-up and finance *Stawisha Maisha* in the national PSSN II programme with a view to transform nutrition outcomes by building the capacity of beneficiaries in terms of infant and young children feeding practices.
- Technical contribution to development of the Country Operational Plan 2022/23 for PEPFAR leveraged up to about US \$450 million for HIV epidemic control including interventions for children, adolescents and women.

### **Promoting social and behavior change and increasing demand for child-centered services**

At community level, UNICEF strengthened the community health system to enable more than 2,000 Community Health Workers (CHWs) to promote healthy behaviors among women, children and adolescents through household and school visits, to refer for health services and to facilitate community meetings. Over half a million adolescent boys and girls were reached, and 21,000 adolescents were referred to PHC facilities for these services, 68% of whom completed the referral. CHWs assisted the registration of almost 30,000 pregnant women for antenatal care and more than 93% of emergency referrals through a community-based emergency transport scheme had positive outcomes for children and pregnant women.

The shift from communications for development (C4D) to social behavioral change (SBC) aimed at impacting the demand for child-centered services. As a result, over 51.4 million people (including front line workers, people with co-morbidities, people with disabilities, and refugees) were reached with lifesaving key messages on positive parenting, COVID-19, polio, cholera, and EVD. For COVID-19 vaccinations, UNICEF led the coordination for the SBC pillar, supporting both SBC and service delivery. As a result of the partnership with WHO, USAID and other partners:

- 98.6% of eligible population received the COVID-19 vaccines despite Tanzania being a late adopter in March 2022.
- 98,162 (112%) against 87,596 eligible vaccinated in the two refugee camps. Tailored strategies on reaching vulnerable groups such as elderly and disabled were deployed.

UNICEF's SBC approach was based on the below strategies to engage with communities and enhance sustainable behavior and social change in health, water, hygiene, sanitation, education and child protection:

- Designed and adopted evidence-informed multi-sectoral SBC strategy articulating synergistic entry points for programme convergence aligned with the global SBC shift.
- Community and media-based parenting campaigns using gender transformative approaches informed by an omnibus survey and formative research on violence against children. The campaign reached 5.9 million people and 3,054,806 (1,067,590 male) caretakers. It also resulted in improved hygiene practices from an average of 34% to 51% in Mainland and 68.3% to 79.2% in Zanzibar.
- Multi-variant evidence was generated to shape SBC and Risk Communication and Community Engagement (RCCE) agenda to reach vulnerable communities.
- Systemic capacity of Government and CSO partners was built on; developing job aids for frontline workers; designing key messages for people with disability, the elderly, young people, religious leaders and community-based media platforms, and; managing rumors and misinformation.
- Strategic and reinforced partnership with Government and CSOs. SBC provided real-time technical assistance to improve the uptake and continuity of social services including re-enrollment of 17,263 (girls 6,561, boys 10,672) out-of-school adolescents in Zanzibar, of which 312 (girls 138) were children with disabilities.
- RCCE was strengthened to increase COVID-19 and routine vaccination uptake as well as respond to public health emergencies such as ebola, polio, cholera, measles, leptospirosis, and anthrax.

### **Gender transformation**

UNICEF continued efforts towards gender mainstreaming. Two examples of 'specific' gender transformational programming include:

- Using a frugal campaign building approach, UNICEF convened multiple stakeholders to co-design *Binti* – a pledge campaign to end child marriage. Religious leaders, online influencers, CSO partners and volunteers took lead in advocating for the public to take the pledge to influence the change of the Law of Marriage Act to increase the age of marriage. With 138,000 pledges by the end November 2022, the campaign will continue in 2023, with the pledges to be presented to decision-makers to help accelerate the amendment of the law.
- The design of a programme focusing on adolescent girls empowerment using child marriage as an entry point. The programme aims at; (i) strengthening the enabling environment to prevent child marriage and other deprivation faced by girls; (ii) supporting families, communities, traditional and religious leaders, and other community influencers to challenge harmful social norms and practices, and; (iii) empowering adolescent girls to have opportunities for skills

development and employability and access to platforms to raise their voices.

## UN Collaboration and Other Partnerships

UNICEF championed the UN reforms, playing a strategic role during the formulation and the finalization of the UNSDCF which started in July 2022. UNICEF chaired the UN Programme Team during the UNSDCF development and along with UNFPA is the co-lead for the UNSDCF People pillar in its first year of implementation.

As part of the ‘one UN’ agenda in Tanzania and the ‘delivery as one’ principle, UNICEF has actively engaged in the design and implementation of the Kigoma Joint Programme II with a focus on the people’s pillar as follows: “Ensure that the most marginalized have equitable access to education and skills development, climate resilient WASH services and gender responsive health and nutrition services”. UNICEF partnered with the Global Fund on a strategic initiative that mainly provided technical assistance to improve effectiveness and efficiency of programmes for Adolescent Girls and Young Women effectively leveraging investments from the Global Fund and other partners.

UNICEF also expanded its collaboration with other UN agencies for the achievement of child rights; for example:

- Education Development Partnership Group which is co-chaired with UNESCO.
- Nutrition Development Partners Group (DPG-N) co-chaired with the Embassy of Ireland, constituted by INGOs and local CSOs, UN agencies, and donors. The DPG-N enabled strategic and operational nutrition dialogue between nutrition programme partners in support for the implementation of the National Multisectoral Nutrition Action Plan II.
- A Joint UNICEF/WFP Action Plan to strengthen collaboration on health, food and social protection systems as well as strengthening Government’s capacity for improved nutrition service delivery including in the refugee camps.
- In partnership with UNAIDS, WHO, PEPFAR and Elizabeth Glazer Pediatric AIDS Foundation (EGPAF), UNICEF is one of the key partners providing technical support to the government to domesticate the Global Alliance to end AIDS among children to reinvigorate efforts aimed at addressing gaps in HIV epidemic control among children and adolescents
- The Binti campaign co-created by UNICEF, UNWOMEN, UNFPA, RCO and other stakeholders to drive demand for the Law of Marriage Act, 1971, to be amended, changing the legal age of marriage for girls from 14 to 18.

## Lessons Learned and Innovations

One of the key innovations demonstrating promise in Tanzania has been the roll out of *Mama na Mwana*. UNICEF strengthened Health Information Systems through the implementation of the digital client feedback mechanism in Mainland and a digital community health information system in Zanzibar, both integrated with DHIS2, the standard platform for health information in Tanzania.

*Mama na Mwana* enables mothers to provide feedback on the care received during and after pregnancy and childbirth. With the support of Health workers in communities and facilities 20,257 mothers across 4 regions (Mbeya, Kigoma, Dodoma and Dar es Salaam) had registered by the end of 2022. The data generated indicates that up to 50% of mothers report to be denied treatment due to inability to pay and that up to 22% of mothers are not able to discuss their concerns during the first antenatal care (ANC) visit. Use of this data will be promoted across all levels of the health system to improve services, and additional areas of care will be added to the feedback mechanism in 2023.

Another key innovation is the AQTap, a prepaid water dispenser machine that helps to guarantee an uninterrupted supply of water in communities. It has an integrated revenue collection system, enabling water users to top up their tokens at a minimal fee and get access to clean and safe water when needed. By collecting revenue for operation and maintenance, the AQTap is helping to ensure that water supply is sustainable and can continue to be accessed by all members of the community.

Access to the AQTap is available 24 hours a day, and the first phase of installations has seen 27 AQTaps installed in two districts of the Kigoma region, covering a potential 35,608 people. Using AQTaps, communities have reported a reduction in water loss of up to 20%, which has increased sustainability of the water supply and improved access. Water user committees, RUWASA and leaders of community-based water supply organizations (CBWSOs) have reported an increase in revenue collection, compared to other villages that are still using normal water taps. The revenue collected provides water system resilience and minimizes risks associated with money exchange by water management committees. Further to this there is increasing evidence to show that the use of the AQTap has resulted in greater trust in water usage committees, and increased accessibility to clean and safe water for all community members.

Two major lessons learned in 2022:

**1. Use of evidence generation to scale up social protection intervention:** Children in Tanzania are affected by high levels of stunting (32%) and 3 million children under the age of five experiencing stunting. Leveraging the power of data and analytics for effective policy advocacy, UNICEF developed a uniquely innovative social protection investment case to shed light on the cost of expanding *Stawisha Maisha* and *Ujana Salama Cash Plus* through their integration into the national social protection architecture, on the potentially available and required fiscal space, as well as on the social and economic gains to be expected from that expansion. The evidence generated in this pioneering study led to Government's decision to fully integrate, scale-up and finance *Stawisha Maisha* in the national PSSN II programme with a view to transform nutrition outcomes by building the capacity of beneficiaries in terms of infant and young children feeding practices.

**2. Working with PHC Committees to increase community uptake of COVID-19 and routine vaccinations:** 2022 saw Tanzania make substantial progress in the uptake of COVID-19 vaccination. A key lesson learned in this success is working with PHC Committees at regional, district, ward, village and street levels increased community uptake of COVID-19 and routine vaccinations. The platform provided an opportunity for politicians, influential people, community, and religious leaders to work together with technical personnel to mobilize the community for vaccination against COVID-19, monitor progress made, and address challenges accordingly. Further to this, the engagement of Community Healthcare Workers or Volunteers (CHW/V) was instrumental in increasing vaccination coverage among vulnerable populations for COVID-19 vaccination. CHWs are able to leveraging community trust and closeness and relatively easy to identify this population, deliver messages and refer them for vaccination services. In the case of Mtwara, CHWs were also able to identify under-five children who had missed their vaccine schedules and reach them with vaccination services through a periodically organized integrated outreach service that had COVID-19 vaccination at the health center.

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[i] Population and Household Census, 2022

[ii] NBS, Annual GDP, 2021.

[iii] The Citizens Budget for different FYs (2019/20 - 2022/23), published by MoFP

[iv] Tanzania Polio Situation reports, March-December 2022, MOH

[v] UNICEF Tanzania Humanitarian Situation Reports, No 1-4 January-December 2022

[vi] Tanzania Polio Situation reports, March-December 2022, MOH

[vii] UNICEF Tanzania Humanitarian Situation Reports, No 1-4 January-December 2022



[viii] Tanzania experienced a decline in routine childhood immunization coverage since 2020 resulting from COVID-19 impact on continuation of essential services, including an increase in zero dose children to an estimated 392,000.

[iX] Kigoma: from 89% to 95%; Rukwa: 81% to 85%, Songwe: 90% to 95%; Mbeya: 95% to 97%

[X] Kigoma: 25% to 102%; Rukwa: 10% to 104%, Songwe: 6% to 125%; Mbeya: 14% to 114%