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Tanzania

Humanitarian Situation Report No. 2






Reporting Period: January-June 2020

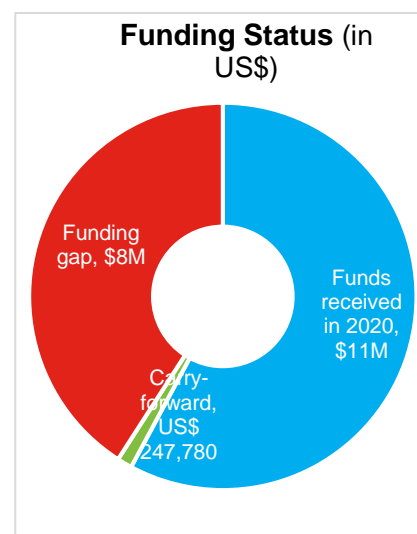
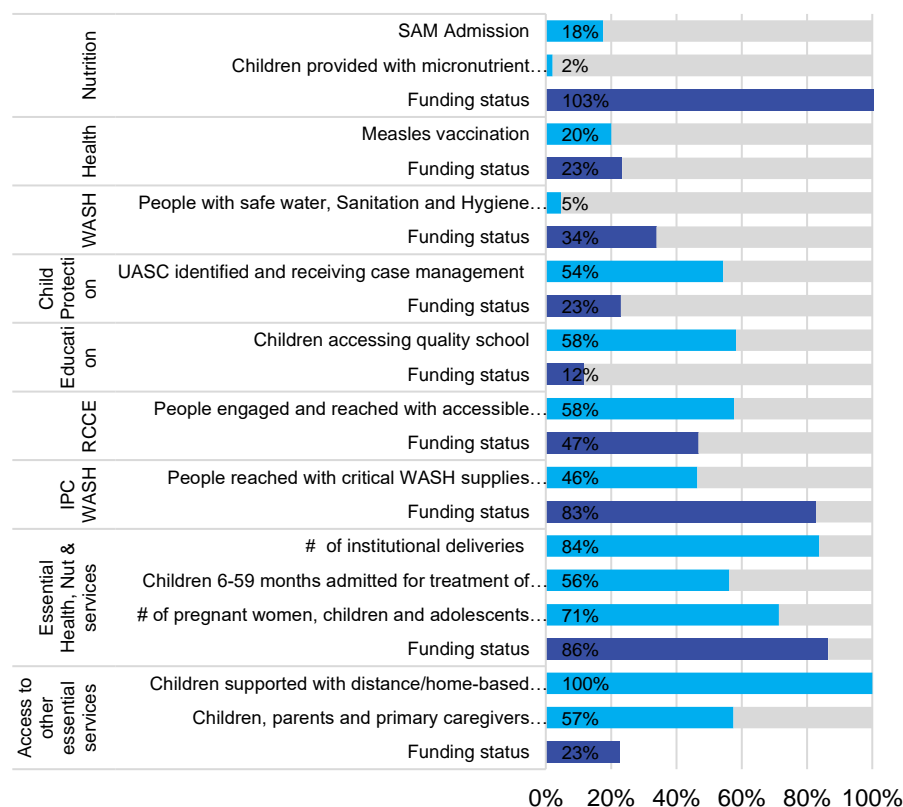
Highlights

- UNICEF Tanzania is appealing for US\$ 19.8 million to sustain and continue supporting provision of life-saving services as a result of multiple risks of COVID-19, floods and refugee children hosted in three refugees camps in Kigoma region.
- Over 15 million community members were reached with COVID-19 prevention and mitigation messages through outdoor messages through UNICEF support in collaboration with the Tanzania Red Cross Society.
- Approximately 2.5 million school children in Mainland and Zanzibar were using multimedia learning platforms through UNICEF support following school closure due to COVID-19.
- Access to safe water was provided to 91,151 refugees while 20,000 school children benefitted from sanitation services across the three camps through UNICEF support in collaboration with partners.
- During the reporting period, a total of 6,232 unaccompanied and separated children (including 2,737 girls) were supported through tailored case management.
- About 83,000 refugee children are supported to access learning materials across the three refugee camps.
- With UNICEF support, about 20,000 refugee children have been vaccinated against measles and rubella in health facilities and in the refugee communities.
- UNICEF supported identification and treatment of 448 severely acute malnourished refugee children in the three refugee camps and another 2,394 refugee children aged 6-59 months received vitamin A supplementation.

Situation in Numbers

-  **136,422** refugee children in need of humanitarian assistance (UNHCR April 2020)
-  **286,158** refugees and asylum seekers in need (UNHCR, April 2020)
- 70 per cent (40.5M)** Target Population in Mainland and Zanzibar (COVID-19) (MOHCDGEC, June 2020)
-  **509 confirmed cases** **21 deaths** (as of 29 April 2020 for Mainland; 7 May 2020 for Zanzibar)

UNICEF's Response and Funding Status



Funding Overview and Partnerships

UNICEF Tanzania is appealing for US\$ 19.8 million (this includes US\$ 16 million for COVID-19, US\$ 3.1 million for refugees and US\$ 0.7 million floods) to sustain and continue supporting provision of life-saving services as a result of multiple risks of COVID-19, floods and refugee children hosted in three refugees' camps in Kigoma region. From January to June 2020, UNICEF Tanzania has received US\$ 11 million from various donors (including the Government of the United States of America (USAID and State Department BPRM), Government of Japan, Government of the United Kingdom - DFID, CERF, UNOCHA, Government of Ireland, Government of Denmark, Government of the Netherlands, and the Conrad N. Hilton Foundation through UNICEF USA) to support ongoing and sustaining critical life savings for vulnerable populations affected by COVID-19, floods as well as Congolese and Burundian refugees. The UNICEF Tanzania HAC, has a funding gap of US\$ 8 Million (41%). UNICEF is therefore appealing to donors to continue to provide more flexible and timely support to the ongoing humanitarian responses for about 130,000 refugee children and over 20 million people to access critical basic services for WASH, Education, Health, Nutrition, Child Protection including to COVID-19 prevention and response measures.

Situation Overview & Humanitarian Needs

Tanzania registered its first case of COVID-19 on 16 March and reported as of 29 April 2020, 375 cases for Mainland and as of May 7, 2020, 134 cases in Zanzibar making a total of 509 cases with 21 deaths, and a case fatality rate of 4.1 per cent. The cases have been confirmed in 24 out of 26 regions in Mainland and both Unguja and Pemba islands in Zanzibar. Figures have not changed since the last reported cases in Mainland and Zanzibar. Following the country's first reported case, a 30-day ban was imposed on public gatherings (except for worship) and schools were closed. Zanzibar banned all tourist flights from entering the region and authorities in Kigoma Region advised refugees to stay inside the camps. On April 12, 2020, Tanzania suspended all international commercial flights. On 17 April 2020, the Government extended the school closure indefinitely, leaving about 14.5 million children in Mainland and 450,000 children in Zanzibar without access to education.

On 14 May, some flight restrictions were lifted for repatriations, humanitarian aid, medical and relief flights and other safety-related operations. International flights to Tanzania resumed mid-June following the lifting of a suspension on international travel. Tanzania has maintained open land borders throughout the COVID-19 outbreak. On 17 May 2020, the President of Tanzania announced that all tertiary education institutions (colleges and universities) and advanced secondary classes (Form Six) will resume classes on June 1. A similar announcement was made by the Government of Zanzibar on 27 May 2020. On 16 June 2020, the President announced that all remaining schools will open beginning 29th June 2020.

UNICEF Tanzania has been engaging with partners through the COVID-19 partners coordination meeting led by WHO, and the Technical Committee Meeting (TCM) led by the Chief Medical Officer or Permanent Secretary in Ministry of Health, Community Development Gender Elderly and Children (MOHCDGEC) and WHO to scale up a robust response to COVID-19 while providing support to government for the continuation of essential services for health, nutrition, WASH, HIV, MHPSS and Education.

With the recent declaration by top political leadership that COVID-19 cases have significantly reduced in Tanzania, UNICEF Tanzania is re-strategizing its response across all programmes and operations to ensure continuation of essential services for children and women in health, nutrition, WASH, HIV, education, child protection and social protection. The Risk Communication and Community Engagement (RCCE) pillar which UNICEF and MOHCDGEC are leading is repackaging messages that emphasize "Corona is still here, and people should continue taking preventive measures."

In addition to the COVID-19 pandemic, UNICEF Tanzania continues to respond to a protracted refugee crisis, where about 286,158 refugees and asylum seekers are living in the country. In total, 243,611¹ refugees are camp based in the Kigoma region and almost entirely dependent on humanitarian assistance due to the limited opportunities to earn a living. About 23,047 individuals live in villages in Kigoma region and 19,337 individuals are living in old settlements. 56 per cent of all refugees are children and nearly 7,000 of them are unaccompanied and separated children. UNICEF under the coordination of UNHCR and Ministry of Home Affairs, Department of Refugees Services continues to ensure the protection and the provision of basic services of over 130,000 refugee children despite severe funding shortages.

¹ Tanzania Refugee Situation Statistical Report of 30th April 2020 issued by UNHCR/Ministry of Home Affairs,

Between January and May 2020, a total of 6,423 refugees were returned to Burundi after a temporary hold since mid-November 2019. Voluntary repatriation of Burundian refugees is suspended since May 14 in view of the presidential elections in Burundi which took place on May 20. In total, 85,200 Burundian refugees have been returned to Burundi since September 2017.

Between January and June 2020, the food entitlements for refugees have been inconsistent ranging between 96-100 percent of the full basket. Corn soya blend remained at 50 percent of the ration, while the supplementary feeding programme for the treatment and prevention of moderate malnutrition remained at 100 percent. Refugees remain unable to supplement their food assistance with subsistence farming or other goods following the closure of the common markets in February 2019. A total of 19 per cent of refugees and asylum-seekers across the three camps continue to live in dilapidated emergency shelters and tents for prolonged periods of time leading to unacceptable living conditions.

During the reporting period about half of the regions in mainland have been affected by floods/landslides at various degrees during “Vuli” and “Masika” rains (Morogoro, Pwani, Njombe, Rukwa, Kagera, Dar, Singida, Tabora, Kilimanjaro, Mwanza, Mbeya, Mara, Iringa, Arusha, Tanga, Lindi)². UNICEF supported the affected populations through deployment of non-food items and WASH supplies prepositioned in government warehouses (Prime Minister’s Office – Disaster Management Department (PMO-DMD)) and Tanzania Red Cross Society warehouses. In coordination of the Residents Coordinators Office and UNDP, UNICEF is procuring NFIs (sleeping bags, mattresses, blankets) to support floods affected population including replenishing utilized supplies in the government warehouses. To enhance emergency coordination and communication at the PMO-DMD, UNICEF is procuring video conference equipment and GIS software.

Summary Analysis of Programme Response

Nutrition

Between January and June 2020, UNICEF in collaboration with Tanzania Red Cross Society (TRCS) and Médecins Sans Frontières (MSF), supported identification and treatment of 488 severely acute malnourished refugee children. The performance of the programme is within the SPHERE norms (cure rate of 78 per cent and death rate of 11 per cent). The performance of the nutrition programme has been severely impacted by lack of nutritional supplies for treatment of severely acute malnourished (SAM) cases which have been held at the port since December 2019 awaiting customs clearance. In addition, 2,394 refugee children aged 6-59 months received vitamin A supplementation. During the same period, 31,575 pregnant women and mothers of under-five children received IYCF messages through community nutrition volunteers and health information teams.



Training mother to conduct nutrition assessment for her child using MUAC at Nduta Refugee camp

In collaboration with TRCS and MSF, UNICEF continues to support the assessment of children’s nutritional status, the identification and treatment of severely acute malnourished (SAM) children, supplementation of children with vitamin A, deworming with Mebendazole and the promotion of infant and young child feeding in all three refugee camps.

To ensure continuation in the identification in SAM children during the COVID-19 pandemic, UNICEF in collaboration with partners has introduced Mother MUAC. Through this strategy more than 10,000 caretakers of children under five have been oriented

on MUAC measurements and provided with MUAC tapes to monitor their children’s nutritional status at home.

² National Emergency Operations and Communication Center (EOCC), Office of the Prime Minister’s Office-Disaster Management Department.

Health

UNICEF supported vaccination of 16,734 under five refugee children (12,142 Burundians and 4,592 Congolese) against Measles-Rubella and Polio disease. Additionally, about 2,926 refugee children have been vaccinated through immunization outreaches conducted in five villages which are more than five km from nearby health post.

Six health care workers have been trained on Measles-Rubella and Polio surveillance, including timely reporting of suspected cases in the community in Nyarugusu, Nduta and Mtendeli camps.

In partnership with the Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC), Tanzania Red Cross Society (TRCS) and Medical Teams International, UNICEF's supported the procurement of vaccines, ensured maintenance of cold chain equipment and maintained routine vaccination across the three camps.

On the last week of March 2020, Nduta camp observed an increase in reported cases of rash, fever and red eyes. Samples collected in April were taken to the national lab for analysis and measles was confirmed. The Kigoma Region Medical Officer declared a measles outbreak on 16th May 2020 after 7 samples (42%) out of 17 suspects from Nduta refugee camps tested positive. Since April 2020, there were over 218 cases reported, mostly among children below nine months and above five years. UNICEF in collaboration with MSF is supporting a measles vaccination campaign through procurement of vaccines, medical supplies and funds for human resources.

During the reporting period, UNICEF supported malaria case management among vulnerable pregnant women and children under the age of five in health facilities in Nyarugusu and Mtendeli refugee camps. About 11,200 malaria rapid diagnostic kits, 6,200 Long Lasting Insecticide Treated Bed Nets and 80,000 tablets for intermittent presumptive treatment Sulphamethoxazole Pyrimethamine tablets have been procured. 79,000 iron folic acid tablets were provided to pregnant women at ante natal care clinics to prevent anaemia. Lifesaving antibiotics (Ceftriaxone, Amoxicillin and erythromycin), oral rehydration salts (20,080 sachets), as well as intravenous fluids-ringer lactate (3,250 bottles) were provided to the camps to support under five children and pregnant women with acute watery diarrhoea, pneumonia and sepsis.

To ensure continuity of essential health services for refugees and hosting communities including that of new-borns, adolescents and pregnant women, UNICEF has supported the integrated refugees and Kigoma region COVID-19 Contingency Plan to procure health supplies including 41 infrared non-contact thermometers, 58,000 surgical masks, 30,000 disposable aprons, 100 reusable aprons, 100 face shield, 100 coverall protection, 300 bottles of intravenous fluids, 8,500 giving set, 46,000 5cc syringes, 400 sutures and 2,800 quinine.

WASH

In response to COVID-19 and in preparation for a possible importation of EVD from neighbouring DRC, UNICEF supported the MOHCDGEC to develop training materials for training of point of entry staff from Kagera, Kigoma, Mbeya, Songwe and Rukwa. 70 staff from 15 points of entry (including health professionals, Immigration Officers, Security Officers and Customs Officers from Tanzania Revenue Authority (TRA Office)) were trained to become trainers ensuring sustainability of the training approach. All trainees were provided with a training package that will support them in delivering training at their workplace. As a follow up, UNICEF has released funds for training of ports of entry staff in Dar es Salaam and Mtwara regions. A total of 40 staff is planned to benefit from this training of trainers who are then expected to undertake capacity building of a wider group of people in their workplace.

In Dar es Salaam, UNICEF has been supporting five densely populated municipalities (Kinondoni, Ilala, Temeke, Ubungu and Kigamboni), with supplies to respond to COVID-19. These included handwashing facilities for public places as well as for schools to support back to school exercise, soap, spray pumps, chemicals for water treatment both at household level and for bulk chlorination that is undertaken by private suppliers and also for disinfection purposes. A total of 17,162 vulnerable household members (9,474 female and 7,688 male) living in high density areas in the 5 municipalities benefitted from soap and household water treatment chemicals.

Between January to June 2020, UNICEF in collaboration with partners provided access to safe water for 91,151 refugees (46,488 females and 44,663 males) while 20,000 (10,200 females and 9,800 males) school children benefitted from sanitation services across the three camps. In preparation of school reopening on 29th June 2020, UNICEF has distributed 600 litres of liquid soaps to the three camps to promote handwashing and personal hygiene benefitting 43,782 (21,395 girls and 22,387 boys) school children. More funding is needed to procure additional backup pumps and

generators as standby units for pumping stations and water sources in all camps to ensure refugees have uninterrupted access to clean and safe water.

In collaboration with the Norwegian Refugee Council (NRC), UNICEF supported COVID-19 infection prevention and control (IPC) WASH interventions in the three refugee camps. It is expected that 146,167 refugees will benefit from 160 handwashing stations to be installed at both primary and secondary schools, food distribution centres, market places and child friendly spaces within the three refugee camps and awareness raising interventions.

UNICEF further procured and donated to Kigoma and Kagera regions WASH IPC and personal protective equipment (PPE) supplies to support 100 health care facilities designated as COVID-19 isolation/treatment centres improve hygiene condition and safety for healthcare workers. Supplies included 200 litres of liquid soap, 160 hand sanitizers, 240 cleaning kits including healthcare waste management items, 320 handwashing buckets as well as handheld thermometers, and PPE. Although UNICEF already pre-positioned supplies for hand and personal hygiene to enabling a quick start of response activities additional supplies are necessary for WASH/IPC. In addition, there remains a need to build capacities for staff in health facilities and additional ports of entry on adhering to IPC measures as well as installation of handwashing facilities.



Member of Parliament helping a woman lift a bucket of water from a domestic water point at Kigogo Village in Kibondo DC. ©UNICEF 2020/Temu Kemendi

UNICEF through the TRCS provided water and sanitation supplies (including 30 boxes of waterguard tablets (containing 32,000 tablets each), 200 buckets (20lts), 200 jerrycans (20lts)), 100 boxes of multipurpose soap (100 boxes)) and assorted IEC materials on prevention of cholera to promote hygiene and prevent water-borne diseases to 25,483 people affected by floods in Lindi region. Additionally, the PMO-DMD deployed non-food items (1000 (10lts) buckets, 500 (20lts) buckets, 50 blankets, 4,500 cups, 1,600 cooking pots and 1,600 mats) prepositioned with UNICEF support to flood affected populations in Lindi.

Under the UN Kigoma Joint Programme, UNICEF through implementing partners Rural Water and Sanitation Agency (RUWASA), Tanganyika Christian Refugees Service (TCRS) and OXFAM completed and commissioned six Water Supply Projects enabled 37,714 people (18,479 men/ 19,235 women) to gain

access to equitable and improved water services. In addition, over 17,614 households are using self-constructed improved latrines following a Community Led Total Sanitation Campaign conducted by District Councils in Kakonko, Kibondo and Uvinza with UNICEF support. A total of 11 improved school latrines are at 70 per cent completion and will benefit 11 primary schools in Kasulu and Kibondo once completed. Furthermore, four additional water projects are in the process of being implemented in two districts of Kasulu and Uvinza through the Rural Water and Sanitation Agency (RUWASA) and will benefit about 28,000 people in the two districts.



School children washing their hands at Kigogo Primary School in Kibondo; ©UNICEF 2020/Temu Kemendi

Education

As a result of COVID-19 pandemic, a nation-wide closure of all schools was issued by the Government in March 2020 rendering 14 million pre-primary, primary and secondary children out-of-school for over three months; threatening to disrupt the development gains made on the sustainable development of ensuring every child learns. UNICEF supported the Ministry of Education, to establish an Education taskforce and develop a National Education Response and Recovery Plan for COVID-19 to be implemented through Global Partnership for Education (GPE) funds. A US\$ 16.5 million grant to the Government of Tanzania (US\$ 15 million for Mainland; US\$ 1.5 million Zanzibar) was approved by GPE as special education acceleration grant to support the National Education Response and Recovery Plan for COVID-19. This grant will benefit 13.5 million school children in mainland and 507,215 school children in Zanzibar of which the grant agents are Sweden (SIDA) and UNICEF respectively.

To ensure continuity of learning for all children, UNICEF supported the Tanzania Institute of Education to develop home learning lessons currently being delivered through 36 radio stations and six television stations for all school levels from the pre-primary, primary, secondary and advanced secondary reaching 2.5 million children. A total of 359,757 pre-primary, grade 1 and 2 school children in three UNICEF focus regions in mainland (Mbeya, Njombe and Songwe) and Zanzibar benefited from home learning packages developed and distributed through UNICEF support. In addition, 150,000 teachers (Mainland: 142,000/ Zanzibar: 7,500/ refugee camps: 500) were reached with multimedia messages to guide children, parents/ caregivers in supporting learning continuity during school closure and prevention of COVID-19.

UNICEF continued to provide teaching and learning materials to Burundian and Congolese refugee children in all three camps. Following the completion of the verification exercise, 83,177 (40,827 females; 42,350 males) school children are registered in the pre-primary and primary level. With requirements for social distancing in schools due to COVID-19, the shortage of classrooms and teachers has increased. The local education working group is developing plans to ensure COVID-19 prevention measures, which include the setting of up of tents and recruitment of unqualified teachers to support double shifts.

Through a UNICEF partnership with Jesuit Refugee Services- Radio Kwizera (JRS-RK), children in refugee camps have been reached through radio lessons during school closure. In addition, COVID-19 prevention messages targeting school children, their teachers and parents/caregivers were also broadcasted. The radio messages will continue after school re-opening to ensure learning and safety in all schools.

UNICEF in collaboration with UNHCR and the National Examination Council of Tanzania supported the administration of examinations for 1,010 (369 girls; 641 boys) Burundian students in grades 9, 11, 12, 13 and 14 in January 2020. Due to the high costs of exams (US\$198-220 per child), UNICEF and UNHCR are exploring medium and long-term plans to support sustainable examination and certification for Burundian refugee children.

Child Protection

During the reporting period, 6,232 unaccompanied and separated children (2,737 girls; 3,495 boys) were supported through tailored case management of which 66% are uploaded in CPIMS+. Out of the total number, 1,876 unaccompanied and separated children (636 girls; 1,240 boys) have been placed with foster parents and long-term alternative care arrangements across the camps and all are receiving appropriate case management services. UNICEF has extended its collaboration with Plan International to include response to COVID-19 across the three camps, including expansion of CPIMS+ and case management services in Nyarugusu camp.

With support from UNICEF, Plan International and International Rescue Committee (IRC), 877 adolescents (415 girls; 462 boys) completed an adapted life skills programme. Meanwhile, 439 parents and caregivers (115 males; 324 females) benefited from training on positive parenting of adolescents.

Through UNICEF support, Plan International and IRC oriented and trained 135 child protection committee members and 115 incentive workers from 13 community structures in the three camps on COVID-19 child protection risks and preventive measures, strengthening their capacity in protection monitoring and support for vulnerable children and families.

As part of ongoing COVID-19 response, UNICEF has supported the prepositioning of PPE and sanitation and hygiene items (handwashing buckets and disposable masks) for caseworkers and members of community structures. Children and adolescents at risk of or who have experienced violence continued to receive support. During this reporting period a total of 877 vulnerable adolescents (415 girls, 462 boys) received mental health and psychosocial support, enhancing their positive coping mechanisms and resilience. A total of 550 households (240 Burundian and 310 Congolese) were reached with COVID-19 awareness messages.

In all 13 districts in Dar es Salaam and Arusha, psychosocial support (PSS) teams (25 members) and Women and Children Protection Committees were trained in PSS, with support from UNICEF. Members of the PSS teams are accompanying contact tracing teams or are based at hospitals to provide PSS to patients, contacts and their families and communities. Through a mental health psychosocial support (MHPSS) distant learning programme, developed by

UNICEF, Pact and John Snow International, 356 Social Welfare Officers in 78 districts were equipped with essential knowledge and skills to support children and families affected by COVID-19. In Zanzibar, 56 social welfare officers, woman and children officers and planning officers (34 females and 22 males) were trained (online or face-to-face) on MHPSS.

Communications for Development (C4D), Community Engagement & Accountability

During the reporting period, UNICEF and the Health Promotion Section (HPS) in the MOHCDGEC, coordinated RCCE partners in the COVID-19 response through the following areas:

UNICEF and HPS co-lead the national RCCE Pillar convening weekly meetings which bring together over 70 partners and stakeholders. The RCCE pillar is organized into five sub-groups and four thematic task teams in order to expedite development of communication products and job aids, and efficient execution of follow up action points from the weekly meetings. The sub-groups work on message development, mass media dissemination and key influencer engagement, community mobilization, digital (and non-digital communication and community feedback, and RCCE regional and district coordination. While the task teams are organized along specific topics like RCCE through health care workers and community health workers, engagement of religious leaders, child protection issues including violence against children and gender based violence, continuity of essential Reproductive Maternal Newborn and Child Health (RMNCH) services, community feedback platforms including the call center, and strengthening regional coordination and reporting mechanisms and are dissolved once the assigned task is completed. In each of these teams, RCCE members work hand in hand with Government partners both in Mainland and Zanzibar.

Multi-media communication products with targeted messages on COVID-19 have been developed and disseminated across multiple channels including print, radio, TV, social media and interpersonal communication processes reaching 23.5 million people. The first batch of messages focused on helping community members to understand how COVID-19 spreads and ways to protect themselves from infection and prevent spread. With the recent declaration by top political leadership that COVID-19 cases have dramatically reduced in Tanzania, UNICEF is supporting HPS to re-strategize and repackage RCCE messages to align with the evolving dynamics in the country. The key focus now is messages that emphasize “Corona is still here, and people should continue taking preventive measures.” Messages building on national guidelines for schools reopening have also been prioritized and production underway.

In collaboration with the TRCS, outdoor community mobilization activities were implemented. TRCS mobilized 2,700 CHWs and volunteers in all 31 regions. Overall 38 vans with public address systems equipped with 11 audience-specific messages were deployed in 18 regions with an intensified focus in 6 regions and major city hotspots. Over 2 million IEC materials were disseminated, including flyers with key messages, and posters were placed in strategic community locations such as bus stations, health facilities and markets in all regions of Mainland Tanzania and Zanzibar. Megaphones and motorbikes mounted with speakers were used to reach hard to reach areas. Through this mechanism over 15 million community members were reached without compromising physical distancing measures. Pre-planning sessions for the second phase of community mobilization are currently ongoing with MOHCDGEC and the President’s Office-PORALG Regional Administration and Local Government to prioritize message and regions in the next phase of mobilization earmarked to start shortly.

The National Institute of Medical Research (NIMR) has completed the first round of a series of three planned rounds of COVID-19 assessments on Knowledge Attitudes and Practices (KAP). The report has been shared with Government and stakeholders in Mainland and Zanzibar and is being used to adjust communication products and prioritization of communication channels going forward. The survey questionnaire for the second round (planned to take place in July 2020) will be reviewed to align with evolving political environment on COVID-19 in Tanzania.

Frequently asked questions continue to be collated through the toll-free number in the Afya Call Center launched in May 2020. The Government is slowly beginning to share data from the Mainland call center. For instance, in the first two week of June, a total of 671,655 calls were received. Out of these calls, 74 percent were responded to through the Interactive Voice Response system or directly by a call center agent. In the third week of June 13,184 callers called to ask about COVID-19; 57 about Gender Based Violence (GBV) issues; 28 on HIV issues; 30 on family planning; 6 on TB; 24 on Malaria; 8 on Urinary Tract Infection; 18 on typhoid. UNICEF is in discussion with the Zanzibar Ministry of Health (MOH) and respective partners to support the call center in Zanzibar.

Through the SMS-based U-Report platform UNICEF is reaching young people to share information and to seek feedback from them and their communities. A U-Report myth-buster quiz was launched to assess the level of understanding and awareness of U-reporters of the impact of GBV and violence against children (VAC) during the COVID-19 pandemic; to clarify wrong beliefs around GBV and VAC; and to understand the channels to report violence. From the 8,877 U-Reporters completed the poll two key misconceptions emerged: 76.6% feel that children are always safe at home, and 65.8% feel that not much can be done if children and women experience violence at home during this period. A total of 75.7% of respondents understand that stress, fear, anxiety and prolonged time at home, can increase the chances of women and children experiencing violence at home.

UNICEF through an agreement with TRCS supported Kigoma region in conducting COVID-19 outdoor community mobilizations in eight councils reaching³ approximately 1,678,239 people (62 per cent of the total population in Kigoma region)⁴. Pre-recorded messages were disseminated, Q&A sessions (through mobile vans with public address systems such as megaphones) were held and COVID-19 printed messages were distributed to community mobilizers, influencers and the general public. A total of 8,284 posters and 16,200 brochures were placed and distributed at strategic points including places of worship, health facilities, markets and police stations. To reach refugee communities additional 13,000 posters and brochures with COVID-19 prevention messages in the local languages of the refugees were distributed at public places such as health facilities, police, tippy tap stands, departure points, places of worship, and other regularly frequented corridors in the camps.

UNICEF supported humanitarian agencies to train 875 Community Information Teams and 380 community leaders who have continued to disseminate COVID-19 messages through different community mobilization platforms. In partnership with the Norwegian Refugee Council (NRC) UNICEF also supported training of 75 refugees and 25 staff from 17 implementing partners as COVID-19 trainers. The trainers have further supported training of 1,800 community mobilizers working on protection, health, nutrition, education and WASH, who have made a total 305,379 contacts across the three camps. UNICEF has further provided technical support to the humanitarian RCCE subcommittee coordination group in Kibondo which is co-lead by UNHCR and the Danish Refugee Council.

A community awareness and sensitization campaign using public address system through mobile vans and megaphones was conducted for 5 days reached 242,000 refugees and asylum seekers in the three refugee camps through partnership with the Norwegian Refugee Council, and in collaboration with MSF, Danish Refugee Council (DRC) and Tanzania Red Cross Society (TRCS).

UNICEF has also supported Jesuit Refugee Services and Oxfam to print and disseminate school reopening messages in languages spoken by refugees and host community children whereby a total of 4,500 posters have been printed and distributed at schools, health facilities, child friendly spaces, worship places and water points.

Leveraging its established strong partnership with Muslim and Christian religious leaders' networks, UNICEF advocacy led to faith leaders' strong commitment to stepping up safety measures in places of worship and their continued preventive messaging as well as the issuing of guidelines to their congregations.

UNICEF's social media channels were critical platforms to raise awareness on COVID-19 and to address misinformation. UNICEF organized campaigns on hand-washing and physical distancing featuring key influencers, 17 celebrities, and young champions. Over 2 million people were reached through eleven online edutainment sessions. In addition, UNICEF reached over seven million people on Facebook and 58 million on Twitter with COVID-related messaging.

Fourteen young champions are dedicated to communicating and engaging other young people in the effort to reduce the spread of the COVID-19 through different platforms and volunteer network comprising over 1,000 young people was initiated.

UNICEF leveraged its partnership with key mainstream media editors and provided them with key facts and messages on COVID-19 for their wide dissemination through multiple channels including digital platforms resulting in 324 stories with prevention messaging. Furthermore, an audio and video jingle on COVID-19 featuring popular local artists has been produced and disseminated. In partnership with BBC MediaAction, UNICEF launched a radio drama and discussion on parenting 'Safari ya Malezi' which was broadcasted nationally and regionally in five UNICEF supported regions in mainland Tanzania and Zanzibar. The first three months of the programme are focused on COVID-19 prevention targeting parents and caregivers. In addition, 12 producers and editors have been trained as part of lifeline training and 14 more will be trained by the end of June 2020.

Over 220 employers were reached with a UNICEF supported guiding note on flexible work arrangements, childcare support and other good workplace practices. In addition UNICEF is working with the CEO Roundtable Tanzania, composed of over 120 major businesses, to scale up the water, hygiene and sanitation services.

Humanitarian Leadership, Coordination and Strategy

For the COVID-19 response UNICEF continues to work with the different pillars established jointly by MOHCDGEC and WHO to ensure a holistic response.

To oversee the COVID-19 response the Government of Tanzania has established two committees: one committee, chaired by the Prime Minister and Minister of Health, includes key ministries and has the role of informing the public on

³ People reached with COVID19 messaging and with minimum understanding; 1 - 2 signs and symptoms, transmission routes and preventive measures.

⁴ Current Kigoma region population size is 2,706,837 - Community Based Health Services report 2019

steps and measures taken by government to respond to the outbreak. A second committee which is chaired by the Chief Secretary in the President's Office brings together Permanent Secretaries from ministries and will ensure that appropriate actions are taken to contain COVID-19. In addition, the Technical Committee Meeting (previously called the National Task Force) co-chaired by the Chief Medical Officer and WHO operates on a technical level. The following seven pillars have been established to coordinate the outbreak response: Coordination, Surveillance/POE, Laboratory, Case Management/IPC, RCCE and Logistics/Supply. The RCCE pillar which is co-led by UNICEF and the MOHCDGEC/HPS. UNICEF is also chairing the Development Partners Group-Health which has been tasked to ensure continuity of primary health services. UNICEF is a regular member of the sub committees on Case Management and IPC which also includes Nutrition, WASH and HIV/AIDS.

A UN COVID-19 plan for Tanzania has been developed, with defined case scenarios with priority risk districts in line with the national plan.

While stepping up response to COVID-19, UNICEF Tanzania is currently reprioritizing its focus across all programmes and operations to ensure continuation of essential services for children and women in health, nutrition, WASH, HIV, education, child protection and social protection. UNICEF continues to engage with partners through the Emergency Preparedness and Response (EPR) partners meeting that meets weekly and is chaired by WHO. UNICEF leads the DPG-Health and provides updates on resources committed or pledged by partners to support the National COVID-19 Response Plan.

The refugee response is coordinated at central level by the Ministry of Home Affairs (MOHA) Refugees Service department and UNHCR, who oversee daily management of the response focusing on planning, oversight and policy implications. At regional level, the Kigoma Regional Government and MOHA-Regional Refugee Liaison Office are coordinating the 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 using virtual technology since the COVID-19 pandemic was reported. 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.

Next SitRep: 15 October 2020

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

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Summary of Programme Results

UNICEF Response with Partners			
Sector	Target	Total results	Change since last report ▲▼
Nutrition			
SAM Admission	1276	224	▲ 264
Children provided with micronutrient supplementation	34,546	724	▲ 1,670
Health			
Measles vaccination	35,887	7,221	▲ 12,482
WASH			
People with safe water, Sanitation and Hygiene service	250,000	11,730	▲ 99,421
Child Protection			
# of UASC identified and receiving case management (including placement in alternative care arrangements). Inclusive of CPIMS+ support.	11,400	6,195	▲ 37
Education			
Children accessing quality school	119,000	69,320	▲ 13,857
Risk Communication and community Engagement			
# of COVID-19 IEC materials produced (TV, radio spots, printed material, media statement etc.) and disseminated / broadcasted	45	110	▲ 96
# of media (traditional and digital) disseminating COVID-19 information	51	42	▲ 5
# of people engaged and reached with accessible information on COVID-19 and targeted messages on prevention and on access to services	40,500,000	23,371,594	▲ 23,371,594
IPC/WASH			
Number of people reached with critical WASH supplies (including hygiene items) and services	2,200,000	557,090	
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	3,120 (Mainland: 1,320 Zanzibar: 1,800)	1708 (Mainland: 723 Zanzibar: 985)	N/A
Continuation of Essential Health services			
# of institutional deliveries	190,525 (Mainland: 185,511 Zanzibar: 5,013)	159,574 (Mainland: 146,572 Zanzibar: 3,002)	N/A
# of health workers trained on nutrition in the context of COVID-19	8372	500	N/A
# of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	4064	2273	N/A
Presence of IYCF promotion and treatment of severe wasting within the national health plan on continuation of essential health services	Yes	Yes	N/A
# of pregnant women, children and adolescents (disaggregated) living with HIV on ART who remain on treatment	143,193	102,253	N/A
Continuation of other essential services			
# of children supported with distance/home-based learning	2,500,000	2,500,000 (Mainland: 2,2 million; Zanzibar: 300,000)	N/A
# of children, parents and primary caregivers provided with community based mental health and psychosocial support	3000	1,724	N/A
Social Protection			
Number of households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs	tbd		N/A
Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support	1,200,000	tbc	N/A

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
	Total	Received Current Year	Carry-Over	\$	%
WASH	1,439,400	486,724		952,676	66
Education	1,154,130	135,467		1,018,663	88
Health	325,655	76,000		249,655	77
Nutrition	58,756	60,800		-2,044	-3
Child Protection	853,000	196,300		656,700	77
RCCE	3,210,033	1,500,000		1,710,033	53
IPC & WASH	6,259,500	5,180,642		1,078,858	17
Continuation of essential health services/ surveillance/ nutrition	4,216,560	3,253,309	247,780	715,471	17
Continuation of other essential services Education/ CP/ SP/GBV	1,980,000	450,000		1,530,000	77
Social Research	200,000	108,000		92,000	46
Coordination and monitoring	120,000	17,120		102,880	86
Total	19,817,034	11,464,362	247,780	8,104,892	41