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Tanzania Humanitarian Situation Report No. 3



Reporting Period: July-September 2020

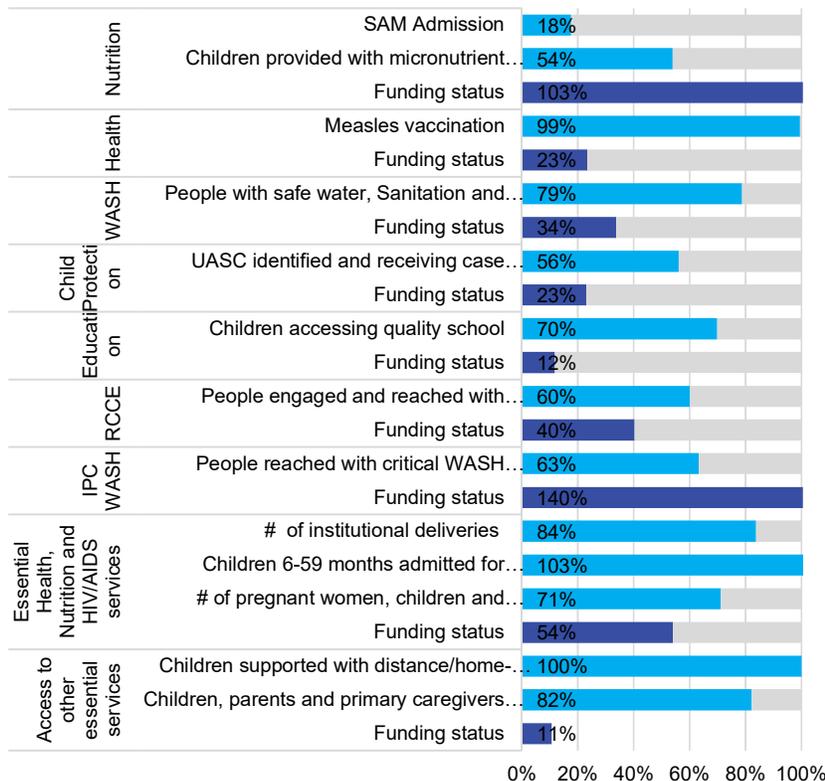
Highlights

- UNICEF Tanzania's humanitarian appeal has a funding gap of US\$ 10 million to continue supporting the provision of life-saving services linked to multiple risks of COVID-19, floods and refugee children hosted in three camps in Kigoma region.
- A total of 6,288 unaccompanied and separated children have been assisted through tailored case management services through UNICEF support. Another 5,055 children were provided with community-based mental health and psychosocial support services.
- About 1.4 million households and over 5 million people were reached with key COVID-19 prevention messages including education on other essential services through a collaboration with Benjamin Mkapa Foundation.
- Over 28,000 refugee children were vaccinated against measles, rubella and polio in collaboration with partners.
- UNICEF supported the treatment of 103 refugee children with severe acute malnutrition and reached 17,000 children with vitamin A supplementation.
- A total of 13 million school children reported back to school following UNICEF support to community campaigns to ensure all school-aged children return to school by end of September.
- UNICEF distributed water and sanitation supplies benefitting 140,000 refugees, promoting handwashing and environmental sanitation.
- More than 10,000 children, adolescents and pregnant women living with HIV have been supported by UNICEF to access HIV services during COVID-19 pandemic including accessing to prevention messages

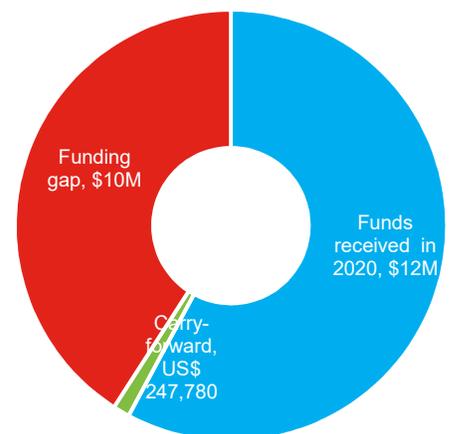
Situation in Numbers

-  **134,363** refugee children in need of humanitarian assistance (UNHCR/MOH July 2020)
-  **282,574** refugees and asylum seekers in need (UNHCR/MOH, July 2020)
- 70 per cent (40.5M)** Target Population in Mainland and Zanzibar (COVID-19) (MOHCDGEC, June 2020)
-  **509 confirmed COVID 19 cases** **21 deaths** (as of 29 April 2020 for Mainland; 7 May 2020 for Zanzibar)

UNICEF's Response and Funding Status



Funding Status (in US\$)*



* Fund requirements revised in July 2020 increased from US\$ 19.8 million to US\$ 22.9 million

Funding Overview and Partnerships

UNICEF Tanzania is appealing for US\$ 22.7 million to sustain and continue supporting provision of life-saving services for vulnerable populations affected by the COVID-19 pandemic (US\$ 19 million; floods (US\$ 0,7 million) and children living as refugees (US\$3 million) in three camps in Tanzania's North Western, Kigoma region. From January to September 2020, UNICEF Tanzania has received US\$ 12 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 - Foreign, Commonwealth & Development Office [FCDO], CERF, UNOCHA, Government of Ireland, Government of Denmark, Government of the Netherlands, and the Conrad N. Hilton Foundation through UNICEF USA) to implement activities against the above appeal. As of 30 September 2020, the remaining appeal funding gap is at \$ 10 million (45 per cent) out of which US\$ 7 million (40 per cent) is for the COVID-19 response. UNICEF is appealing to donors to continue to provide additional flexible and timely support to the ongoing humanitarian responses for about 130,000 refugee children and over 40 million people to access critical basic services for WASH, Education, Health, Nutrition, Child Protection for COVID-19 prevention and response measures.

Situation Overview & Humanitarian Needs

During the reporting period, Tanzania continued to respond to multiple humanitarian situations including COVID-19, refugees in north-western Tanzania and a measles outbreak which has been ongoing in Nduta refugee camp since May 2020. Tanzania registered its first case of COVID-19 on 16 March 2020, and as of April 2020, the cases have been confirmed in 24 out of 26 regions in Mainland and both Unguja and Pemba islands in Zanzibar with a case fatality rate of 4.1 per cent. The latest reported COVID-19 cases number of 509 as of April 29th and May 7th for mainland (375) and Zanzibar (134) respectively. No official data on COVID-19 cases has been reported since, making it difficult for UNICEF and partners to adjust preparedness and response activities.

Around mid-June 2020, the Government of Tanzania declared a significant reduction of COVID-19 cases. In a progressive step, it also lifted restrictions for schools. All schools including Primary, Secondary, colleges and University re-opened in mid-June. Restrictions were also lifted for sport and other community activities that had been put in place since March 2020. In addition, the Ministry of Health declared the end of the first wave but suggested that the country may experience a second wave which requires robust continuity of readiness to respond to any re-emerging disease outbreak. Threats linked to potential super spreader events remains, e.g sports, public gatherings and political rallies which have started since August 26th ahead of the October 2020 general elections in mainland and Zanzibar.

Recent responses to COVID-19, pose a risk of eroding some of the gains that risk communication efforts have achieved. There is a serious decline in practice of public health prevention measures especially in open areas like marketplaces, political rallies, sports and in public transport. To contribute to mitigating this, UNICEF is supporting the Health Promotion Section in the Ministry of Health to continue public education and social mobilization. The focus of messaging now is on "COVID-19 is still in Tanzania, and people should continue taking preventive measures."

Cognizant of the anticipated risks, the Government in collaboration with stakeholders has revised the National COVID - 19 response plan for mainland (currently with 11 pillars) to guide operationalization of new strategies for the ongoing financial year (July 2020 – June 2021). The Government of Zanzibar has also revised the National COVID-19 response plan (with seven pillars) from July-December 2020.

UNICEF Tanzania continues to respond to a protracted refugee crisis, where about 282,574 refugees and asylum seekers are living in the country. Out of the total number, 239,933¹ refugees are camp based in Kigoma region (North-West Tanzania) and depend almost entirely on humanitarian assistance due to the limited opportunities to earn a living. About 56 per cent of the entire refugees' population are children below 18 years. The Kigoma region borders countries which are still reporting active cases of COVID-19. While screening at official ports of entry has been conducted since 2019 as a precaution to prevent importation of EVD and COVID-19, the presence of multiple porous borders increases the likelihood of an importation of both EVD and COVID-19. The congested living conditions as well as limited access to hygiene and water in the camps puts refugees at a greater risk of a rapid spread of communicable diseases. Overcrowding in the refugee camps with limited WASH services including inadequate access to running water, soap and limited social distancing poses a major threat to disease outbreaks. UNICEF in collaboration with UNHCR is supporting the Kigoma region COVID-19 Contingency Plan which includes the preparedness and response for the refugees while supporting host populations through the joint One UN programme.

¹ Tanzania Refugee Population Update, UNHCR and Ministry of Home Affairs; July 2020

Voluntary repatriation of Burundian refugee resumed in June 2020 after a temporary hold from May due to Presidential elections in Burundi. As of 23rd September 2020, 16,655 Burundian refugees have been repatriated since January 2020, making a cumulative total of 95,452 since November 2017. A Technical Working Group (WG) of the Tripartite Commission met in Kigoma on 22-24th July 2020. The meeting was attended by the Kigoma Regional Secretariat, the Permanent Secretary from the Ministry of Interior, Community Development and Public Security of the Republic of Burundi and UNHCR. Recommendations made to the Tripartite Commission, include amongst others a commitment to increase advocacy efforts for fundraising to support voluntary repatriation and improve the reintegration of the returnees. The WG reaffirmed the need to increase numbers of returnees while respecting the principle of voluntariness and ensure safe and dignified returns. Following successful discussions, the meeting endorsed a work plan to facilitate the dignified and voluntary repatriation of refugees pending a second meeting at the end of 2020.

While supplementary feeding programmes have remained at 100 per cent during the reporting period, food rations were reduced from 83 to 72 per cent over the past three months. This situation has left refugees severely affected as all livelihood activities have been closed in the camps posing a significant risk for increased cases of severe acute malnutrition (SAM).

The refugee response in Tanzania is severely underfunded with less than 10 per cent of the total budget received in 2020, making it difficult to respond to critical emergency needs for Health, Nutrition, WASH, Child Protection and Education.

Summary Analysis of Programme Response

Nutrition

Between July and September 2020, UNICEF in collaboration with Tanzania Red Cross Society (TRCS) and Médecins Sans Frontiers' (MSF), supported identification and treatment of 133 severely acute malnourished refugee children. The performance of the programme is within the SPHERE norms (cure rate of 79 per cent and death rate of 2 per cent). In addition, 17,892 refugee children aged 6-59 months received vitamin A supplementation. During the same period, 4,188 pregnant women and mothers of under-five children received Infant and Young Child Feeding (IYCF) messages through community nutrition volunteers and health information teams.

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 and the promotion of infant and young child feeding in all three refugee camps.

To ensure protection and promotion of appropriate Infant and Young Child Feeding (IYCF) practices during the COVID-19 pandemic in the refugee camps, UNICEF in collaboration with partners trained 75 (50 Health Information Teams (HITs) in Nyarugusu and 25 community nutrition volunteers (CNV) in Mtendeli) on IYCF in the context of emergencies including COVID-19.

In addition, 123 healthcare and nutrition staff benefitted from the e-learning course on 'COVID on nutrition and Infectious Diseases: Responding to COVID-19 pandemic' conducted by the Tanzania Food and Nutrition Centre with support from UNICEF. Another 1,198 Community Health Workers (CHWs) have been trained in various aspect of COVID-19 response including nutrition in Mainland and Zanzibar.

Between July and September 2020, total of 667 children (534 in Mbeya, Iringa, Njombe, Songwe, Zanzibar and 133 children in the refugee camps) have been treated with severe acute malnutrition through UNICEF support which included the provision of 2,725 cartons of ready-to-use therapeutic foods, 260 cartons of F-100 therapeutic milks and 460 cartons of F-75 therapeutic milks. Support for host communities continues through UNICEF's broader partnership with regional governments.

Health

In efforts to contain the measles outbreak in Nduta camp, 1,811 (95 per cent) children aged 6-11 months were reached by UNICEF and partners through an integrated Measles-Rubella, Vitamin A supplementation, deworming and Rapid Mid Upper Arm Circumference (MUAC) screening campaign conducted in July 2020. Another 26,665 refugee children under the age of five (21,035 Burundians; 5,630 Congolese) received routine vaccination against Measles-Rubella and Polio.

In addition, UNICEF procured vaccines for measles (5,460 vials), Polio (2,800 vials), Tetanus toxoid (1,700 vials), BCG (2,118 vials) to support the refugee immunization programme and COVID-19 personal protective equipment (PPEs) for health care workers and community health workers in the refugee camps.

To improve recording and analyzing of immunization data, UNICEF supported training of three healthcare workers from the three refugee camps on Tanzania's Electronic Immunization Registry which is part of the routine government health system.

To ensure continuity of health services during the COVID-19 pandemic, UNICEF supported maintenance of essential services for children, adolescent and pregnant women through provision of medicines and supplies (ORS, intravenous fluids, Cannula, antibiotics, Sulphamethoxazole Pyrimethamine, face masks and aprons) which will benefit 57,080 women and children in three refugee camps.

Between July and August 2020, 1.4 million households and more than 5 million people were reached with key COVID-19 prevention messages including education on other essential services by 620 CHWs under direct supervision of 160 health officers supported by UNICEF and, a national NGO, Benjamin Mkapa Foundation (BMF).

To enhance monitoring by CHWs, and to ensure timely collection of basic data reported from the community, UNICEF supported BMF to provide 565 CHWs with mobile smart phones installed with a purpose designed mobile health application. The data collected is analysed by the MOHCDGEC however information sharing remains limited. Following the extension of the partnership between UNICEF and BMF, CHWs will continue to conduct Community Based Surveillance and Risk Communication and Community Engagement (RCCE) in five municipals (Ilala, Kinondoni, Ubungo, Temeke and Kigamboni) in Dar es Salaam region.

UNICEF continues to support surveillance of COVID-19 and other infectious diseases in Unguja and Pemba through provision of transport to facilitate follow up of suspected and confirmed cases of COVID-19 at home and in the health facilities.

HIV and AIDS

UNICEF supported the National AIDS Control Programme to monitor continuity of essential HIV services for children, adolescents and pregnant women who are living with HIV. This included UNICEF's support to the National AIDS Control Programme to regularly convene the national level task force on COVID-19 in the context of HIV, and monitoring HIV programme service delivery data. Additionally, UNICEF supported the development of the Guidance Note on the Provision of HIV prevention, care and treatment services in the context of COVID-19 which included guidance in Infection Prevention and Control (IPC) and multi months prescriptions of ART for children and adults. HIV-specific information, education and communication (IEC) materials for people living with HIV and development of job aids for health workers serving children, adolescents and pregnant women living with HIV have been developed with support of UNICEF.

More than 10,000 children, adolescents and pregnant women living with HIV in all 11 districts in Zanzibar and 23 districts in Dar es Salaam, Mbeya, Songwe, Iringa, and Njombe regions benefited from reusable face masks, hygiene products and psycho social support and access to HIV services through a UNICEF partnership with four national NGOs.



Young People living with HIV from Dar es Salaam with tailoring skills preparing washable face masks @UNICEF 2020/John George

The National AIDS Control Program (NACOPHA) worked with the Network of Young People living with HIV and identified six young people aged 21-24 with tailoring skills to tailor washable cloth masks for dissemination during education sessions on COVID-19 prevention to adolescents, pregnant mothers and caretakers of children living with HIV. A total 1,000 adolescents, 200 pregnant women living with HIV and 300 care givers of children living with HIV benefitted from the distribution of 5,000 masks.

The National Council of People living with HIV in collaboration with the Network of Youth living with HIV provided sanitary kits to 5,000

beneficiaries from poor households in nine selected districts and conducted media sessions on COVID-19 prevention messages and stigma around HIV.

In Zanzibar, UNICEF supported over 2,500 children and adolescents living with HIV with ART adherence and COVID-19 prevention education. Specific support to peer educators included the provision of COVID-19 preventive kits (soap/sanitizer, face masks, gloves), reflective/labelled jackets, ID cards and bags. Similarly, the beneficiaries were given hand-washing kits (buckets and soaps) and IEC materials for education purposes. During the International Youth Day, more than 10,000 beneficiaries were reached through media engagement with key messages on youth engagement and COVID-19 prevention.

In Dar es Salaam region UNICEF in collaboration with Management and Development for Health and 65 health facilities, supplied 125 Health Care Professionals at Care and Treatment Centres with 10,000 face masks. Over 18,000 soap bars and 20,000 reusable masks were distributed to 3,857 children, adolescents and pregnant women living with HIV. Specific financial support for additional airtime was given to 482 children and adolescents with high viral load for psychosocial support and information sharing.

In high HIV burden regions of Southern Highlands, UNICEF collaborated with Baylor Tanzania to support 1,754 adolescents living with HIV and 680 pregnant/lactating women living with HIV with sanitary kits, protective re-usable face masks and psychosocial support. A total of 1,000 people (including 900 adolescents living with HIV and 100 care givers of children living with HIV) were reached through SMS counselling.

WASH

A total of 441 (334 males; 107 females) clinical and ancillary staff were trained in Kigoma region (including the refugee camps) on essential WASH IPC behaviours and hand hygiene. The training aimed to prevent and control EVD and COVID-19 morbidity and mortality by ensuring epidemic preparedness measures are in place, and capacity exists to rapidly implement control measures. The trained health personnel are expected to trigger community-initiated efforts for breaking chain of transmission for COVID-19, limit exposure and stop further transmission of the disease to the community.

To promote handwashing and environmental sanitation as a first-line measure of infection prevention and control against transmission of COVID-19, UNICEF supported the procurement and distribution of WASH IPC supplies and PPE kits to eight selected COVID-19 isolation centres in Kigoma.



*Handover of handwashing items to Regional Authorities to support school reopening to the Kigoma Region
©UNICEF 2020/Temu Kemendi*

This included among others liquid soap, cleaning equipment, waste bins, water barrels/drums, hand sanitisers, PPE equipment, handheld thermometers and water purification tablets. Furthermore, UNICEF has issued more than 155,782 IEC materials related to hand hygiene, sanitation and prevention of communicable diseases. To support the camps UNICEF in partnership with the Norwegian Refugee Council (NRC) supported over 140,000 refugees with water guard sachets and tablets. Further, UNICEF in partnership with NRC installed 300 handwashing stations in all mass gathering places within the three refugee camps including health posts. The improvement of WASH services at these health facilities has helped to create a conducive environment for healthcare service delivery by making available adequate and reliable improved water supply, access to handwashing facilities and

sanitation services. These services are essential in reduction of healthcare-acquired infections and communicable diseases such as COVID-19.

UNICEF supported Ministry of Health, Community Development Gender, Elderly and Children (MoHCDEG) in the development of the rapid assessment tool, to collect and analyse the conditions of WASH services including identifying gaps in the COVID-19 treatment and isolation facilities. Based on the results of the rapid assessment, UNICEF, through its implementing partners supported the repair and maintenance of WASH infrastructure in eight COVID-19 isolation facilities in Kigoma Region. This included replacing taps, sinks, toilets, pipes, upgrading of water storage tanks, waste

management infrastructure and connection of water supply to the health facilities. The support further included installation of water treatment units, solar systems and handwashing stations benefitting about 1.2 million people.

In Mbeya, Iringa, Njombe and Songwe regions, UNICEF has also supported repair and maintenance of 16 identified COVID-19 isolation centres. Work in 11 centres has been completed while work at 5 centres is currently at 80 percent completion.

To ensure that children are returning safely to schools by adhering to the MOHCDGEC guidelines for reopening schools UNICEF supported the Kigoma region through Regional Administrative Secretary Office to conduct a rapid WASH assessment in all primary schools to understand the level of preparedness and response to COVID-19. Based on the results of the assessment, UNICEF supported 334 primary Schools in host communities and in the refugee camps, benefitting more than 134,000 school children and teachers to practice effective hand washing at all times. The schools were provided with handwashing items like soap, alcohol-based hand sanitiser, 1000l and 100l water drums with three taps and stands, buckets.



A teacher at Juhudi Primary School in Nyarugusu refugee camp showing students how to wash their hands at a foot operated handwashing station installed by NRC through UNICEF Support ©UNICEF 2020/Temu Kemendi

Additionally, in collaboration with the NRC, UNICEF supported the construction of four blocks of latrines at four primary schools in Nyarugusu refugee camp which will add 36 drop holes (18 for girls and 18 for boys). The construction of ventilated improved pit latrines which includes Menstrual Hygiene Management rooms for adolescent girls and provisions for disabled school children will significantly reduce waiting time for school children and improve the learning environment.

More than 24,356 people will access improved water service for domestic and personal hygiene uses through UNICEF support to Water Mission Tanzania (WMT) and Tanganyika Christian Refugees Service (TCRS) through the UN Kigoma

Joint Programme, by supporting the construction of four new water supply projects (1 in Uvinza DC, 2 in Kibondo DC and 1 in Kakonko DC). Furthermore, UNICEF is supporting the Rural Water Supply and Sanitation Agency (RUWASA) to complete the remaining five water supply projects which are at 75 per cent completion stage.

Education

By end of July, about 13 million (96 per cent) out of 14.2 million registered school children in pre-primary, primary and lower secondary school have returned to school and are learning, following Governments announcement to re-open schools and learning institutions in two phases. UNICEF supported the Ministry of Education to develop, print and disseminate key messages for schools on COVID-19 prevention. Additionally, UNICEF supported the Ministry of Education in Mainland to develop a simplified guidance and counselling for teachers to support in referring school children in need of psychosocial support. UNICEF is working with Local Government Authorities in monitoring the situation in schools and building community awareness to ensure remaining children return to school. In Zanzibar, UNICEF and partners are supporting the Ministry of Education to implement the COVID-19 Education National Response and Recovery Plan with funding from the Global Partnership for Education (GPE) where UNICEF is a grant agent. To ensure schools are safe and prevented from COVID-19, UNICEF supported four Regional Authorities in (Mbeya, Iringa, Njombe and Songwe) to provide schools with soap and hand-washing facilities for primary schools. However, the remaining challenge in schools is the adherence to the national guidelines on school reopening issued by the Ministry of Health. Some schools continue to struggle with the water availability and overcrowding, making it difficult to adhere to hand washing requirements with soap and maintenance of physical distancing.

Following school re-opening in the three refugee camps in Kigoma region, UNICEF continues to support with teaching and learning materials for Burundian and Congolese children. Approximately 93 per cent of the refugee school children have returned to school. Due to increased voluntary repatriation, the education working group partners are conducting verification of numbers of school children in the camp. With requirements for social distancing in schools due to COVID-19, the shortage of classrooms and teachers has increased. The education working group is setting up tents and recruiting teachers to support double shifts in the camps to ensure social distancing in the classrooms.

With UNICEF and UNHCR's support, the National Examination Council of Tanzania (NECTA) has released examination results for the Burundian children who sat for exams in January 2020. Out of a total number of 1,010 (369 girls, 641 boys) candidates who had registered for the exams, 990 sat for the exams out of which 60.7 per cent passed the exam which reflects an increase of 5.2 per cent compared to 2019. Due to the high costs of exams (US\$198-220 per child), UNICEF and UNHCR are exploring with government partners medium and long-term plans to support sustainable examination and certification for Burundian refugee children.

Through a UNICEF partnership with Jesuit Refugee Services- Radio Kwizera (JRS-RK), 120 radio lessons have been developed and 2,500 (100 per cent) refugee teachers have been trained on how to support children with the radio programme. The radio programme is aiming to complement the classroom learning and provides a catch-up programme for Burundian and Congolese curriculum. In addition, COVID-19 prevention messages on school re-opening targeting school children, their teachers and parents/caregivers continue to be broadcasted.

Child Protection

During the reporting period, the number of unaccompanied and separated children supported through tailored case management services increased from 6,232 to 6,288 (2,751 girls and 3,537 boys), of which 36.5 per cent were unaccompanied children and 63.4 per cent were separated children. This change is a result of the verification exercise, which includes closure of old cases and identification of unaccompanied and separated children for case management services. Out of the total number, a cumulative 2,300 unaccompanied children (824 girls and 1,476 boys) have been placed with foster parents and long-term alternative care arrangements across the three refugee camps and continued receiving appropriate case management services.

In collaboration with implementing partner Plan International, 1,497 cases were uploaded in the CPIMS+ online system, between July-September 2020. At the end of the reporting period 427 (233 boys and 194 girls) have been closed while the 1,070 cases (572 boys and 497 girls) are currently attended to. Through CPMIS+, case management services have continued to improve as a result of better updating and follow up on cases, enhancing the overall provision of services to beneficiaries.

A total of 1,434 adolescents (802 girls and 632 boys) in the three refugee camps have benefitted from a life skills programme through UNICEFs support.

The extended collaboration between UNICEF and Plan International in response to COVID-19 across the three refugee camps, resulted in 5,055 children (1,858 girls and 3,197 boys) accessing community-based mental health and psychosocial support services during the reporting period. Through UNICEF support, the deployment of government social welfare officers who are working with Plan International and the International Rescue Committee across the three camps has continued to strengthen the provision of child protection services to vulnerable children in the camps and surrounding host communities. To date, the social welfare officers have attended a total of 1,244 cases. Of these, 891 cases involve children in conflict and in contact with the law, and 353 cases are related to violence, abuse, neglect and exploitation.

Children and adolescents at risk of or who have experienced violence continued to receive support during this reporting period. A total of 44,995 individuals (39,978 adults and 5,017 children) were reached with COVID-19 awareness messages across the three camps, and 2,067 (1,275 girls and 792 boys) received alternative care services from the three refugee camps. In Zanzibar, 52 children, 81 parents (including 28 females) and 108 primary caregivers) were provided with community-based mental health and psychosocial support in Unguja.

With support from UNICEF, 609 members of women and children protection committees (299 male and 310 female) from 27 districts from Morogoro, Dodoma, Simiyu, Lindi, Mtwara and Kigoma regions received training on how to provide Mental Health and Psychosocial support to people affected by COVID-19. These trainings were done through two distance learning platforms (Internet of Good Things from UNICEF and Moodle from the Open University of Tanzania). Members of the psychosocial support teams are accompanying contact tracing teams and are also based at hospitals to provide psychosocial support to patients, contacts and their families and communities. A total of 567 members of women and children protection committees (365 male and 202 female) from all 27 districts were also given an orientation on psychosocial support and were facilitated to develop plans of action for supporting the psychosocial support teams to fulfil their roles. 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 mental health and psychosocial support. Fifty-five community volunteers (37 females) from 5 shehias were trained by social welfare officers on how to provide psychosocial support within their shehias in Unguja.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF continued to support the Health Promotion Section (HPS) in the MOHCDGEC to develop the Risk Communication and Community Engagement (RCCE) component of the COVID-19 operational plan. In this reporting period the focus was on the revision and re-alignment of messages, the scaling up of capacity building and deployment of CHWs, the strengthening of the Call Center operations, and strengthening community feedback mechanisms. Recommendations to align objectives and approaches for the RCCE component of the Response Plan to the current context of COVID-19 in the country has been jointly agreed with HPS and a repackaged messaging will be finalized for roll out in October.

The RCCE Committee established a subgroup bringing together MOHCDGEC, Ministry of Education (MOE) and partners focusing on COVID-19 RCCE for schools. A three-month action plan to streamline implementation of RCCE interventions in schools in line with the COVID-19 response plan has been developed and mapping of partners is in progress. The objective is to revive the School Health Programme to support school health interventions beyond COVID-19. MOHCDGEC is currently engaging with Ministry of Education and President's Office Regional Administration and Local Government (PORALG) to bring them on board for this initiative.

The MOHCDGEC shared the comprehensive national message guide on COVID-19 as a reference to guide multi-media message development. In total, 2 million copies of posters with prevention messages targeting schools are being distributed to pre-primary, primary and lower secondary schools targeting children, teachers and parents. The messages emphasize prevention and encouraging parents and care/givers not to take children to school if they or any member of family is sick.

MOH/HPS staff continued live radio and TV (ITV/Radio One) discussions on COVID-19 prevention precautions in relation to school reopening.

With UNICEF support the Tanzania Red Cross Society (TRCS) conducted community mobilization in 12 targeted regions (Dar es Salaam, Dodoma, Kigoma, Kagera, Mwanza, Katavi, Pwani, Tanga, Morogoro, Tabora, Kilimanjaro and Arusha) during the reporting period. The strategies used included: deployment of vans, deployment of CHWs/volunteers using megaphones, dissemination of IEC materials, and District Health Promotion Coordinators who accompanied the mobile vans conducting interactive sessions with community clarifying COVID-19 health issues to the general public. The teams were deployed to identified hotspots like open markets, public transport terminals (bus and boda boda), shopping centers, and educational institutions. In addition, MOHCDGEC used this opportunity to gather feedback from the community on issues surrounding COVID-19. This feedback will further guide message repackaging and strategy realignment exercise planned for September/October. A lessons learned workshop on COVID-19 community mobilization response organized by TRCS jointly with HPS and Local Government Authorities (LGAs) is in preparation. An RCCE training package and job aid for CHWs has been finalized as part national CHW training package of the MOH.

With UNICEF support, MOH/HPS is developing a web-based community feedback system to systematically collect and report RCCE data based on CHW reporting, call center reports, and information circulating in some online platforms. The information will be aggregated and shared through a dashboard under the HPS. The objective of the platform is to enable HPS to track and report on all health promotion activities from all levels including community feedback and rumours. The system will enable HPS to systematically collect and report RCCE data based on CHW reporting, call center reports, and information circulating in online platforms. The information will be aggregated and shared through a dashboard under the HPS. The system is expected to be operational in November 2020 and later rolled out in the nine regions.

Frequently asked questions continue to be collated through the Afya Call Center. On average about 200,000 calls are received weekly with the majority of callers being men in the age group of 17-55 years. Frequently asked questions in addition to questions about COVID are on GBV/VAC, HIV/AIDS, and Reproductive, Maternal, Newborn, Child Health (RMNCH). On COVID-19, the main questions are around the current COVID-19 situation in Tanzania, wearing masks and herbal treatments. UNFPA and UNICEF are in discussions with HPS on how to support and build capacity of the call center agents to respond especially to the questions on GBV/VAWC.

The second round KAP study has been completed in eight out of the proposed nine regions. Consultation is currently ongoing between National Institute of Medical Research (NIMR), MOHCDGEC and POLARG for this authorization of data collection in Dar es Salaam. NIMR is preparing preliminary findings from the eight regions and will inform the messages repackaging workshop planned for mid-October.

A joint supervision mission from Ministry of Health, Local Government Authority and Partners (WHO, D-Tree International, Red Cross and Save the Children) conducted in July 2020 in Zanzibar identified gaps in existence and functioning of district RCCE committees. The Health Promotion Unit (HPU) is engaging RCCE partners to propose a way forward in addressing the situation. UNICEF and HPU have agreed to prioritize the following three areas: capacity building of HPU staff; community engagement and mobilization through schools, madrasas and teachers; and repackaging IEC multi-media messages and materials and dissemination.

Extensive scoping discussions for a Call Centre for Zanzibar were conducted with MOH, CDC, WHO, UNICEF and HPSS. UNICEF is recruiting a consultant to develop the costing and design specifications for the call centre.

A WASH advocacy package (with a number of SBCC materials) was launched jointly with the office of Mufti of Zanzibar (MoZ) through UNICEF's partnership with Tanzania Interfaith Partnership. The package will be disseminated to various actors especially religious leaders and it is expected to be utilized as a tool for providing WASH information in the context of religious teachings. The references from holy books are expected to make it easier for communities to relate to the messages and teachings especially during the religious gatherings. It will also be used as part of the Social and Behavior change communication interventions by key actors from LGAs including at village (Shehia) level, as well as in schools especially madrasa.

In the refugee camps, UNICEF supported training on COVID-19 prevention and mitigation messages for 90 trainers, 2,894 community mobilizers, 710 community influencers (including women group leaders), and 285 rumour tracers from 17 humanitarian agencies. These have reached 423,000 contacts of refugees including 112,000 children through the ongoing dissemination of COVID-19 and hygiene messages. In addition, COVID-19 rumours have been traced around the three camps analysed every week and addressed through the dissemination of correct messages communicated through mobile public announcements and community mobilizers.

In partnership with Jesuit Refugee Service – Radio Kwizera, UNICEF ensured that the refugee community is kept informed about key prevention messages on COVID-19 through radio programmes. A total of 650 radio spots and 800 mentions have been aired in the reporting period and 200,000 contacts of refugees are approximated to have been reached with COVID-19 messages more than once. The radio programmes are also benefiting the host communities in the surrounding villages.

UNICEF together with implementing partners in the Social Behaviour Change Working Group customized COVID-19 messages to fit the needs of visual, hearing and visual-hearing impaired individuals. This included brochures in braille, banners with sign language and an audio video application. UNICEF supported Oxfam in the contextualization and dissemination of 6,500 child-friendly and 12,000 general public posters with COVID-19 messages that were placed in strategic areas in the refugee camps including school buildings and child playing places.

Humanitarian Leadership, Coordination and Strategy

In response to COVID-19, UNICEF continues to work with the 11 pillars established by MOHCDGEC in mainland and seven pillars in Zanzibar to ensure continuity of essential health and other services.

To oversee the implementation of the revised National COVID-19 response Plan (July 2020-June 2021), the Government of Tanzania is being led by the Coordination pillar chaired by the Head of the Emergency Preparedness and Response Section in the MOHCDGEC. The meeting is held on monthly basis and meets with pillar leads. Eleven pillars have been established in mainland to coordinate the implementation of the National COVID-19 Response Plan namely: Coordination, Surveillance, POE, Laboratory, Case Management/IPC, RCCE and Logistics, WASH, Traditional Medicine and Research, Psychosocial Support and Public Health Emergency Operation Centre (PHEOC). TORs for the new standalone pillars are currently being developed in consultation with partners. Zanzibar has also revised the COVID-19 Plan (July-December 2020) which has seven pillars: Coordination, Surveillance, POE, Laboratory, Case Management, IPC and WASH, RCCE and Logistics. In both Mainland and Zanzibar UNICEF and the government are co-leading the RCCE pillar. In addition, UNICEF is chairing the Development Partners Group-Health which has been tasked to ensure continuity of primary health services. Through the established pillars in mainland and Zanzibar UNICEF Tanzania will utilize the experience gained in responding to the ongoing COVID-19 pandemic in the country to

ensure continuity of essential services for health, nutrition, WASH, HIV, Child Protection/GBV MHPSS, education and social protection.

UNICEF is a regular member of the WHO lead bi-weekly coordination meeting with includes UN partners, Development Partners as well as I/NGO where situation updates and pillar updates including resource mobilisation are discussed. 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 January 2021

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			
# of children admitted for SAM treatment	1276	327	▲ 103
# of children provided with micronutrient supplementation	34,546	18,616	▲ 17,892
Health			
# of children vaccinated for measles	35,887	35,697	▲ 26,476
WASH			
# of people with access to safe water, sanitation and hygiene services	250,000	194,084	▲ 182,354
Child Protection			
# of UASC identified and receiving case management (including placement in alternative care arrangements). Inclusive of CPIMS+ support.	11,400	6,288	▲ 93
Education			
# of children accessing quality school	119,000	83,177	▲ 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	113	▲ 3
# 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	24,361,881	▲ 990,287
IPC/WASH			
# of people reached with critical WASH supplies (including hygiene items) and services	2,200,000	1,391,764	▲ 834,674
# of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	Total: 3,120 Mainland: 1,320 Zanzibar: 1,800	Total: 2,546 Mainland: 723 Zanzibar: 985	▲ 838
Continuation of Essential Health services			
# of institutional deliveries	Total 190,525 Mainland: 185,511 Zanzibar: 5,013	Total: 159,574 Mainland: 146,572 Zanzibar: 3,002	N/A
# of health workers trained on nutrition in the context of COVID-19	8372	1,357	▲ 857
# of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	4064	4,165	▲ 1891
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	101,912	▼ 341N/A
Continuation of other essential services			
# of children supported with distance/home-based learning	Total: 2,500,000	Total: 2,500,000 Mainland: 2,2 m; Zanzibar: 300,000	N/A
# of children, parents and primary caregivers provided with community based mental health and psychosocial support	3000	2,465	▲ 741
Social Protection			
# of households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs	tbd		N/A
# 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 in US\$**	Funds available US\$		Funding gap	
	Total	Received Current Year	Carry-over	US\$	%
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	3,720,000	1,500,000		2,220,000	60
IPC/Critical Medical & WASH	4,070,000	5,697,836		-1,627,836	-40
Continuation of essential health services/ surveillance /nutrition	6,760,000	3,653,309	247,780	2,858,911	42
Continuation of other essential services education/ CP/ SP/GBV	4,220,000	450,000		3,770,000	89
Social Research	225,000	108,000		117,000	52
Coordination and monitoring	120,000	17,120		102,880	86
Total	22,945,941	12,381,556	247,780	10,316,605	45

**Fund requirements for COVID-19 revised in July 2020 increase by US\$ 3.1 million bringing the total needs for all appeals to US\$ 22.9 million.