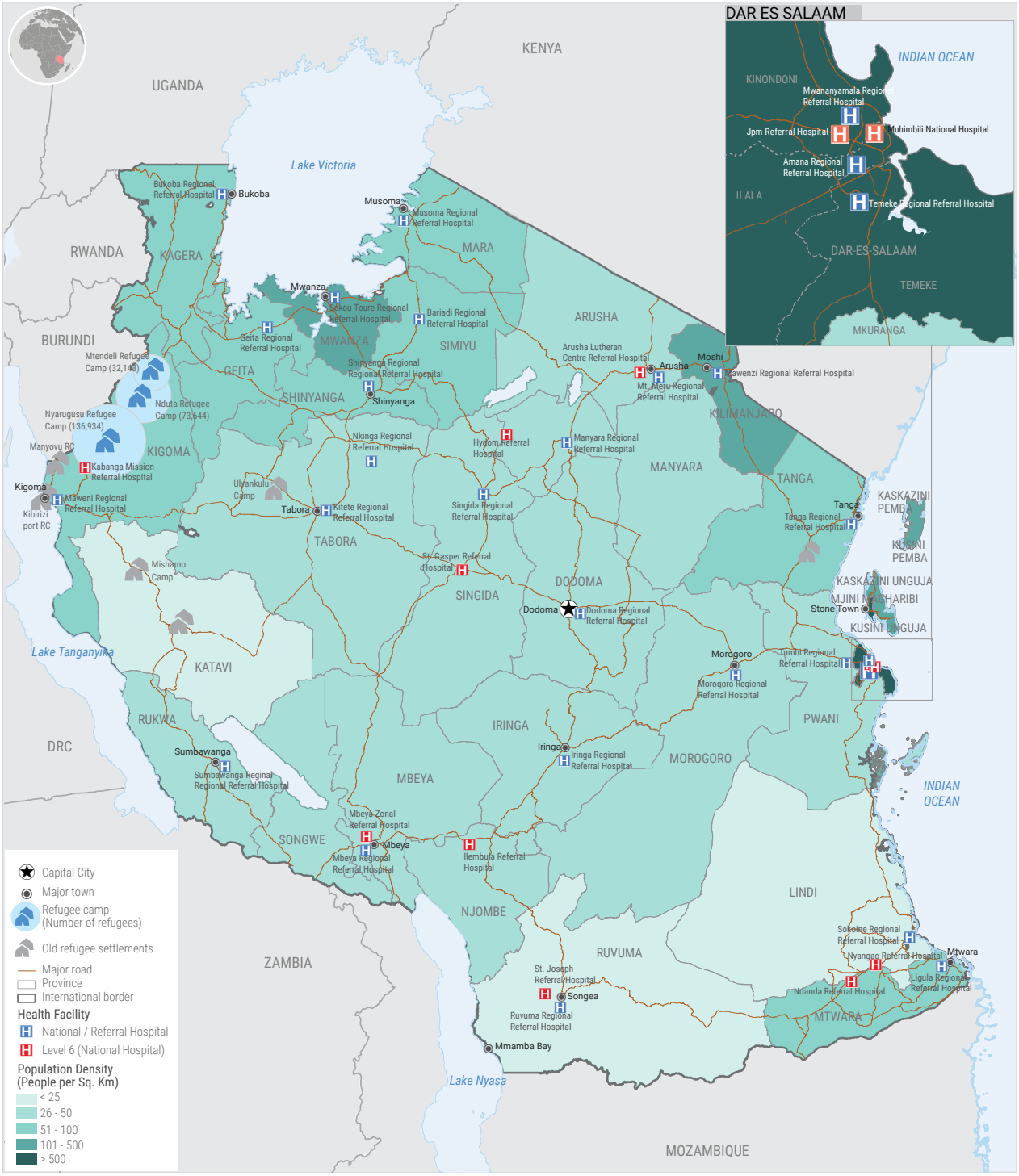
FLASH APPEAL FOR COVID-19

TANZANIA

July - December 2020

Overview Map



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COVER PHOTO

Mama Antilika is a member of 'Tujaliane', a UN-supported women's savings group in Kigoma that pools together their agricultural and financial resources to provide for their families. Photo: © UN Tanzania/Momose Cheyox.

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Foreword by the Resident Coordinator

The world faces a global health crisis unlike any in the history of the United Nations. The COVID-19 pandemic is causing enormous human suffering while debilitating the global economy and upending people's lives.

When the United Republic of Tanzania recorded its first case of COVID-19 on 16 March, its Government acted immediately and resolutely through a series of measures to alleviate suffering and prevent further spread. Among other things, it closed schools and learning institutions, enforced quarantine and restrictions on travels, and put in place bans on large public gatherings.

In the Global Humanitarian Response Plan to COVID-19, and in his report "Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19", the United Nations Secretary-General has called for global solidarity to meet these unprecedented humanitarian needs and to counter the potentially devastating impacts of the pandemic. UN Tanzania, working in partnership with civil society to support the Government, is determined to meet this rallying call.

Our Flash Appeal identifies the most pressing, immediate and critical needs that have come with COVID-19. It presents the response of the UN and its civil society partners in one coherent, coordinated and costed framework, enabling donors to ascertain where they can best assist.

Bringing together 40 partners, the Appeal spans urgent interventions between July-December 2020, targeting 7.4 million people across the country. We are combining our efforts to support national measures in areas of education, food security & livelihoods, health, nutrition, protection, social protection, Water, Sanitation & Hygiene (WASH), coordination and logistics. Working together with national counterparts at all levels as well as our development partners, we are resolved to overcome the unprecedented challenges posed by the COVID-19 pandemic.

The Flash Appeal constitutes one of several measures taken by the UN system in support of the national effort to address COVID-19. Informed by a Rapid Assessment of the Socio-Economic Impact of COVID-19 in Tanzania, the current UN programmatic portfolio (as defined in the UN Development Assistance Plan 2016-2022) has been realigned to meet the new needs and priorities, whilst supporting the country to build back better.

In addition, the UN is preparing a UN Socio-Economic Response Framework for the mid-term (approximately the next 18 months) and engaging in further analysis to assess and ameliorate the long-term consequences of COVID-19 on Tanzania's ambition to achieve the Sustainable Development Goals and implement the broader 2030 Agenda.

With this Flash Appeal, the UN Country Team in Tanzania and its civil society partners, calls on the donor community to support our joint efforts to meet the most urgent needs of the Tanzanian population in the face of the COVID-19 pandemic.

Mr. Zlatan Milišić
United Nations Resident Coordinator

Flash Appeal at a Glance

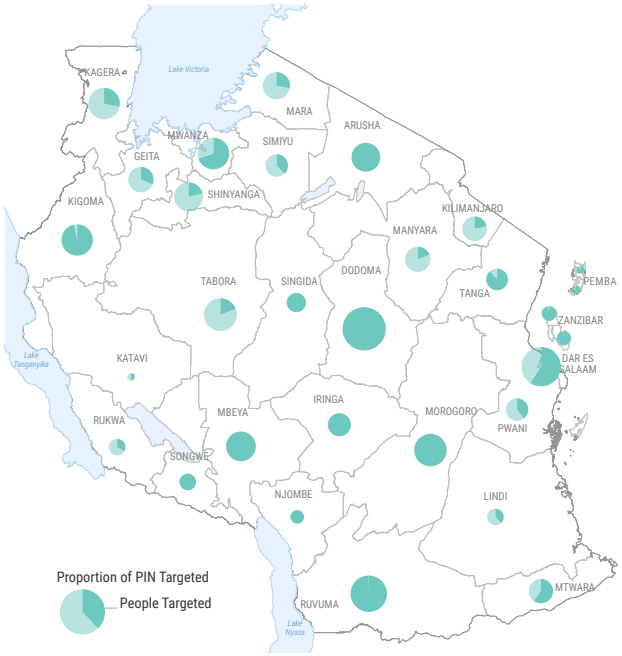
PEOPLE IN NEED
11.1M

PEOPLE TARGETED
7.4M

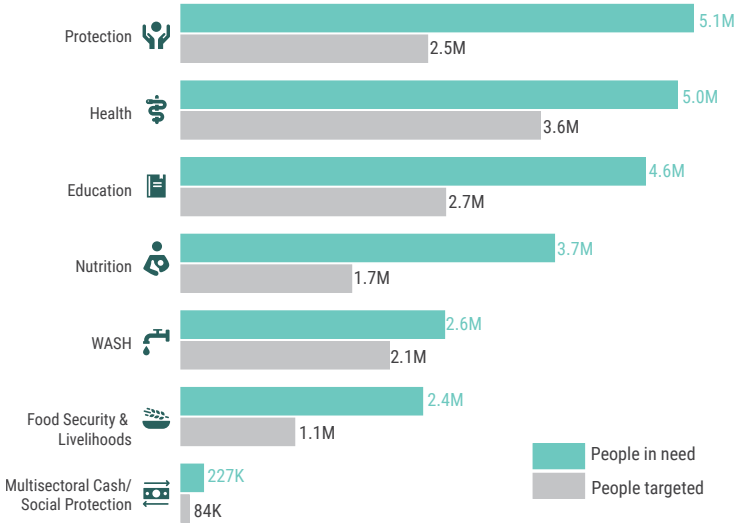
REQUIREMENTS (US$)
$158.9M

OPERATIONAL PARTNERS
40

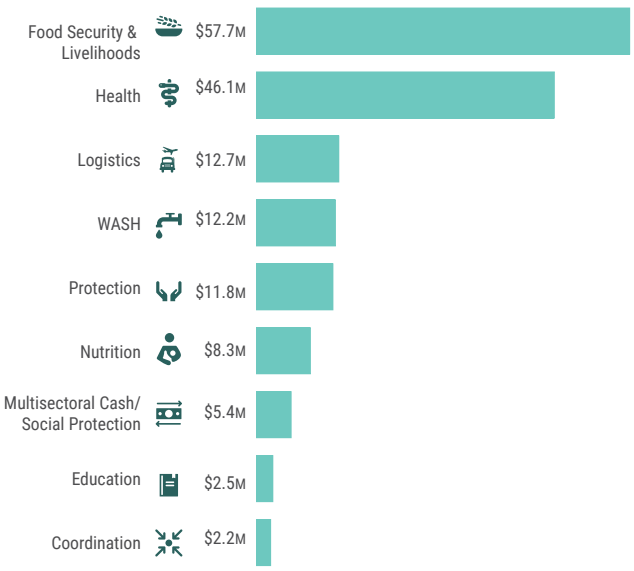
People in Need and Targeted by Region



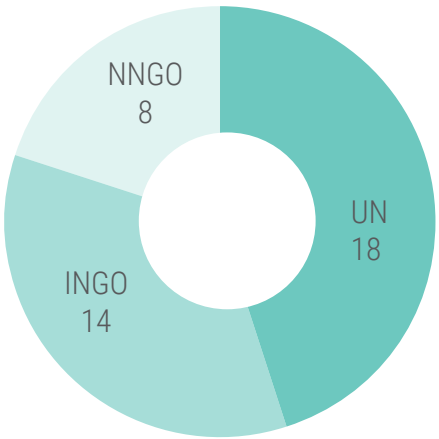
People in Need and Targeted by Sector



Requirements by Sector



Operational Partners by Type



Executive Summary

Direct health impact of COVID-19

The confirmed number of people who tested positive for COVID-19 until 8 May was 509, including 21 who died from the disease. No public update has been provided since 8 May. Nine regions are considered to be high-risk due to their proximity to border points of entry, connection to international flights and the location of initial COVID-19 cases.

Indirect impacts on people and systems

An estimated 15 million people in Tanzania live under the national poverty line. The socio-economic impact of the virus is likely to hit these people the hardest. The COVID-19 pandemic will also put pressure on an already stretched healthcare system, which faces a shortage of qualified health workers and high neonatal and maternal mortality. An estimated 320 children die daily and only 63.7 per cent of births are delivered by skilled health personnel. Many health facilities lack adequate water and sanitation facilities, with only 68 per cent having access to safe water and only 44 per cent having latrines for patients, increasing the health risks and potential for disease transmission. An estimated 4.3 million people who are employed in the informal economy risk losing their livelihoods due to restrictive measures put in place to stop the spread of the pandemic. Protection risks are also very high as school closures affecting 14.4 million children puts schoolgirls particularly at risk to harmful social practices such as female genital mutilation and child marriages, which may consequently increase the number of out of school children once schools reopen, undermining progress. The school environment more generally offers a protective environment for children and an important referral pathway to access other essential services.

Most affected and at-risk population groups

Vulnerable groups in Tanzania include those living in urban informal settlements, people living with HIV, older persons and refugees and asylum seekers. An estimated 8 million people—more than 50 per cent of the urban population—live in informal settlements. These areas are densely populated, lack adequate water and sanitation facilities and are overcrowded. Poverty, poor sanitation and pollution mean that residents often suffer from high rates of undiagnosed respiratory infections, including asthma and tuberculosis, which places older residents in informal settlements at higher risk during COVID-19. There are over 1.6 million people in Tanzania living with HIV, including 92,000 children. Over 253,000 people have tuberculosis, 28 per cent of whom are also HIV positive. People living with HIV often face stigma and discrimination when accessing services and their access to anti-retroviral therapy (ARVs) may be compromised during the pandemic. Only 4 per cent of older people in Tanzania receive a pension, leaving many to work into old age. As a result, while older people are more at risk of COVID-19, many poorer elderly people may be unable to self-quarantine as they seek an income for survival. There are 242,000 refugees and asylum seekers living in three camps in Tanzania, who face movement restrictions and are reliant on humanitarian assistance.

Ongoing response

The government put in place several measures to prevent the spread of the outbreak, including closing schools and enforcing quarantine and restrictions on travel and bans on large public gatherings. However, no lockdown was imposed and the Government began lifting its containment measures by mid-May, including removing the requirement of quarantine for international arrivals. All schools had fully reopened by 29 June. The UN and NGOs have developed a Flash Appeal that identifies the most pressing, immediate and critical needs that have come with COVID-19. It presents the response of the UN and its civil society partners in one coherent, coordinated and costed framework, enabling donors to ascertain where they can best assist. Bringing together 38 partners, the Appeal spans urgent interventions between July-December 2020, targeting 7.4 million people across the country. Food assistance is provided to approximately 238,000 Congolese and Burundian refugees hosted in Nyarugusu, Nduta and Mtendeli Refugee Camps, which is the main source of food for refugees, and has taken steps to adapt its distributions to minimize risks. An immediate focus of the response has been on increasing access to appropriate water, hygiene and sanitation: 1,085 handwash points have been established and maintained and 421,653 kilograms of soap has been distributed to 62,099 households.

Overview of the Crisis

COVID-19 was declared a global pandemic on 11 March 2020, and Tanzania registered its first case on 16 March. As of 8 May, when the last update was published, the country had recorded 509 cases and 21 deaths. Following the country's first reported case, a 30-day ban was imposed on public gatherings (except for worship), and schools were closed. On 17 April 2020, the Government extended the school closure indefinitely. Zanzibar banned all tourist flights from entering the region and authorities in Kigoma Region advised refugees to stay inside the camps. Tanzania then suspended all international commercial flights on 12 April. However, on 14 May, some flight restrictions were lifted for repatriations, humanitarian aid, medical and relief flights and other safety-related operations, and on 18 May the passenger flight suspension to and from Tanzania was also lifted. Tanzania has maintained open land borders throughout the COVID-19 outbreak.

The global economic shock and disruption from COVID-19 will negatively affect the most vulnerable in Tanzania, increasing needs across the country. Tanzania's gross domestic product (GDP) was US$57.4 billion in 2018,[1] making it the third largest economy in East Africa, and its growth was projected to remain stable at about 6 per cent in 2020. However, transport, trade and tourism are key components of Tanzania's economy, and could be seriously impacted by the COVID-19 pandemic. Tourism accounts directly for 4.2 per cent of Tanzania's GDP, or an estimated $2.44 billion in 2018. The sector generates the bulk of the country's exports, exceeding both mining and energy, and directly employs over 400,000 people.[2]

Tanzania shares eight land borders and is a key transport hub for landlocked countries in the region, including Malawi, Zambia, Democratic Republic of Congo (DRC), Burundi, Rwanda and Uganda. With countries in the region responding to the immediate threat of the pandemic, border closures and road transport disruptions have been increasing. Kenya and Zambia recently closed their borders with Tanzania for people movement but remain open for cargo movements. In recent weeks, there has been a rise in truck and transport operators testing positive for COVID-19 at border crossings in the region and the threat of increasing COVID-19 cases remains high.

Despite positive economic growth, inequality remains high and 26.4 per cent of people in Tanzania live below the national poverty line[3] , making them vulnerable to global economic shocks caused by COVID-19. An estimated 4.3 million people are employed in the country's informal economy which represents 22 per cent of total employment in Tanzania and are less protected through regulatory measures than the formal sector. Overall unemployment remains high, at 10.3 per cent on the mainland and 14.3 per cent on Zanzibar.[4] The situation is most severe in urban centers, where 23.3 per cent of people are unemployed, compared to 7.5 per cent in rural areas. In Dar es Salaam, women are three times more likely to be unemployed than men. Only 4 per cent of older people in Tanzania receive a pension, leaving many to work into old age.[5] As a result, while older people are more at risk of COVID-19, many poorer elderly people may be unable to self-quarantine as they seek an income for survival. Refugees – who already face movement restrictions and are reliant on humanitarian assistance - may also be impacted by the deteriorating economic situation.

Rapid population growth and urbanization have strained services in urban centers, where an estimated 8 million people (more than 50 per cent of the urban population) live in informal settlements, inadequate housing or crowded slums. These areas are densely populated, lack adequate water and sanitation facilities and are overcrowded, with families often sharing one or two rooms, making measures to combat COVID-19, including handwashing and social distancing, difficult to implement. Poverty, poor sanitation and pollution in informal settlements mean that residents often suffer from high rates of undiagnosed respiratory infections, including asthma and tuberculosis, which places older residents in informal settlements at higher risk during COVID-19. Many residents of informal settlements are unable to afford soap, water or basic household needs.

Across Tanzania, the healthcare system is stretched, including due to rapid population growth, making response to the pandemic a challenge. There is a shortage of between 50 and 70 per cent of qualified health workers and neonatal and maternal mortality remain high.[6] An estimated 320 children die daily in Tanzania and only 63.7 per cent of births are delivered by skilled health personnel; 398 women will die during birth per 100,000 live births. People in Tanzania have to travel, on average, 8 kilometres to the nearest health facility, and patients that rely on regular treatment may be unable or unwilling to visit health facilities during the pandemic. There are over 1.6 million people in Tanzania living with HIV, including 92,000 children. Over 253,000 people have tuberculosis, 28 per cent of whom are also HIV positive. People living with HIV often face stigma and discrimination when accessing services and their access to anti-retroviral therapy (ARVs) may be compromised during the pandemic.

Access to safe water and ability to practice handwashing is critical to reduce exposure to COVID-19, yet only less than half (an estimated 47 per cent) of households in Tanzania have handwashing facilities with soap and water, and the proportion is even lower in Zanzibar (37 per cent). About 6 in 10 households have access to safe water, mostly in urban areas, and only 1 in 5 (19 per cent) used improved sanitation. Many health facilities lack adequate WASH facilities, with only 68 per cent having access to safe water and only 44 per cent having latrines for patients, increasing the health risks and potential for disease transmission.

While the agricultural sector accounts for 25 per cent of GDP, access to food is limited for the poorest and most vulnerable, including refugees. Approximately 3 million children under age 5—32 per cent—in Tanzania are stunted, according to the Tanzania National Nutrition Survey (TNNS) 2018, placing the country among the 10 most affected countries globally. In addition, global acute malnutrition (GAM) prevalence is 3.5 per cent of children under age 5 (530,000), including 0.4 per cent (90,000) who have severe acute malnutrition (SAM). Prior to the outbreak of COVID-19, nearly half a million people were projected to face Crisis levels of food insecurity (IPC Phase 3) in the coming period, while refugees are enduring significant food ration cuts due to under-funding of the refugee response. Overall 8 per cent of the population in Tanzania lives below the food poverty line (9.7 per cent rural and 4.4 per cent urban).[7]

The social and economic impact of COVID-19 will affect families across Tanzania, particularly the most vulnerable, increasing negative coping strategies and protection concerns. Previous public health emergencies around the world show that women and children are at heightened risk of violence, exploitation and abuse when social services are interrupted, movement and social gatherings are restricted, and schools are closed. Additional family stresses related to the COVID-19 outbreak, such as loss of income, reduced access to essential services, isolation and increased anxieties over health and finances, have increased protection risks for women and children, including gender-based violence and violence against children. In addition to protection risks in the home, risks exist for women and children across multiple settings, including institutions, detention facilities and refugee camps and in public spaces (including online). The social and economic costs of violence are substantial to individuals, their families and the society at large. The loss of livelihoods due to the global economic downturn caused by the crisis is likely to increase rates of child labour and child marriage (particularly for girls). As efforts to contain the outbreak divert resources from routine health, security, legal and social services, it is expected that life-saving care and support for women and children who are at risk of or have experienced violence will be disrupted. Even where basic protection services are maintained, a collapse in coordinated response between different sectors and social distancing will challenge the provision of meaningful and relevant support to individuals.

Tanzania currently hosts more than 285,000 refugees and asylum seekers of which 159,189 are children under the age of 18 years and 7,701 elderly above 60 years of age, representing 58.7 per cent of the total population. While some 242,000 refugees reside in three refugee camps (Mtendeli, Nduta, and Nyarugusu) the remaining are in the old settlements and villages in Kigoma, Katavi and Tabora, as well as urban centres mainly in Dar es Salaam. Refugees live in dire overcrowded conditions making prevention measures such as social distancing difficult. As COVID-19 is increasing and could rapidly spread amongst refugee and asylum-seeking populations in the region. Such a situation would present, not only a heightened public health crisis but may stigmatize refugees.

Education has been impacted by COVID-19, with school closures affecting 14.4 million children in Tanzania.[8] Education often provides a protective environment for children and an important referral pathway to access other essential services. Prior to COVID-19, 3.5 million children aged 7 to 17 (30 per cent) were not attending school.[9] Amongst primary school aged children, those from poorer families are three times less likely to attend education in Tanzania, with the rate increasing amongst boys, who are 5 per cent more likely to be out of education. Only 12 per cent of students in Standard II can read with comprehension. As a result of the school closures, schoolgirls are susceptible to harmful social practices such as female genital mutilation and child marriage, which may consequently increase the number of out of school children once schools reopen, undermining progress. The disruptions to education caused by COVID-19 may create an additional barrier to returning to education after the emergency.

Strategic Objectives

Strategic Objective 1

Support the public health response to contain the spread of COVID-19 and to ensure continuation of essential and life-saving health services.

The key focus under this Strategic Objective is to ensure partners are equipped to support the public health response to COVID-19, containing the spread of the disease, assisting those infected, and reducing morbidity and mortality, particularly in the most at-risk high density urban and peri-urban areas, as well as in refugee camps. Actions undertaken under this Strategic Objective will help to reduce risk and protect vulnerable groups, including older people, people living with disabilities and those with underlying health conditions. Partners will support early detection through enhanced surveillance activities, including at points of entry into the country, and increase holistic case management for those infected by the disease. Partners will support national and sub-national coordination mechanisms to respond to the COVID-19 outbreak. Actions under this Strategic Objective will also ensure the continuity of essential life-saving health services including access to sexual and reproductive health, continuity of HIV, tuberculosis and/or malaria detection and treatment, mental health and psychosocial support.

Strategic Objective 2

Enable access to life-saving assistance, livelihood opportunities, social protection and basic services, prioritizing the most vulnerable.

Under this Strategic Objective, partners will: enable access to safe water and sanitation services, especially in densely populated urban areas; facilitate education through the use of technology and online platforms; and promote the expansion of existing social protection platforms to provide assistance to the most vulnerable. Further, to protect against the loss of livelihoods, partners will: provide food assistance and agricultural inputs for severely food insecure households, including refugees, women and older persons and provide cash interventions ensuring purchasing power amongst vulnerable groups.

Strategic Objective 3

Leave no one behind by protecting women, children and most marginalized and disadvantaged groups.

Partners will work to ensure the protection of the most marginalized and those at increased protection risk from the COVID-19 pandemic. Further, activities under this strategic objective will prioritize psychosocial support within communities and refugee camps, increase life-saving protection prevention and response, including for survivors of gender-based violence, placing emphasis on young women, people living with HIV/ AIDS, people with disabilities and vulnerable children. Partners will increase access to information and engage in advocacy and community mobilization to advance a protection-centered approach in the emergency response.

Response Approach

This Flash Appeal for Tanzania prioritizes the most urgent and life-saving interventions to be undertaken in the next six months (July to December 2020) in support of the Government-led response to COVID-19, including for children, youth, women, the elderly, people living with HIV, people living with disabilities, those living below the poverty line and refugees.

The Flash Appeal will be implemented through seven sectors, led by UN Agencies:

1. Health (WHO)
2. WASH (UNICEF)
3. Nutrition (UNICEF)
4. Food Security and Livelihoods (ILO and WFP)
5. Multisectoral Cash/Social Protection (UNICEF)
6. Education (UNESCO and UNICEF)
7. Protection (UNFPA, UNICEF and UNWOMEN)

The Flash Appeal is complementary to, and addresses the most immediate emergency priorities within the UN Country Team's broader UN COVID-19 Response Framework, which is comprised of three critical and inter-related components and underpinned by the UN's four programming principles [10]:

- **Pillar I: Strengthening public health, including WASH** - treating those infected and containing the further spread of COVID-19, whilst ensuring the continuation of essential healthcare and life-saving interventions for vulnerable groups.
- **Pillar II: Responding to the socio-economic impact of COVID-19** - supporting continuity of education and safeguarding food security and livelihoods, whilst maintaining and expanding current social protection measures to improve coverage for those most-at-risk.
- **Pillar III: Ensuring no-one is left behind** – protecting women and children from violence and marginalized and disadvantaged groups including people living with disabilities from COVID-19 related discrimination, whilst fostering their leadership and participation in the COVID-19 response.

Under the UN's COVID-19 Response Framework, identification of the most pressing needs of the Tanzanian population was informed by a socio-economic impact assessment undertaken in-country under the joint leadership of the Government of the United Republic of Tanzania and the UN. This was complemented by a programmatic review of initiatives currently implemented and/or planned under the UN Development Assistance Plan II (2016-2022) for Tanzania. Analysis explored options for scale-up, re-alignment and/or continuation of projects as well the creation of new initiatives, to ensure the most effective response to the pandemic.

The coordination structure for interventions under the Flash Appeal builds on the UNDAP II governance schema. The UN Resident Coordinator will be responsible for overall coordination, while the Sector Leads will be tasked to promote a coherent, multi-sectoral and multi-agency planning and response. They will coordinate the work of UN entities and non-governmental organizations (NGOs), and work closely with government counterparts, thereby enhancing complementarity, minimizing duplication and rendering the overall response more strategic and effective. Leadership of the Appeal sectors largely mirrors the leadership of the seven corresponding Outcomes in 2016 (UNDAP II). In cases where the UNDAP II Outcome Lead Agency is not a humanitarian agency, there will be a co-leadership under the Flash Appeal.. This approach will capitalize on participating UN agencies' comparative advantage, current partnerships and resource mobilization channels (such as the One UN Fund) at country and global level. It should also improve linkages to early recovery and resumption of the country's long-term development agenda. Wherever possible, UN Tanzania will make use of existing Government mechanisms for technical level discussions to ensure continued relevance and maximum impact within each programme area.

The Resident Coordinator's Office will develop and implement a communication strategy which will ensure dissemination of routine sex-disaggregated data on existing/emerging needs related to the COVID-19 pandemic as well as the results achieved through the interventions resourced under the Appeal. This approach is consistent with UN Tanzania's proven commitment to transparency and accountability and should provide invaluable information for further programming and possibly resource mobilization.

Prevention of Sexual Exploitation and Abuse (PSEA)

Partners under the Appeal are fully committed to protecting affected communities from sexual exploitation and abuse (SEA). Existing in-country mechanisms for the prevention, reporting and response to SEA will be utilised for all interventions, including those related to the Kigoma refugee operation. Where relevant, current protocols and standard operating procedures will be updated to reflect recommendations detailed in the Interim Technical Note on PSEA During COVID-19 Response (March 2020) developed by the IASC. The process will be led by the current co-chairs of the PSEA Network, UNICEF and UN Women, supported by other UN agencies PSEA focal points.

Do No Harm

Partners engaged in the Appeal will adhere to all public health measures necessary to ensure the safety of communities. Personnel will be oriented to implement activities whilst respecting social distancing and provided with personal protective equipment when appropriate. Given the nature of the pandemic, it is imperative that all deployed staff are properly equipped and trained for their protection and to prevent the further spread of the virus. In addition, partners will endeavour to augment localization measures to reinforce community engagement and acceptance of public health measures to reduce transmission.

Accountability to Affected Populations

Interventions will both rely upon and promote local stakeholder engagement to ensure continued relevance and efficacy of the response. All activities will ensure meaningful access to beneficiaries to voice their needs and to participate in decision-making. Each pillar contains activities related to this, with Pillar III partially dedicated to supporting additional outreach to ensure inclusion of marginalized and disadvantaged groups.

Constraints and Challenges

Partners acknowledge that there will be multiple challenges in implementing their response to COVID-19 under this Flash Appeal. These include but are not limited to: access to vulnerable communities; ruptures in supply chains; under-resourcing of key services; and overcrowded living conditions, which make physical distancing almost impossible to maintain in key at-risk areas. Notwithstanding, partners remain committed to securing creative solutions which will ensure critical assistance to those who most need it. These constraints have therefore been built into the programme design of each of the interventions listed under the Appeal.

KIGOMA

Food, soap and other distribution modalities at refugee camps in Kigoma region have been modified to reduce overcrowding at distribution points to ensure physical distancing. The region hosts approximately 280,000 refugees and asylum seekers, mainly from Burundi and the Democratic Republic of Congo. Photo: UNHCR Tanzania

Sectoral Objectives & Response

DAR ES SALAAM

Women reading a poster with key messages on COVID-19 at a bus stop in Dar es Salaam. These are among the tens of thousands of posters being distributed across the country through UN Tanzania support.Photo: UNICEF Tanzania

Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
4.6M	2.7M	$2.5M	8	8

Response Strategy

Since 17 March, over 14.4 million learners have been impacted by school closures in Tanzania. Even prior to the COVID-19 pandemic, over 30 per cent of school-aged children in the country were out of school during a typical school term. High rates of child labour are reported in Tanzania, and there is a risk that disruptions to learning may put children in poorer households who have to resort to economic generating activities to support their families, at risk of not returning to education after classes resume.

The impact of school closures will be acute and distance learning programmes are critically needed to ensure the education gap is bridged, including for refugee children. The Ministry of Education, Science and Technology (Mainland) and the Ministry of Education and Vocational Training (Zanzibar) have announced arrangements to ensure that student learning programmes are aired through radio and television, following the indefinite closure of schools announced on 14 April. Education sector partners aim to support the development of radio and television platforms, including support to development of training materials and content for radio, television and the web. Education partners will also support refugee children to ensure teachers training in psychological first aid. Partners will work with the Ministry of Education on a strategy for the eventual reopening of education facilities across the country and to accelerate curriculum to bridge the gap and contingency plan for mitigation against the spread of COVID-19 once schools do re-open, including hygiene and awareness campaigns.

Priority Actions

- Provide support to Ministry of Education to prepare the Teachers, Students and the School Infrastructure to be ready for reopening of schools with minimum standards.
- Support in the development of online training tools, including the provision of tablets for teacher apprentices.
- Support communities with home-based learning packages through home-learning materials.
- Support the Ministry of Education in the preparation for reopening of education facilities, including accelerated learning and remedial support for teachers.
- Support alternative and distance learning (including broadcasting of educational content on TV and radio), printing reading materials, protective measures and information campaigns.
- Promote COVID-19 awareness amongst learners.
- Support peer learning, teacher training, support psychological first-aid training, support teacher development for digital platforms, including development in training curriculum, digital content for web, radio and TV.

UN agencies are working closely with the Ministry of Education and other partners to ensure that schools can reopen safely and students can make up for time lost – this includes support for accelerated learning and remedial support for teachers as well as promoting COVID-19 awareness among students. Photo: UN Tanzania/Momose Cheyo

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Food Security & Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
2.4M	1.1M	$57.7M	19	26

Response Strategy

The response strategy for Food Security and Livelihoods Sector is to complement government's actions to mitigate the impact of COVID-19 on food systems, to protect vulnerable populations while they engage in livelihood activities and to provide humanitarian food assistance to populations where food is unavailable or unaffordable. Urban populations, the elderly, people with underlying health conditions and refugees living in crowded conditions and reliant on humanitarian food assistance are expected to experience the greatest deterioration in food security due to COVID-19. Livelihoods for the informal sector and vulnerable sectors such as tourism and hospitality are being impacted by human movement restrictions and disrupted in the period ahead. Micro, small and medium enterprises will be significantly affected since they have limited cash reserves and few assets. It will be critical to support households whose livelihood and food security depend on affected economic activities.

Priority Actions

The actions envisaged by UN agencies and NGOs working in food security and livelihoods can be grouped under four emergency intervention areas:

1. **Inform decision making with accurate and timely data and analysis:**
   - Support national and sub-national assessments of production forecasts to identify gaps or surpluses that can arise due to reduced imports or shortages.
   - Improve data gathering, including remote methods, to track and support analysis of food security and nutrition, commodity prices, agriculture production, cross-border trade and market functionality.
   - Support enterprise and informal sector assessments to Identify livelihood needs and opportunities.
2. **Provide food assistance through in-kind and cash support, including:**
   - Provide in-kind food assistance to refugees living in the camps and in COVID-19 isolation centres in refugee hosting communities.
   - Modify refugee food distribution processes, provide cooking fuel to refugees with disabilities, and organize production of face masks within the refugee camps to reduce the risk of COVID-19 transmission.
   - Provide context-specific food and cash transfers whose food security reaches emergency levels.
   - Support production of horticultural crops and rearing of poultry and other small stock to improve household nutrition and diversify income.
3. **Minimize disruption to National Food Systems, through support to:**
   - Use of on-line platforms to digitally connect farmers to markets, other agriculture value chain actors, weather information and agriculture assistance.
   - Support enterprises in the food sector to adapt productions and supply processes and practices to COVID-19.
4. **Protect livelihoods:**
   - Facilitate use of digital platforms to remotely support and manage businesses, including re-tooling and digitalizing existing entrepreneurship packages and programmes for online delivery.
   - Support informal enterprises in urban and rural settings, in particular those led by women and youth, to sustain their business and livelihoods.
   - Advocate for alternate livelihoods to diversify income by locally producing COVID-19 supplies such as PPEs, masks or soaps and by linking the producers with existing distributors.
   - Protect income earners from contracting COVID-19 by ensuring safe and secure business environments.
   - Adapt business processes by applying precautions and restructuring business practices in local markets.
   - Advocate for stimulus and fiscal packages to ensure access to essential medical supplies and sustainability of businesses and jobs.

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Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
5.0M	3.6M	$46.1M	14	34

Response Strategy

COVID-19 poses an immediate public health risk. As of 8 May, there were 509 confirmed cases in the United Republic of Tanzania with two islands of Zanzibar and 24 out of 26 regions in the Mainland reporting at least one case of COVID-19, with most cases in Dar es Salaam city. Since the beginning of the outbreak in the United Republic of Tanzania, the Government and its partners have mounted a response, activated the Incident Management System (IMS) and prepared a 72-hour plan as well as a six-month (February – July 2020) Response Plan and budget to guide implementation. Resources have been mobilized to support response. However, more is required as the outbreak evolves. Health partners, in support of the Government, will respond to public health interventions on the mainland and in Zanzibar to stop human–to– human transmission and provide quality case management support to those being treated for COVID-19.[11]

Evidence, globally, from past outbreaks highlights that as health resources shift toward response to a specific outbreak, it has a negative impact on other health outcomes. People can lose access, and essential medicines may become scarce for other critical services, such as sexual and reproductive health (including ante- and post-natal care) and illnesses such as TB and other respiratory diseases. People living with HIV, those who are not on effective treatment with ARVs, or those with co-morbidities such as TB, are especially vulnerable due to their suppressed immune systems. Ensuring continuity of life-saving health services is therefore a priority for Health Sector partners. Priority populations to protect include children, adolescents and pregnant breastfeeding women living with HIV who are undiagnosed, not on ART or unstable on ART.

Priority Actions

Surveillance: Support early detection of COVID-19 cases, keeping sex-disaggregated data, through existing surveillance systems to inform and improve analysis and decision-making, including:

- Support training technical experts at national level (National TOTs) on surveillance and contact tracing of COVID-19;
- Support orientation on COVID 19 surveillance including contact tracing to district surveillance officers and clinicians of from high risk regions, print and disseminate tools and training materials;
- Support orientation of CHWs, contact tracing teams at high risk district and community levels;
- Support development of contingency/response plans for high risk PoE and SOPs, including transport and border officials;
- Monitoring all travellers for 14 days;
- Orient PoE emergency committees and Port health staff on COVID 19 surveillance and response and SoPs to three airports and six ground crossings and other high risk PoE;
- To ensure early detection of cases through enhanced screening at POE and monitoring of travellers from all countries;
- Produce and disseminate tools to support daily screening, documentation, analysis and reporting and follow;
- POE capacity-building including training and procurement of instrument and other medical consumables;
- Enhance surveillance at PoEs and Points of Control (PoC) by increasing screening points.

Case Management and IPC: Ensure prompt isolation and quality treatment of suspected and confirmed COVID-19 cases with improved outcomes, promotion of compliance with infection prevention and control protocols, and avoid transmission of COVID-19 during burial services. Complete assessment and support to all 26 regions to improve the identified isolation and treatment centres in all regions, including:

- Training and continuing mentorship of health workers on case management and IPC;
- Printing and dissemination of SOPs and aides for case management, IPC, including for critical care to all health facilities and an oxygen production, supply, distribution and use plan;
- Procuring and distributing medicines, supplies and equipment for critical and supportive care;
- Supportive supervision for case management and IPC;
- Training of identified burial teams, including community members and ambulance drivers and secure a dedicated transport for burial services;
- Providing technical and operational support through short to medium term secondment of medical staff and procurement of medical supplies.

Laboratory: Ensure laboratory capacity to detect COVID-19 cases with necessary tests and reagents, and to scale up capacity as more cases are detected in the country through:

- Training of Laboratory Scientist/ technologist on sample

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collection to increase number of samples at 184 councils in 26 regions;

- Decentralization of Laboratory Testing Capacity on COVID-19 to nine earmarked laboratories (NPHL, IHI, SUA and NMU);
- Provision of laboratory reagents and supplies for COVID-19 testing;
- Deployment of laboratory staff to support the decentralization of testing capacity.

Risk Communication and Community Engagement: Dissemination of risk communication information to populations and travellers and engagement of community influencers, networks, and stakeholders in prevention of spread of COVID-19:

- Deployment of community health workers (CHWs) to support risk communication and community engagement (RCCE) and dissemination of messages in hard to reach areas all regions;
- Community mobilization using megaphones, mobile van, motorbike and distribution of IEC materials;
- Production and dissemination of IEC materials for social behaviour change to increase acceptability of health messages on COVID-19 to all high-risk communities;
- Support content development/creative design/review for mass-media content, disseminate COVID-19 messages for awareness raising through engagement of community radio networks;
- Strengthen call centre operations;
- Develop and implement risk communication and community engagement (RCCE) strategies in migration-affected area and cross-border high risk areas, urban slum areas, prisons and detention centres, truck drivers, people living with disability;
- Sensitize VOLREP beneficiaries to exercise social distancing and hygiene practices including hand washing;
- Support dissemination of tailored communication resources on COVID-19 prevention for children and adults living with HIV (PLHIV) and reduce misconceptions and myths among children and adults living with HIV.

Priority Actions Essential Health Services

Health partners will support the continuity of essential health services including support services for non-communicable diseases (NCDs); sexual and reproductive health services; psychosocial support and ensuring medical support for survivors of sexual- and gender-based violence; and ensure provision of medical services and drug treatment for people with HIV and/or tuberculosis or malaria through the following priority actions:

- Providing correct information to communities to enable informed and gender sensitive decision-making and adoption of protective health behaviours;
- Provisional of essential medical supplies and increase access to essential diagnostic equipment and treatment for NCDs;
- Promote psychosocial support;
- Strengthen sexual and reproductive health activities including pre and post-natal care;
- Ensure continuity of care for HIV/TB patients, including ensuring patients are supplied with timely treatment;
- Ensure essential services reach adolescent girls and women living with HIV (WLHIV); protect them from stigma, discrimination and violence; include them in COVID-19 decision-making; and disseminate GBV/VAW and HIV and COVID-19 messages to help reduce the risk of COVID-19 infection among girls, women and WLHIV. Ensure accessibility and availability of essential service and referral pathways for survivors of GBV through comprehensive case management and psycho-social services;
- Support roll-out community delivery of ARVs and psycho social support (PSS) for children, adolescents and pregnant/lactating women living with HIV, health care worker training and protective equipment in vulnerable districts along hot spots in densely populated areas in the Dar es Salaam, Southern Highlands and in Zanzibar;
- Strengthen national and subnational RCCE coordination mechanisms ensuring harmonized response planning, implementation, monitoring and reporting;
- Generate ongoing behavioural evidence to understand changes in knowledge, attitude, practice (KAP) as well as prevailing misconceptions to inform messages and approaches;
- Engage key influencer groups including religious leaders, young champions, private sector leaders, and celebrities to mobilize their respective communities in prevention actions;
- Systematically gather community feedback and rumours from multiple platforms including call centre, CHWs/volunteers and social media to inform ongoing multi-media messages.

Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
3.7M	1.7M	$8.3M	6	6

Response Strategy

Approximately 3 million children under age 5 in Tanzania are stunted, according to the Tanzania National Nutrition Survey (TNNS) 2018, placing the country among the 10 most affected countries globally. In addition, the global acute malnutrition (GAM) rate is 3.5 per cent of children under age 5 (530,000) have, including 0.4 per cent of them (90,000) who have severe acute malnutrition (SAM). Tanzania is heavily affected by the triple burden of malnutrition, with nearly one-third of non-pregnant women aged 15-49 years anaemic (29 per cent), more than one-third of women aged 15-49 years overweight (32 per cent), and over one-third of children stunted (32 per cent).

The COVID-19 pandemic and its socio-economic impacts in Tanzania are likely to affect diets, nutrition practices and service delivery. Limitations put on peoples' movement may disrupt food systems limiting availability and access to nutritious foods, increase food prices making nutritious foods unaffordable and increase the reliance on cheap staple (cereals, roots and tubers) and nutrient-poor ultra-processed foods. Due to the potential overburdening of an already overstretched healthcare system, the access to essential nutrition services by children and women may contribute to further deterioration of their nutrition status. In addition, there is a possibility that breastfeeding and other optimal feeding practices are disrupted due to misinformation, inadequate support to mothers and caregivers, and limited information on nutrition in the COVID-19 context.

Nutrition Sector partners will focus on ensuring that children under age 5, pregnant and lactating women are supported with emergency nutrition interventions, ensuring continuity of nutrition essential services including iron folic acid supplementation, moderate acute malnutrition treatment, severe acute malnutrition treatment, infant and young child feeding (IYCF) counselling. The nutrition sector will continue to work with health workers and influential members in the community on integration of nutrition actions facilitating a holistic approach while addressing COVID-19.

Priority Activities for next six-months

- Promote consumption of diversified and healthy diets.
- Promote processing and consumption of bio fortified foods.
- Disseminate key messages on COVID-19 prevention and measures to stay safe including safe hygiene. practices messages using innovative communication channels (existing communication platforms i.e. digital /social media).
- Protect, promote and support adequate IYCF practices in the COVID-19 context.
- Develop online nutrition and COVID-19 training for regional and district nutrition officers.
- Train health workers, traditional healers, community health workers and caregivers on IYCF during COVID-19.
- Train health workers on acute malnutrition management (MAM and SAM) in the COVID-19 context.
- Provide one-on-one screening and detection of malnutrition, ensuring early referral to services where needed.
- Launch and roll-out low-touch simplified Maternal Infant, Young Child feeding, Adolescent Nutrition (MIYCAN) and Integrated Management of Acute Malnutrition (IMAM) approaches for both prevention and treatment of childhood undernutrition.
- Support rehabilitation of children and adults at risk of malnutrition.
- Procure and distribute Iron and folic acid to pregnant women attending health facilities.
- Procure and distribute supplies for children with severe acute malnutrition (Ready to Use Therapeutic Foods, Therapeutic milk F-75, Therapeutic milk F-100, MUAC tapes, ReSoMal,) including in refugee camps.
- Procure and distribute Ready to Use Specialized Nutritious Foods (RUSNF) for children and pregnant and lactating women with moderate malnutrition.
- Support coordination mechanisms at national and sub-national levels.

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Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
5.1M	2.5M	$11.8M	12	16

Response Strategy

Emerging data shows that since the outbreak of the pandemic in March, reports of violence against women, particularly domestic violence, and violence against children have increased. Reports are also emerging of the increased risk of out-of-school girls to harmful practices such as child marriage and female genital mutilation. Information about the increased risks of violence for women and girls in public spaces (including sexual harassment online) is also emerging and linked to a number of factors including their role in household water collection and security sector surveillance and enforcement of movement restrictions.

To address these heightened protection concerns, targeted violence prevention and response strategies that take into account the rights and needs of the most marginalized and disadvantaged women and children are urgently needed and must be integrated into the COVID-19 response strategies of relevant sectors, including health, justice and security. Tailored interventions must also be extended to the refugee populations in the three camps in Kigoma region (244,367 - UNHCR, Jan. 2020), of which 20 per cent are women of reproductive age and 55.9 per cent are children, as well as in host communities. Groups most at risk from service disruptions will need innovative ways and mechanisms of being reached and protected, including by providing them with information on prevention of violence and access to services through radio, TV, social media and community-based networks. While digital technologies have become a positive enabler in the crisis, inequality of access risks leaving many unable to benefit. The right to access and share information meeting the specific needs and experiences of marginalized groups must be upheld by equipping them with the knowledge to protect themselves and their families and increasing their capacity to participate meaningfully in local and national responses.

Working in close partnership with women, young people and children's rights NGOs and CSOs will leverage the unique UN-civil society partnership to empower women, young people and children to play the fullest role in leading and mobilizing communities, shaping efforts to protect them from violence, exploitation and abuse and enabling resilience and recovery. This will not only protect the rights and dignity of women and children in the short term, but will also pave the way for longer-term recovery that transforms deep-rooted inequalities and discriminatory norms.

GENDER-BASED VIOLENCE

GBV partners will scale up prevention and response efforts, placing particular emphasis on young women, those living with HIV/AIDS and with disabilities. Support will focus on equipping GBV service provision to respond to the COVID-19 context, targeting prevention through increased access to information, advocacy and community mobilization, strengthening GBV coordination and supporting data collection and analysis on GBV, marginalization and COVID-19 to inform response and recovery.

Priority Actions

- Upscale the availability of lifesaving services to victim/survivors of GBV and harmful practices including shelters, one stop service centres, hotlines, psychosocial support, safe spaces, legal aid and online counselling.
- Enhance the capacity of public service providers to provide quality GBV services to women and girls, mitigate GBV and PSEA risks and operate safely within the COVID-19 context, including remote service provision where possible.
- Advocate for GBV services to be considered 'essential' services during periods of restricted of movement.
- Support GBV/VAW coordination at national and subnational levels, mapping existing services and update directories of pathways to ensure services are accessible to the most vulnerable.
- Support the generation, collection and dissemination of evidence on COVID-19 and GBV to inform advocacy, planning, implementation, monitoring and evaluation of the response.
- Facilitate the participation of women's and young people's rights organizations at national and community level to ensure national response and recovery plans to prevent and respond to GBV are informed by the voices of women and girls.
- Establish community mobilization and awareness raising initiatives to highlight the linkages between COVID-19 and GBV, counter stigma and discrimination of those affected by COVID-19.
- Increase access to relevant lifesaving information for vulnerable groups, including young women, women living with disabilities and refugees, through IEC materials and digital technology and safe community outreach.

- Support advocacy and media campaigns to reach the widest possible communities to prevent GBV within the COVID-19 context, including through targeting men and religious leaders and the security sector.
- Ensure access to essential, lifesaving GBV services for survivors and women's participation in COVID-19 related responses at the workplace and in detention facilities, including refugees and migrants.

CHILD PROTECTION

Child protection partners will support the Government to ensure that response plans provide access to effective, adequately resourced and rights-based protective and mental health services at the community level and in refugee camps to mitigate the adverse short- and long-term impacts that COVID-19 is likely to have on children and families.

Priority Actions

- Ensure that community-level child protection systems, including women and children protection committees, remain functional for children at risk of or experiencing violence and harmful practices, including sexual violence and online abuse of children.
- Enhance the capacity of public services, including social welfare, health, police, legal and justice services, to provide quality child protection services in the context of the COVID-19 pandemic.
- Facilitate the continuation of social welfare case management services for children and families, including the establishment and management of a social work volunteer recruitment programme to bolster human resource capacity.
- Support child helplines and other partners to ensure the capacity of counsellors to provide psychosocial support to at risk children.
- Support the development of referral pathways to organizations and agencies for specialized mental health and psychosocial support services and other basic needs.
- Disseminate messages through radio, TV, social media and IEC materials on prevention of violence and harmful practices and how to access support services, including among social welfare, police and other child protection actors.
- Strengthen data collection and monitoring to capture reporting on the number of children seeking help and receiving referrals for cases of violence and other protection concerns at COVID-19 service facilities/centres and through the government COVID-19 toll-free hotline.
- Ensure that children affected by COVID-19 have access to family-based alternative care and support access to protection services for children left without a caregiver, due to hospitalization or death.
- Ensure capacity of the police to identify, refer and divert children from the justice system that arise during the COVID-19 pandemic.
- Enhance access to child protection services, including case management and psychosocial support, for children and families in refugee camps.

GENERAL PROTECTION

Partners will monitor, protect and advocate for the human rights of particularly vulnerable and marginalized groups to mitigate against the risks of increased protection concerns arising from the COVID-19 pandemic. The primary focus is on COVID-19 infection risks at the workplace and in detention facilities, including those relevant to refugees and migrants.

Priority Actions

- Support rights-based delivery of justice and law enforcement services to ensure they continue functioning safely in the COVID-19 crisis, including access to appropriate information and lifesaving facilities for those in detention and the review, development and implementation of Standard Operating Procedures.
- Advocate for the release of migrants in detention to protect their rights and health and that of staff in detention facilities, including by providing support to follow strict safeguards to prevent and respond to COVID-19.
- Support monitoring and evidence generation on protection and human rights issues and support appropriate reporting and referrals.
- Empowerment of grassroot communities and disadvantaged groups to support the protection and promotion of rights, including civic space, participation and access to information.
- Provide technical support to develop a referral pathway for basic services and addressing protection concerns for the most vulnerable groups.
- Increase access to disaggregated human rights-based data to address discrimination and inequalities in the COVID-19 response.

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Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
2.6M	2.1M	$12.2M	5	8

Response Strategy

Prior to the COVID-19 outbreak, WASH indicators were already low across Tanzania. Only 57 per cent, (51 per cent urban; 43 per cent rural) of households had basic water provision and 48 per cent, (63 per cent urban, 40 per cent rural) basic sanitation. Only 35 per cent of health-care facilities had a basic hygiene service (61 per cent in urban areas and 21 per cent in rural areas). It is estimated that up to 70 per cent of the residents of Dar es Salaam live in informal settlements characterized by poor provision of WASH services. About 25 per cent of these households are headed by women. The residents of informal settlements are often unemployed or underemployed and rely on daily wage earnings to survive. For many of these people, the purchase of soap is not a priority. Most of these residents obtain their water from designated water points which are often crowded and difficult to maintain physical distancing, posing additional risk for COVID-19 transmission. The water itself is often untreated heightening the risk of disease transmission. In homes, it is not possible to self-isolate as most dwellings have just one room. The risk of co-infection therefore is high.

This low level of coverage presents a challenge to households in implementing effective preventive measures, such as handwashing with soap. Equally, in some of the 182 isolation centers, inadequate provision of WASH services will limit effective infection prevention and control (IPC) measures. There is a need for WASH infrastructure rehabilitation works in these centres. Further, the provision of WASH IPC supplies will be essential to protect both patients and health-care workers to ensure their safety. Heavy rains and flooding have heightened the risk of a cholera or diarrheal disease outbreak, especially in informal settlements with a high population density. The rains also mark the onset of the malaria and dengue season. Any disease outbreak alongside the COVID-19 outbreak would place additional strain on the health service, thereby threatening the continuity of essential health services. WASH partners will support the COVID-19 IPC WASH response, through safe water and sanitation provision in health centres and increasing WASH access to populations in densely populated urban areas and informal settlements.

Priority Actions

- Procurement and distribution of WASH IPC supplies to limit transmission within healthcare facilities. Effective IPC measures will protect patient and healthcare worker safety.
- Undertake assessments of WASH infrastructure in isolation centers to identify simple rehabilitation measures that would service to make the centers WASH compliant.
- Undertake rehabilitation of WASH infrastructure in selected isolation centers.
- Development and printing of WASH IPC Standard Operating Procedures (SOPs) manuals for distribution to all identified isolation centers.
- Training of healthcare workers to implement WASH IPC SOP measures.
- Support a handwashing campaign to reinforce awareness of the preventive measures people can take against COVID-19.
- Procure and distribute handwashing stations and soap for use in public places such as bus and train stops, ferry stops, churches, mosques, and other points where the public congregates.
- Undertake bulk chlorination of water delivered by service providers in informal settlements of Dar es Salaam.
- Procure and distribute soap, household water treatment chemicals, and IEC materials to the most vulnerable families in informal settlements.

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Multisectoral Cash/Social Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
227K	84K	$5.4M	3	3

Response Strategy

The Government of Tanzania has recently launched the second phase of its Productive Social Safety Net (PSSN II) programme, which currently covers approximately 1 million vulnerable households across the country (around 9 per cent of the population). The socioeconomic impact of COVID-19 calls for a vertical and horizontal expansion of that programme.

In collaboration with other development partners, mainly the World Bank, UN agencies will support the Tanzania Social Action Fund to develop proposals for the expansion of PSSN II. This includes accelerating the first disbursement, waiving conditionalities, and ensuring safe payment sessions. UNICEF and WFP have supported TASAF to develop a proposal for the integration of a shock-responsive element into PSSN, through the introduction of a temporary humanitarian cash transfer in urban areas. This initiative can help alleviate the socioeconomic impact of COVID which is most strongly felt in urban areas, where coverage of PSSN II is lowest. A new categorical targeting approach is proposed to cover a wide spectrum of vulnerabilities related to precarious conditions of informal sector workers, rising cost of living, health-related vulnerabilities, and increased care responsibilities for female-headed households in particular.

COVID-19 outbreak strikes at a time of enhanced vulnerability due to the lengthy interruptions in the payments of cash transfers to vulnerable beneficiaries living below the poverty line and to the limited coverage of the programme in urban areas, which will be mostly affected by the negative socio-economic impacts caused by the spread of the COVID-19 pandemic.

The PSSN programme does not comprehensively provide coverage to vulnerable groups such as the elderly, people living with disabilities, vulnerable children, and female-headed households. The coverage of PSSN is around 9-10 per cent nation-wide but falls below 5 per cent in most urban councils. It is estimated that in urban areas, an additional 400,000 households are extremely vulnerable due to the crisis.

Priority Actions

While there has been no government decision to capitalize on the existing TASAF-PSSN platform to cushion Tanzanians against the projected negative socioeconomic impacts of COVID-19, the lead UN agencies will already start preparing the design of the humanitarian cash transfer for urban areas. This first phase will cover the development of detailed design options for the new cash transfer and will lay a strong foundation for a more shock-responsive programme in the immediate and longer run. Additional funds will be required for actual programme implementation.

In addition, two additional emergency activities are prioritized to enhance the social protection response in the short-run:

- Increase the coverage of social health insurance in regions where there is scope for expansion.
- A project that aims to reach 28,000 pensioners in Zanzibar and 12,500 highly vulnerable elderly in eight regions of Tanzania Mainland with additional or new cash transfers..

Coordination & Common Services

REQUIREMENTS (US$)	PARTNERS
$2.2M	3

Response Strategy

The objective of this sector is to ensure a coordinated, coherent response to the COVID-19 public health outbreak whilst ensuring the continuity of life-saving essential services and addressing the impacts from COVID-19 through a multi-sectoral approach.

Priority Actions for the Coordination of the COVID-19 public health response:

Health partners will support the Ministry of Health to activate and operationalize regional and national multi-sectoral coordination mechanisms to support readiness and response to COVID-19.

- Support operationalization of Emergency Operation Centers (EOC).
- Review, Print and distribute SoPs, TOR, tools for response coordination.
- Orientation of EOC staff in all regions on IMS, PHEOC tools and templates.
- Facilitate operations of rapid response teams for COVID-19 in regional and council level.
- Support deployment of National Rapid Response Teams to support response in regions and conduct orientation and/or Mentorship of Rapid Response teams in regions councils.
- Recruitment and Deployment of HR surge capacity for WHO technical support and national support to all regions.
- Conduct monitoring and evaluation of all interventions including utilization of funds.
- Support EOC, regions and districts in planning, monitoring and evaluation.
- Conduct after action review to evaluate response.
- Recruit Coordination expert and PHEOC technical expert.
- Support to the development of public health preparedness plans and cross-border coordination.

Priority Actions for Inter-Agency Coordination by RCO:

The Office of the Resident Coordinator will provide intersectoral coordination including information management, communications, advocacy and resource mobilization.

- Joint strategic response planning based on prioritized needs.
- Regular needs, response and gaps monitoring.
- Timely dissemination of key information to all stakeholders.
- Coordination of partners working under the Appeal for effective and coherent delivery of the assistance.
- Promotion of gender equality programming to ensure the distinct needs of women, girls, boys and men of all ages, are taken into account (GenCap).
- Coordination of advocacy and risk communication and community engagement.

Contact information

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Logistics

REQUIREMENTS (US$)	PARTNERS	PROJECTS
$12.7M	4	10

Response Strategy

Transport restrictions, reduction in commercial supply chain capacity and restrictions on the movement of people have been enforced in an attempt to slow the spread of the virus worldwide. However, these measures are causing significant supply chain challenges, which particularly impact the transport of critical humanitarian cargo – including medical supplies, as well as the movement of humanitarian personnel. This significantly hinders the ability of the humanitarian community to effectively and efficiently support vulnerable and affected populations. It is hence crucial to ensure that the humanitarian community has access to all available logistics services geared to support the delivery of relief items, and that the effectiveness and efficiency of the humanitarian response are not impacted.

Tanzania functions as a transport corridor for several landlocked countries in Eastern and Southern Africa. Therefore, it is essential that borders remain open and internal regional transport continues to function to ensure that logistics and supply chain operations continue functioning during the COVID-19 pandemic.

This will help support the currently on-going food, medical, refugee, and WASH activities within Tanzania. In line with the humanitarian principles on which the COVID-19 pandemic global response strategy is founded, the following Logistics projects are proposed to be enhanced or initiated in support of the Government of Tanzania and the humanitarian community's joint efforts.

Priority Actions

- Support the MoHCDGEC-led COVID-19 response in Tanzania through coordination and information management of the Logistics Pillar and to ensure timely and efficient processing of humanitarian cargo entering Tanzania.
- Provision of required hygiene equipment at inland points of entry/ border crossings to the country to facilitate:
  - a) continued cross-border transportation of humanitarian and commercial cargo; and
  - b) functioning supply chains.
- Establishment of an additional logistics hub in Mwanza to support breakbulk shipping and serve as a transshipment point to reduce transport delays and prevent trucks from being held at borders due to COVID-19 specific restrictions.
- Ensure available transport capacity to support the needs of the MoHCDGEC to transport the COVID-19 response relief commodities.
- Support logistics support for context-specific food and cash transfers to urban and rural vulnerable populations whose food security reaches emergency levels.

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Annexes

KIGOMA
Distribution of soap in Nduta Refugee Camp.
Photo: © UNCHR / Winnie Kweka

Methodology for Calculations of People in Need and People Targeted

People in Need (PIN) and People Targeted by sector:

Education sector people in need figure was calculated by using the enrolment rates for primary and secondary education,[12] in regions targeted by humanitarian partners. The target for the sector was taken from the cumulation of partner project sheets, for districts that multiple partners were targeting students for that region the highest figure targeted was chosen. For any project were the figure targeted was over the number of students enrolled, the target was adjusted to cover 100 per cent of enrolled students.

Food Security and Livelihoods sector people in need was determined using the 2017-2018 Food Poverty Incidence percentage,[13] both for urban and rural areas in target regions. The sector target was provided by partners, when calculating the people targeted districts where projects were targeting either urban or rural areas both figures were taken to represent the entire beneficiary number for that region. The entire refugee caseload was added to both the people in need and people targeted for the sector.

Health sector people in need was calculated by determining the number of most vulnerable caseloads of pregnant and lactating women per region (36.7 per cent of women representing ages 15-49 years), children under age 5 not receiving vaccination (using national average of 25 per cent) and projected elderly population aged 65+ years by region (65 + caseload was provided by the NGO targeted project). The People in Need also are representative of the entire refugee caseload and the HIV caseload[14] for targeted districts. Target was calculated by the targets provided by NGO health project targeting elderly populations, UN projects targeting sexual and reproductive health services and children not vaccinated in targeted districts. The target also includes all refugees and the HIV caseload in targeted regions.

Nutrition people in need is calculated from the sum of Anaemia prevalence in children under age 5 (57.7 per cent prevalence) and pregnant and lactating women (using 36.7 per cent prevalence for woman in reproductive age), in regions targeted by humanitarian partners. A maximum value was applied when multiple projects targeted the same region. Agencies provided targeted for pregnant and lactating women and under-five children in regions targeted with intervention in the appeal. Figures were adjusted to ensure that targets don't exceed people in need for respective regions. Refugee caseloads were added to both the people in need and people targeted.

Protection sector people in need was calculated, using the indicator of child labour prevalence[15] (26 per cent for ages 5-14 years) and reproductive women (ages 15-49 years) utilizing the UN provided data. Targets for protection were provided by agency projects by region and NGO child protection projects. Refugees and the prison caseload were added to the overall People in Need and People targeted figures, representing a specific population.

Multisectoral Cash/Social protection people in need and people targeted were provided by the NGO partner project.

WASH sector people in need and people targeted was the maximum value by region from the various agency and NGO partner projects.

Participating Organizations

ORGANIZATION	REQUIREMENTS (US$)
ACDI/VOC	2,000,000
Action Against Hunger	263,008
ADRA	305,280
Agri Thamani Foundation	54,050
African Initiatives for Relief and Development	62,006
COUNSENUTH	700,000
FAO	1,930,000
FAWE Tanzania	100,000
FAWE Zanzibar	105,000
HelpAge	5,908,163
Helveta Swiss Intercooperation	158,181
ILO	1,554,000
International Trade Centre (ITC)	400,000
IOM	1,603,000
IRC	1,339,400
Nutrition International (NI)	350,894
OHCHR	200,000
Plan International	1,360,000
Right To Play Tanzania	180,000
Resident Coordinator's Office	200,000

ORGANIZATION	REQUIREMENTS (US$)
Resless Development	35,000
Save the Children	1,670,000
Shule Direct	474,000
SwissAid TNZ	90,000
UN Women	3,610,000
UNAIDS	2,005,200
UNCDF	445,000
UNCTAD	240,000
UNDP	450,000
UNEP	252,000
UNESCO	1,789,000
UNFPA	8,318,200
UNHCR	4,596,754
UNICEF	18,631,492
UNIDO	670,000
VSO	152,036
Water Mission Tanzania	1,000,000
WFP	53,045,770
WHO	35,949,645
World Vision	6,677,026

Projects

SECTOR: EDUCATION			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
FAWE Zanzibar	Distance and e-Learning for Out of School Children due to the COVID-19 Pandemic	105,000	Ms. Wawa Mustafa wawahamid93@gmail.com
FAWE Tanzania	Supporting Alternative Learning to Vulnerable Learners During Schools Closure due to COVID-19	100,000	Ms. Neema Kitundu nemsoki@yahoo.com
Helveta Swiss Intercooperation	Home Based Peer Learning Support	90,000	Felix Bachmann felix.bachmann@helvetas.org; Annet Witteveen annet.witteveen@helvetas.org
ILO	SKILLS-UP Tanzania (upgrading skills for the changing world of work)	124,000	Comoro Mwenda mwenda@ilo.org
IRC	COVID-19 Emergency Response	500,000	Matthew Wingate Matthew.Wingate@rescue.org
Shule Direct	Provision of Distance and e-Learning to children during COVID-19	474,000	Faraja Kotta faraja@shuledirect.co.tz
UNESCO	Provision of Distance and e-Learning to Children whose school are closed due to the COVID-19 pandemic	524,000	Tirso Dos Santos t.dos-santos@unesco.org
UNICEF	Distance, Radio, Home-learning Education (DRHE) in COVID-19 response	600,000	Daniel Baheta dbaheta@unicef.org
Sub-Total		**2,517,000**	

SECTOR: FOOD SECURITY, NUTRITION & LIVELIHOODS			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
ACDI/VOC	Feed the Future NAFAKA II Program	2,000,000	James Flock JFlock@nafaka-tz.org
ADRA	Food for the Vulnerable Poor (FVP)	305,280	Sam Oyortey sam.oyortey@adratanzania.org
FAO	Food Security, nutrition and livelihood protection in Response to COVID-19	450,000	Fred Kafeero FAO-TZ@fao.org
FAO	Food Security, nutrition and livelihood protection in response to COVID-19	1,480,000	Fred Kafeero FAO-TZ@fao.org
Helveta Swiss Intercooperation	VSLA Farmer Group Management in Time of COVID-19	68,181	Felix Bachmann felix.bachmann@helvetas.org Annet Witteveen annet.witteveen@helvetas.org
ILO	ILO 2 Livelihood Enterprise and Employment	257,000	Edmund Moshy Moshy@ilo.org
ILO	ILO 3 Livelihood Youth and Women	88,000	Kristina Weibel weibel@ilo.org
International Trade Centre (ITC)	Supporting Tanzanian small business through the COVID-19 crisis	400,000	Sebastien Turrel turrel@intracen.org
Resless Development	Restless Dev Livelihoods	35,000	Haika Mawalla haika@restlessdevelopment.or.tz
Save the Children	Food Seccurity and Livelihoods Support to Vulnerable Smallholder farming households affected by COVID-19	460,000	Pete Walsh peter.walsh@savethechildren.org
SwissAid TNZ	Increasing Food Security through Agroecology in Southern Tanzania	50,000	Blaise Burnier b.burnier@swissaidtanzania.org
SwissAid TNZ	Emergency Project COVID -19 Response in Southern Tanzania	40,000	Blaise Burnier b.burnier@swissaidtanzania.org
UN Women	Empower Women in Pastoral Households to Engage in Alternative Livelihoods through kitchen gardening	100,000	Hodan Addou Hodan.addou@unwomen.org
UN Women	Cushioning of women smallholder maize farmers against price shocks to enable them to regain their livelihoods	500,000	Hodan Addou Hodan.addou@unwomen.org

UNAIDS	Social protection for the most vulnerable people living with HIV	805,200	Pernille Hoej hoejp@unaids.org Leo Zekeng zekengl@unaids.org
UNCDF	Supporting local government, community organisations and SMEs in responding to covid-19 challenges	445,000	Abraham Byamungu abraham.byamungu@uncdf.org
UNCTAD	UNCTAD Business Facilitation Programme (e-platform facillty)	240,000	Jean-Philippe Rodde jean-philippe.rodde@unctad.org
UNEP	Livelihoods Security	252,000	Clara Makenya clara.makenya@un.org
UNHCR	Cooking energy provision for camp based refugees	455,014	Julia Seevinck seevinck@unhcr.org
UNHCR	Local Production of Non-Medical Masks for Refugees and Asylum Seekers in the Refugee Camps in Kigoma	222,626	Julia Seevinck eevinck@unhcr.org
UNIDO	Promoting Domestic Production of PPEs for selected vulnerable groups.	270,000	Gerald Runyoro g.runyoro@unido.org
VSO	Enhancing Inclusiveness and Resilient MSMEs in COVID-19 Response	102,036	Dawn Hoyle Dawn.Hoyle@vsoint.org
WFP	Humanitarian Urban Safety Net Intervention	30,400,000	Juvenal Kisanga juvenal.kisanga@wfp.org
WFP	Food Security Monitoring through Remote Approach and Urban Assessments	175,000	Juvenal Kisanga juvenal.kisanga@wfp.org
WFP	Food Assistance to Refugees and COVID-19 Isolation Cases	15,100,000	Juvenal Kisanga juvenal.kisanga@wfp.org
World Vision	Improving Food Security and Livelhoods of Vulnerable Communities affected by COVID-19 in Tanzania	3,000,000	Alphonce Kyariga alphonce_kyariga@wvi.org
Sub-total		**57,700,337**	

SECTOR: HEALTH			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
African Initiatives for Relief and Development (AIRD)	Strenghning Public Safety against Covid-19 infection in Kigoma Region	62,006	Sylvia Babirye sylvia.b@airdinternational.org
HelpAge	Continuity of Essential Health Services	1,358,000	Smart Daniel smart.daniel@helpage.org
ILO	Continuity of Essential Health Services	300,000	Getrude Zacharia Sima sima@ilo.org
IOM	COVID-19: Surveillance, including PoEs	23,000	Dr Andrew William wandrew@iom.int
IOM	COVID-19: Case Management and IPC	80,000	Dr Andrew William wandrew@iom.int
IOM	COVID-19: Risk Communication & Community Engagement	100,000	Dr Andrew William wandrew@iom.int
Right To Play Tanzania	Harnessing the Power of Play to Support at Risk Communities of 10 Regions of Tanzania to Respond to the Needs Created by COVID-19 Pandemic	180,000	Patrick Stanely Nyeko pnyeko@righttoplay.com
UN Women	Continuity of Essential Health Services	960,000	Hodan Addou hoddan.addou@unwomen.org
UN Women	Ensure accessibility and availability of essential services including referral pathways and GBV case management in the health & psycho-social services	550,000	Hodan Addou hoddan.addou@unwomen.org
UN Women	Life-Saving Support to meet the needs of women living with HIV amidst COVID -19	260,000	Hodan Addou hoddan.addou@unwomen.org

UNAIDS	Continuity of Essential Health Services	1,100,000	Otilia Scutelniciuc scutelniciuco@unaids.org Leo Zekeng zekengl@unaids.org hoejp@unaids.org
UNAIDS	Continuity of Essential Health Services	100,000	Otilia Scutelniciuc scutelniciuco@unaids.org Leo Zekeng zekengl@unaids.org hoejp@unaids.org
UNFPA	Continuity of Essential Health Services	5,155,000	Felister Bwana bwana@unfpa.org
UNHCR	COVID 19: Surveillance, including PoEs	81,000	Julia Seevinck eevinck@unhcr.org
UNHCR	COVID-19: Case Management and IPC	2,440,551	Julia Seevinck eevinck@unhcr.org
UNHCR	COVID-19: Risk Communication & Community Engagement	263,396	Julia Seevinck eevinck@unhcr.org
UNICEF	Support for community delivery of ARVs and psychosocial support (PSS) for children, adolescents and pregnant/lactating women living with HIV, health care worker training and provision of protective equipment.	247,000	Shalini Bahuguna sbahuguna@unicef.org
UNICEF	COVID 19: Surveillance, including PoEs	1,580,000	Shalini Bahuguna sbahuguna@unicef.org
UNICEF	COVID-19: Case Management and IPC	500,000	Shalini Bahuguna sbahuguna@unicef.org
UNICEF	COVID-19: Risk Communication & Community Engagement	150,000	Shalini Bahuguna sbahuguna@unicef.org
UNICEF	Supported development and dissemination of tailored communication resources on COVID-19 prevention for children and adults living with HIV (PLHIV) and reduce misconceptions and myths among children and adults living with HIV	53,000	Shalini Bahuguna sbahuguna@unicef.org
UNICEF	Continuity of Essential Health Services	3,000,000	Shalini Bahuguna sbahuguna@unicef.org

UNIDO	Reduction of Frontline Health worker's Exposure to Indoor Air Polution	400,000	Doroth Kitutu d.kitutu@UNIDO.org
VSO	Continuity of Essential Health Services	50,000	Dawn Hoyle dawn.hoyle@vsoint.org
WFP	COVID-19: Risk Communication & Community Engagement	225,000	Wendy Bigham wendy.bigham@wfp.org
WHO	COVID-19: Surveillance, including PoEs	2,787,500	Dr Tigest ketselat@who.int
WHO	COVID 19: Surveillance, including PoEs	780,700	Dr Tigest ketselat@who.int
WHO	COVID-19: Case Management and IPC:	3,429,000	Dr Tigest ketselat@who.int
WHO	COVID-19: Case Management and IPC:	1,185,000	Dr Tigest ketselat@who.int
WHO	COVID-19: laboratory	12,999,125	Dr Tigest ketselat@who.int
WHO	COVID-19: laboratory	607,400	Dr Tigest ketselat@who.int
WHO	COVID-19: Risk Communication & Community Engagement	1,570,500	Dr Tigest ketselat@who.int
WHO	COVID-19: Risk Communication & Community Engagement	212,000	Dr Tigest ketselat@who.int
WHO	Continuity of Essential Health Services	3,263,500	Dr Tigest ketselat@who.int
Sub-total		**46,052,678**	

SECTOR: NUTRITION			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
Action Against Hunger	Strengthening health systems to provide nutrition services and prevent COVID-19 risk in the community	263,008	Lydia Mushengezi nutspecialist@tz-actionagainsthunger.org
Nutrition International (NI)	Nutrition can't wait	350,894	Dr Daniel R. Nyagawa dnyagawa@nutritionintl.org
Save the Children	Infant and young feeding and child wasting needs during the COVID-19 pandemic	960,000	Pete Walsh peter.walsh@savethechildren.org
UNICEF	Strengthening nutritional care and support in COVID-19 context (SAM Management)	1,576,032	Fatmoumata Lankoande flankoande@unicef.org
WFP	Treatment of acute malnutrition to mitigate deterioration of nutrition situation in the context of COVID-19 (MAM Management).	2,220,369	Juliana Muiruri Juliana.muiruri@wfp.org
World Vision	Responding to immediate needs for COVID-19	2,963,895	Gilbert Kamanga gilbert_kamanga@wvi.org
Sub-total		**8,334,198**	

SECTOR: PROTECTION			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
ILO	Respond effectively on COVID-19 and its prevention, protection and control measures at workplaces	345,000	Getrude Zacharia Sima sima@ilo.org
ILO	Protection Vulnerable Groups in the context of COVID-19 - component 1	240,000	Phanuel Maridadi phanuel@ilo.org
ILO	Protecting children from violence, exploitation and abuse in the context of COVID-19 - component 2	100,000	Phanuel Maridadi phanuel@ilo.org
ILO	Gender-responsive Protection of Vulnerable Groups in COVID-19 situation - component 3	50,000	Phanuel Maridadi phanuel@ilo.org
IOM	Protecting children from violence, exploitation and abuse in the context of COVID-19 - component 2	730,000	David Hofmeijer dhofmeijer@iom.int
IOM	Address detention in the context of COVID-19	390,000	David Hofmeijer dhofmeijer@iom.int
IRC	Child protection and youth development strengthening	839,400	Matthew Wingate Matthew.Wingate@rescue.org
OHCHR	Reinforcement of institutional capacity	200,000	Anand Chand achand@ohchr.org
Plan International	Child protection response to COVID- 19 effects	560,000	Mona Girgis Mona.Girgis@plan-international.org
Save the Children	A community-based response to children's protection needs during the COVID-19 pandemic	250,000	Pete Walsh peter.walsh@savethechildren.org
UN Women	Gender-responsive Protection of Vulnerable Groups in the context of COVID-19	1,240,000	Hodan Addou hodan.addou@unwomen.org

UNDP	Accelerating access to justice for prisoners and detainee to reduce congestion in prisons and places of detention	450,000	Augustine Bahemuka augustine.bahemuka@undp.org, Amon Manyama amon.manyama@undp.org
UNESCO	Protection and participation of vulnerable groups in the context of COVID-19	1,265,000	Tirso Dos Santos t.dos-santos@unesco.org
UNFPA	Regional and local GBV service bolstering in COVID-19 situation	3,163,200	Wilfred Ochan ochan@unfpa.org
UNICEF	Protecting children from violence, exploitation and abuse in the context of COVID-19	1,271,900	Maud Droogleever Fortuyn mdfortuyn@unicef.org
World Vision	Child protection, mental health and psychosocial support in the context of COVID-19	713,131	Gilbert Kamanga gilbert_kamanga@wvi.org
Sub-total		**11,807,631**	

SECTOR: MULTISECTORAL CASH / SOCIAL PROTECTION

AGENCY	PROJECTS	AMOUNT REQUESTED (US$)	CONTACT
HelpAge	Integrated Social Protection Support to Older people households and People with Disabilities (PWDs) in Tanzania during the COVID-19 Pandemic	4,550,163	Smart Daniel smart.daniel@helpage.org
WFP	Technical Assistance to TASAF for Expansion of the PSSN programme	600,000	Wendy Bigham wendy.bigham@wfp.org
WHO	Support to Community Health Fund in areas that are hit hard by COVID	200,000	Maximillian Mapunda mapundam@who.int
Sub-total		**5,350,163**	

SECTOR: WATER, SANITATION & HYGIENE			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
Agri Thamani Foundation	COVID19 Protection at Main Markets in 5 Regions	54,050	Neema Lugangira nlugangira@agrithamani.org
COUNSENUTH	COVID 19 Response with improved WASH practices in Ruvuma region	700,000	Pauline Kisanga md@counsenuth-tz.org
Plan International	WASH Response to COVID- 19	400,000	Mona Girgis mona.girgis@plan-international.org
Plan International	Usafi Wa Mazingira Tanzania (UMATA)	400,000	Mona Girgis mona.girgis@plan-international.org
Water Mission Tanzania	Hand washing stations and community social-distancing sensitization	1,000,000	Benjamin Filskov bfilskov@watermission.org
UNICEF	WASH in Schools	5,353,560	Shalini Bahuguna sbhaguna@unicef.org
UNICEF	COVID-19 IPC WASH	3,450,000	Shalini Bahuguna sbhaguna@unicef.org
UNICEF	Essential WASH Services	850,000	Shalini Bahuguna sbhaguna@unicef.org
Sub-total		**12,207,610**	

SECTOR: LOGISTICS			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
IOM	COVID-19 Public Health Logistics	200,000	Dr Andrew William wandrew@iom.int
UNHCR	COVID-19 Public Health Logistics	1,134,167	Julia Seevinck eevinck@unhcr.org
WFP	COVID-19 Logistics Pillar Coordination and Logistics Support	193,970	Alex Parisien alexandra.parisien@wfp.org
WFP	Support of functioning cross border Supply Chains during COVID-19	320,405	Alex Parisien alexandra.parisien@wfp.org
WFP	COVID-19 Cargo Transhipment in Mwanza	2,081,896	Alex Parisien alexandra.parisien@wfp.org
WFP	COVID-19 Logistics Service Provision (Transportation)	875,000	Alex Parisien alexandra.parisien@wfp.org
WFP	COVID-19 Public Health Logistics	750,000	Alex Parisien alexandra.parisien@wfp.org
WFP	Support logistics support for context-specific food and cash transfers to urban and rural vulnerable populations whose food security reaches emergency levels	104,130	Alex Parisien alexandra.parisien@wfp.org
WHO	COVID-19 Public Health Logistics - Mainland	1,600,000	Dr Tigest ketselat@who.int
WHO	COVID-19 Public Health Logistics - Zanzibar	5,464,920	Dr Tigest ketselat@who.int
Sub-total		**12,724,488**	

SECTOR: COORDINATION			
AGENCY	**PROJECTS**	**AMOUNT REQUESTED (US$)**	**CONTACT**
ILO	COVID-19 Coordination	50,000	Getrude Zacharia Sima sima@ilo.org
IOM	COVID-19 Coordination	80,000	David Hofmeijer dhofmeijer@iom.int
UN Resident Coordinator's Office	Inter-Sector Coordination	200,000	Helge Flard helge.flard@one.un.org
WHO	COVID-19 Coordination	1,150,000	Dr Tigest ketselat@who.int
WHO	COVID-19 Coordination	700,000	Dr Tigest ketselat@who.int
Sub-total		**2,180,000**	

Acronyms

ART	Anti-retroviral treatment
ARV	Anti-retroviral
CHW	Community health worder
EIC	EIC
GAM	Global Acute Malnutrition
GBV/VAW	Gender Based Violence/Violence Against Women
IEC	Information, Education, Communication
IHI	Ifakara Health Institution
IMAM	Integrated Management of Acute Malnutrition
IMS	Incident management system
IPC	Infection prevention and control
IPC	Integrated Phase Classification
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes, Practices
MAM	Moderate Acute Malnutrition
MIYCAN	Maternal Infant, Young Child feeding, Adolescent Nutrition
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MUAC	MUAC - Mid-Upper Arm Circumference
NCDs	Non-communicable diseases
NMU	Nelson Mandela University laboratories
NPHL	National Public Health Laboratory
PLHIV	People living with HIV
POE	Point of entry
PPE	Personal Protective Equipment
PSEA	Prevention of Sexual Exploitation and Abuse
PSSN	Productive Social Safety Net
RCCE	Risk communication and community engagement
RUSNF	Ready to Use Specialised Nutritious Foods (
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SOP	Standard operating procedure
SUA	Sokoine University of Agriculture
TASAF	Tanzania Social Action Fund
TNNS	Tanzania National Nutrition Survey
TOT	Training of Trainers
UNDAP II	UN Development Assistance Plan II
VOLREP	Voluntary Repatriation
WLHIV	Women living with HIV

End Notes

1. https://www.bot.go.tz/Publications/EconomicAndOperationsAnnualReports/ANNUAL%20REPORT%202018-19%20SIGNED.pdf
2. World Bank, 2017
3. NBS, Integrated Labour Force Survey 2014, https://www.nbs.go.tz/nbs/takwimu/hbs/2017_18_HBS_Key_Indicators_Report_Engl.pdf
4. National Bureau of Statistics, 2014. Integrated Labour Force Survey 2014–Analytical Report; Office of the Chief Government Statistician, Zanzibar Integrated Labour Force Survey 2014
5. Helpage Tanzania
6. WHO Tanzania, 2016-2020
7. Household Budget Survey 2017/18 published by the TZ National Bureau of Statistics
8. Basic Education Statistics in Tanzania Mainland (BEST, 2019)
9. Tanzania Country Report on out-of-school Children (MoEST and UNICEF, 2016)
10. These are: Human Rights; Gender Equality and Women's Empowerment; Sustainability and Resilience; Accountability. These principles are reflected in the 2030 Agenda and are grounded in the UN Charter and international treaties and norms.
11. There have been different COVID-19 predictive models done at global, reigonal and country level to provide estimates of how the outbreak may evolve in the next 12 months. Models are being refined in view of data available in country and trends across the continent will be utilized to inform further planning and response.
12. Basic Education Statistics (BEST, 2018)
13. Key Indicators Report, 2017-18 Household Budget Survey, National Bureau of Statistics (NBS), June 2019
14. Tanzania in figures 2018, National Bureau of Statistics, June 2019
15. UNICEF, Sustainable Development Goals and Children in Tanzania, December 2019

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About

This document is consolidated by the UN Country Team and partners. It provides a shared understanding of the crisis, including the most pressing needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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FLASH APPEAL FOR COVID-19
TANZANIA

ISSUED JULY 2020