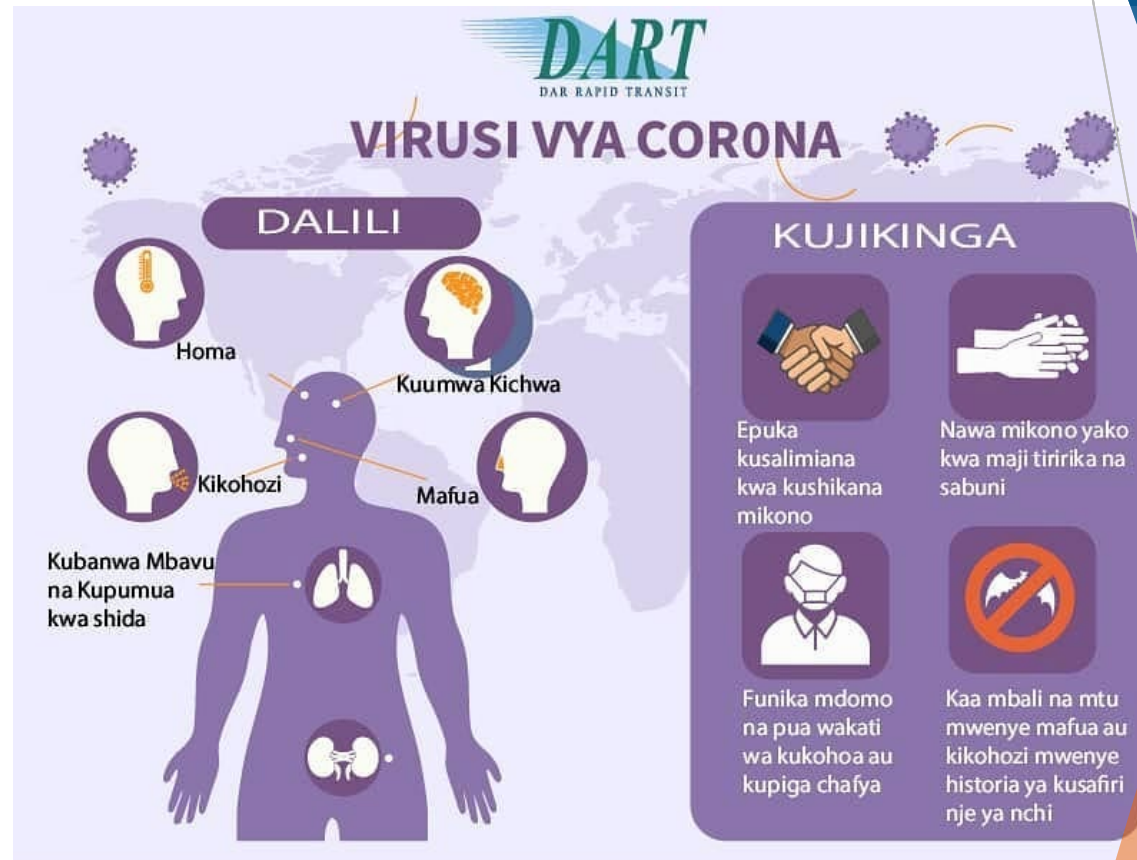


Urban-Rural Linkages in the Time of Covid-19: Neighbourhood Governance and Community Response

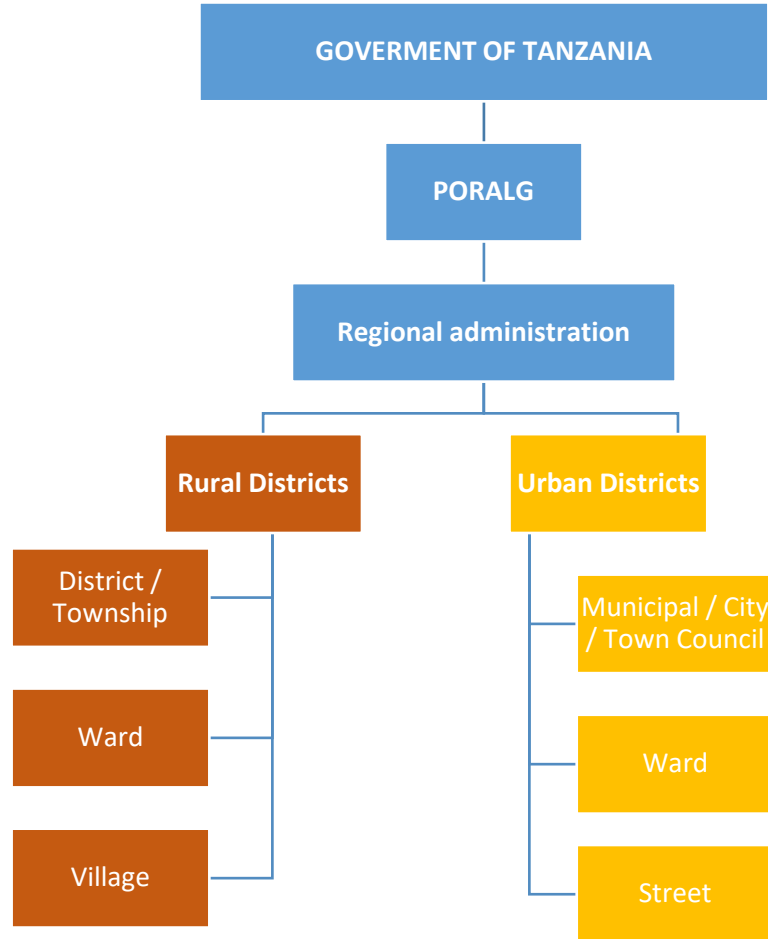
Case study city:
Dar-es-Salaam,
Tanzania
Dr. Francis Levira



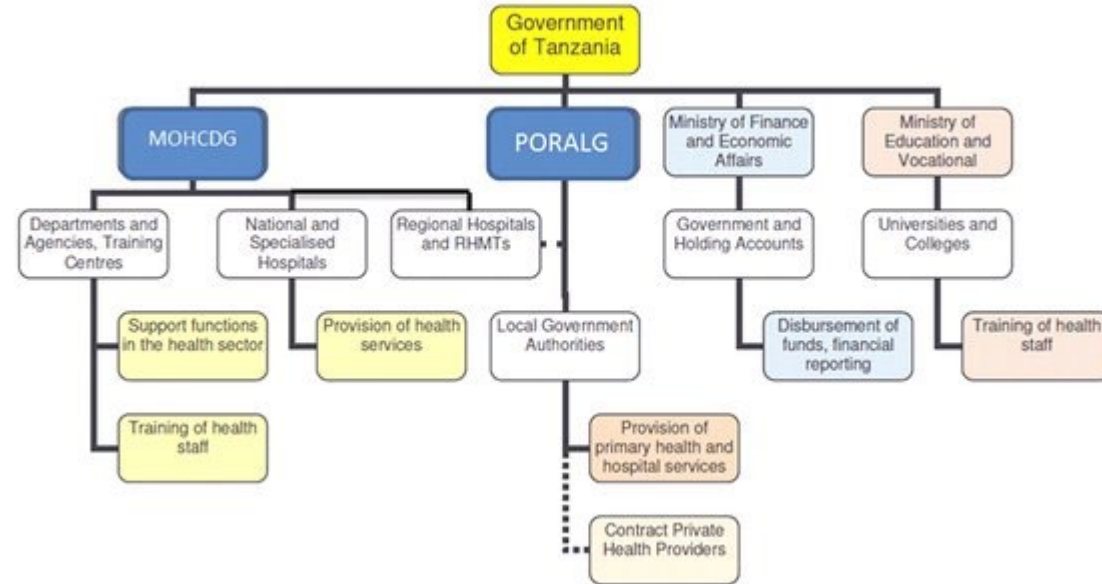
Content

- Governance structures
- Neighbourhood classifications and urban-rural linkages
- Pandemic responses-Governance
- Pandemic responses-Preventive measures
- Pandemic responses-Treatment
- Challenges

Governance and health service structures in Tanzania

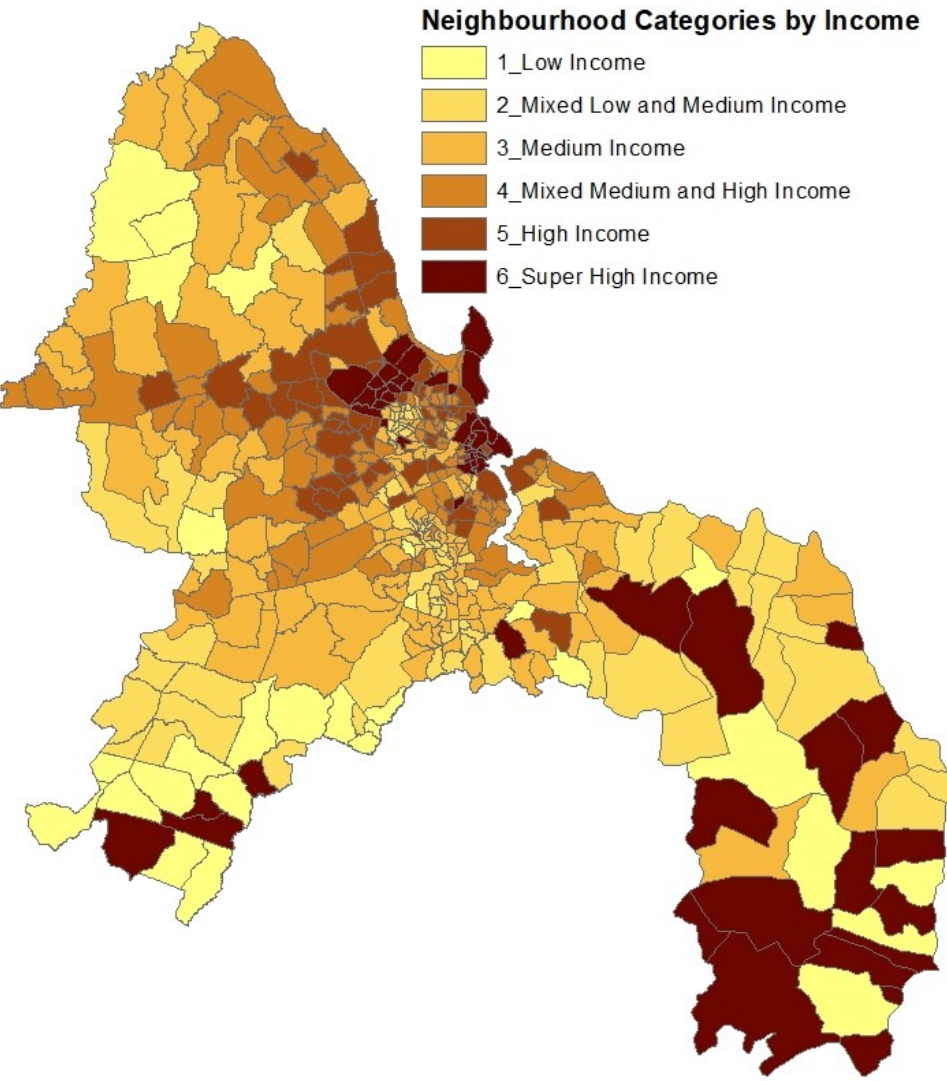


Health services provision structure



Level	Government Employee	Political position
District	District Executive Director All sectors	Member of parliament
Ward	Ward Executive Officer Health, education, community development	Councilor and representative (not paid)
Street	Street Executive Officer	Street chairman and representative (not paid)

Neighbourhood classification-Linkages



Neighbourhood Categories by Income

- 1_Low Income
- 2_Mixed Low and Medium Income
- 3_Medium Income
- 4_Mixed Medium and High Income
- 5_High Income
- 6_Super High Income

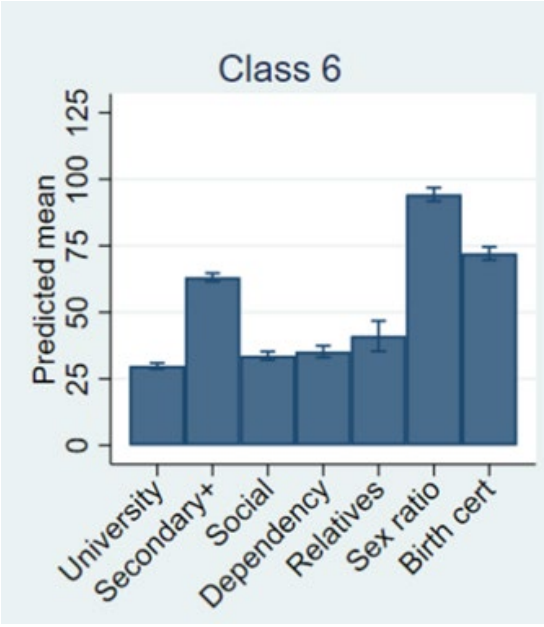
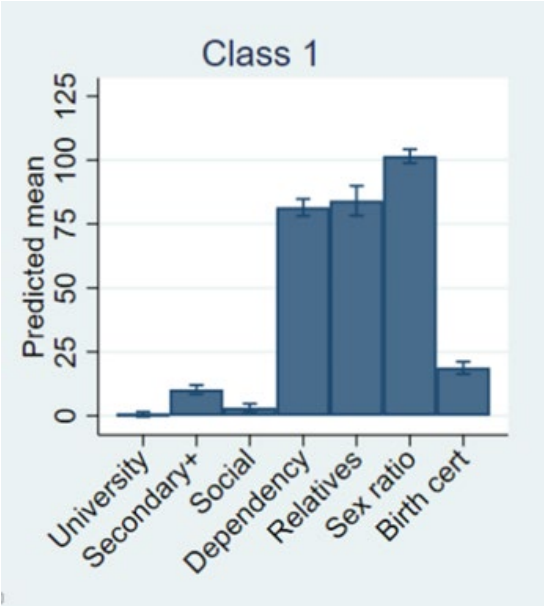
Dar-es-salaam City: 6.4 mil

Municipal	Wards	Street
Temeke	24	180
Kinondoni	27	171
Ilala	22	101
Kigamboni		
Ubungo		

Urban-Rural Linkages

- Labour market
- Economic opportunities
- Internal tourist
- Education
- Health seeking
- Maintaining family ties

Most urban migrants lives with relatives



Pandemic responses-Governance

- Establishment of three response committee
 - **National response committee:** Inform the public on government measures.
Under the leadership of Prime Minister: Vice President's Office, Prime Minister's Office (Minister & Permanent Secretary), Vice President's Office Zanzibar, Ministers for Health (Mainland & Zanzibar), Defence, ST&HE, PORALG, Foreign Affairs, Minister for Finance (Mainland & Zanzibar) and Transport and Communication.
 - **Permanent Secretary's committee:** Advice the government
Under the leadership of Chief Secretary: Members from ministries and offices listed above.
 - **National Taskforce: Advice Permanent Secretary's committee**
Under the leadership of Permanent Secretaries from Ministries of Health (Mainland & Zanzibar): Technical team (WHO and other UN bodies, Donor Agencies, INGOs and local NGOs)
- ❖ Information management: COVID-19 statistics and directives provided to the public by either Minister for Health, Prime Minister or the President.

Pandemic responses-Preventive measures

- The government focused on infection prevention: NO LOCKDOWN (Household/City)
- Education campaigns through TV, Radio, Mobile Phones and neighbourhood at the level of Municipal
- Economic and social activities continued (Slow down were noted)
- Hygienic practices promoted at all service points (Hand washing, hand sanitizing, and wearing masks)
- Closure of all education institutions, sports events, and recreation facilities.
- Public gatherings limited (Weddings, funeral, religious events)
- Public transport regulations were instituted (Level seat on commuter buses)
- Last data release was 29th April 2020. Total of 509 cases and 21 deaths reported.

Pandemic responses-Preventive measures



Pandemic responses-Treatment

- Three large public referral hospitals were designated for serious Corona patient.
- 24 sample collection facilities identified
- Initially designated hospitals lacked essential equipment to co-morbidities such as dialysis.
- Appropriate treatment hindered by stigma.
- Natural treatment were promoted (steam inhalation)
- NIMR released its natural treatment version to manage blood clotting (Hot pepper, ginger, lemon, onion, garlic, water)

Challenges

- Limited funding on education campaign and information sharing (Policy Forum, 2020)
- Lack of social support / subsidies to poor and vulnerable households (Policy Forum, 2020)
- Lack of technical capacity to diagnose COVID-19, testing conducted at 1 national lab
- Limited data needed to influence hygiene practice: Data available at regional level.
- Last data release was 29th April 2020. Total of 509 cases and 21 deaths reported.
- Quarantine services such as food be improved to curb neighbourhood transmission
- Pandemics are unique, difficult to plan in advance
- Natural disaster such as floods and drought remain the biggest urban-rural linkage disruptor.