ACT Alliance Appeal

Global Response to the COVID-19 Pandemic – ACT201

Sub-Appeal – ACT201-TZA

COVID-19 Response in Tanzania

Balance Requested: USD 989,066

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<tr><td>Project Title</td><td>COVID-19 Response in Tanzania</td></tr>
<tr><td>Project ID</td><td>ACT 201-TZA</td></tr>
<tr><td>Locations</td><td>Arusha, Kilimanjaro, Tanga, Iringa, Njombe, Morogoro, Manyara, Mbeya, Songwe, Dodoma, Dar es Salaam, Kigoma, Tabora and Mwanza.</td></tr>
<tr><td>Project Period</td><td>Start Date August 01, 2020
End Date July 30, 2021
No. of months: 12</td></tr>
<tr><td>Requesting Forum</td><td>ACT Tanzania Forum
☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)</td></tr>
<tr><td>Requesting members</td><td>Christian Council of Tanzania (CCT)
Church World Services (CWS)
Evangelical Lutheran Church in Tanzania (ELCT)
Tanganyika Christian Refugee Services (TCRS)</td></tr>
<tr><td>Contact</td><td><table><tr><td>Name</td><td>Pauliina Parhiala</td></tr><tr><td>Email</td><td>pauliina.parhiala@nca.no</td></tr></table></td></tr>
<tr><td>Local partners</td><td>ACT Tanzania Forum requesting members will implement this project themselves directly with communities, and in collaboration with the following stakeholders:
24 Hospitals spread over 24 Districts in Tanzania.
Five Government health centers.
Government authorities in various levels
Ministries of Health, Ministries of Social Services and Women and Children, Ministry of Home Affair, Parliamentary committees.
Interfaith forums (Churches platforms, Faith-Based Actors, the Catholic community, Tanzania Episcopal Conference (TEC), Tanzania Christian Forum, and Tanzania Muslim Council (BAKWATA)</td></tr>
<tr><td>Thematic Area(s)</td><td><table>
<tr><td>X</td><td>Public Health</td><td>☐</td><td>Shelter and household items</td></tr>
<tr><td>X</td><td>Community Engagement</td><td>X</td><td>Food Security</td></tr>
<tr><td>☐</td><td>Preparedness and Prevention</td><td></td><td>MHPSS and CBPS</td></tr>
<tr><td></td><td>WASH</td><td>X</td><td>Gender</td></tr>
<tr><td>X</td><td>Livelihood</td><td>X</td><td>Engagement with Faith and Religious leaders and institutions</td></tr>
<tr><td>☐</td><td>Education</td><td>☐</td><td>Advocacy</td></tr>
</table></td></tr>
<tr><td>Project Outcome(s)</td><td>Outcome 1: Decreased risk of COVID 19 morbidities and mortalities among affected communities and Frontline Health Care Workers.
Outcome 2: Improved livelihoods of the most vulnerable groups, individuals, families, and communities.
Outcome 3: Increased transparency, accountability, and governance in the country on information, data, and response on the pandemic.
Outcome 4: Improved access to social protection and support services to Gender-Based Violence (GBV) related to COVID -19 persons.</td></tr>
<tr><td>Project Objectives</td><td>To provide Public Health interventions within Evangelical Lutheran Church in Tanzania (ELCT) 24 health facilities and 5 health centers.
To support offline and online outreach programs within target areas on COVID-19 prevention among community members through online</td></tr>
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<table>
<tr><td></td><td>platforms, TV, radio and sharing Information, Education and Communication (IEC) material.
3. To decrease the deterioration of human assets and livelihoods among residents of informal settlements in Dar-es-Salaam and other vulnerable groups within in eleven regions in Tanzania.
4. To increase transparency, accountability, and governance in Tanzania country on information, data, and measures for COVID-19 through public health facts messaging.
5. To improve access to social protection and support services to the GBV affected women, men, youth, elderly and people with disabilities within the communities.</td></tr>
<tr><td>Target Recipients</td><td>
<table>
<tr><th colspan="8">Profile</th></tr>
<tr><td>X</td><td>Refugees</td><td>☐</td><td>IDPs</td><td>☐</td><td>host population</td><td>☐</td><td>Returnees</td></tr>
<tr><td>X</td><td colspan="7">Non-displaced affected population</td></tr>
</table>

No. of households (based on average HH size of 6 persons per HH):2,024,347.

Sex and Age Disaggregated Data:
<table>
<tr><th colspan="9">Sex and Age</th></tr>
<tr><td></td><td>0-5</td><td>6-12</td><td>13-17</td><td>18-49</td><td>50-59</td><td>60-69</td><td>70-79</td><td>80+</td></tr>
<tr><td>M</td><td>35,405</td><td>3,513,394</td><td>2,710,264</td><td>2,904,030</td><td>1,576,797</td><td>499,800</td><td>489,500</td><td>51,300</td></tr>
<tr><td>F</td><td>51,491</td><td>5,596,073</td><td>1,830,998</td><td>4,606,421</td><td>1,947,166</td><td>1,289,060</td><td>685,400</td><td>90,680</td></tr>
</table>

The disaggregated data above include those who will be reached through TV, Radio, Public community meetings by Public address messages.</td></tr>
<tr><td>Project Budget (USD)</td><td>USD 989,066</td></tr>
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Reporting Schedule

Type of Report	Due date
Situation report	15 October 2020 Quarterly.
Final narrative and financial report (60 days after the ending date)	30 October 2021
Audit report (90 days after the ending date)	30 November 2021

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar
Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro
Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance
UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the global approach for this Appeal, pledges/contributions are encouraged to be made towards the total budget of the Appeal ACT201, and subsequent allocations will be made based on the approved Sub-Appeals. For status of pledges/contributions, please refer to the spreadsheet accessible through this link http://reports.actalliance.org/, Appeal Code ACT201.

Please inform the Director of Operations, Line Hempel (Line.Hempel@actalliance.org) and Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@actalliance.org) of all pledges/contributions and transfers. We would appreciate being informed of any intent to submit applications for back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information, please contact:

Africa
ACT Regional Representative, Elizabeth Kisiigha Zimba (Elizabeth.Zimba@actalliance.org)
Humanitarian Programme Officer, Caroline Njogu (Caroline.Njogu@actalliance.org)

Visit the ACT COVID-19 webpage: https://actalliance.org/covid-19

Alwynn JAVIER
Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

COVID-19 has spread within 31 regions in Tanzania including mainland and Zanzibar island. The latest findings (of 8th May 2020) reveal that Tanzania mainland has 509 confirmed COVID-19 cases while Zanzibar island has 134 COVID-19 cases, with 167 reported recoveries and 21 deaths. Dar es Salaam is reported to have the most COVID-19 cases as it is the country's busiest business hub with a busy port that conducts a high volume of commercial activities.

Given that the last public announcement by the government on the COVID-19 situation was given on May 8th, 2020 there is a gap on what would be the current systematic data/accurate information on the state of COVID-19 in the country. This in turn is creating fear and anxiety among its citizens that the outbreak in Tanzania is far more widespread than authorities are reporting.

Tanzania health system like in most of the other African countries is not prepared for the health challenges that COVID-19 poses. Tanzania National budget has under- prioritized the health sector for many years due to inadequate national resources. The current health system is unprepared, underfunded, and with extremely limited capacity to face COVID-19 pandemic. The gap in information has also built animosity among neighbouring countries often resulting in border closures.

As health facilities report increased cases of COVID-19, Tanzania's health system continues to be overwhelmed due to lack of Personal Protective Equipment (PPE), poor medical supplies, poor clinical management of COVID-19, inadequate Infection Prevention and Control measures, and inadequate capacity of health staff in the management of COVID -19. Essential medicine which is not readily available is a need within health facilities.

However, the government has generally insisted that the public heeds preventive measures like social distancing, wearing masks, self- isolation and mandatory quarantine for those infected have been set up.

In addition, the Government of Tanzania has taken some measures to prevent further spread of new COVID-19 infections. As part of these efforts, the Government closed all learning institutions including primary and higher learning when the first case was discovered. Later, in early June 2020, the government reopened higher education learning and classes due to sit for their national exams in 2020. The government is also sharing Information, Education, and Communication (IEC) materials to the general population through radio, TV, newspaper, brochures, and other forms of social media.

The Role of the Church

Church leaders are also not presenting a common voice to protect mass infection, as many are also unaware of best prevention practices. Inadequate support to educate and support church leaders to provide correct information on COVID-19 to their congregation continues to cause fear, bring stigma, and foster discrimination of those who test COVID-19 positive within church circles.

Such action can be addressed through a common voice from religious leaders to protect the mass infection, otherwise if left unattended the outcomes of massively increase vulnerable individuals, families and the generally disadvantaged groups like orphans, widows, devastating poverty are predictable.

Churches in Tanzania have been creative on developing new ways of providing spiritual support, togetherness, and endurance using various means and channels within the communities they serve. Nevertheless, this has not been sufficient, and the pandemic has produced varied success levels and worked better for churches based in a few towns.

Unfortunately, Tanzania is also witnessing impostors and false prophets who are spreading myths on COVID-19. As a result, this is promoting fear and encouraging an attitude of ignorance among communities who are not keen to put measures on prevention and/or seek medical attention. The impostors are trivializing and belittling the extent of the current crisis and have been using the space to make money from the public. For example, some leaders continue to encourage religious mass gatherings as an open witness to their faith.

On the other hand, proper education to rural communities about COVID -19 is not adequate, a situation that has created fear and stigma among them. ELCT being part of the interfaith leaders network the health department is instrumental in providing the correct information about the pandemic to the interfaith leaders in reaching a larger community.

Refugees

Since COVID -19 outbreaks began in Tanzania on 13th March 2020, the pandemic poses a great challenge to Public Health, especially in the crowded refugee camps.

According to UNHCR, Tanzania Refugees Population Update of 29th February 2020 indicates that Tanzania hosts 287,160 Population of Concern (POC). At least 244,629 (85.2%) are living in camps, 23,047 (8.0%) in villages; 19,337 (5.6%) in settlements and 147 (0.1) living in urban areas. Additionally, the Tabora region hosts 121,800 Newly Naturalized Tanzanians (NNTs). UNHCR in Tanzania has declared a funding gap of $1.98 million to mitigate against the virus outbreak and appealing to the partners in the camp to support the various initiatives.

Malnutrition and diseases, like malaria, are already a high risk in the camp undermining the health status of the refugee community. With limited humanitarian access to the camps and suspension of key humanitarian intervention, the situation in the refugee camps is likely to become increasingly precarious and hence the focus will be geared towards interventions that reduce morbidity and mortality and those that increase access to basic food and livelihoods. Information on COVID-19 is not readily available among refugees, especially those living with disabilities who are more vulnerable.

Livelihoods among refugees are being affected due to movement restrictions that are being imposed and hence a risk to the rise of food insecurity as well as the costs of basic commodities.

Flooding:

Tanzania was hit by floods in late January 2020, affecting regions of Manyara, Mwanza, Morogoro, Lindi, Rukwa, Arusha and Kilimanjaro. The floods had caused death to 40 people, 1,750 houses were destroyed, and 15,000 people were displaced.

At least 8,500 acres of maize, beans, rice, and vegetables were destroyed, threatening food security in affected areas. Majority of the affected homeless families were temporarily hosted in schools, churches and hosted within neighbourhood homesteads and this temporary housing arrangement has exacerbated their vulnerability towards spreading the pandemic

There have been efforts to support those affected by floods from the government and various stakeholders including Faith-Based Actors. The support has been mainly focused on providing temporary shelters, food, and non-food items. For instance, Kilwa in Lindi region received support from Evangelical Lutheran Church in America (ELM) and Evangelical Lutheran Church of Finland

(FELM) in projects implemented by Tanganyika Christian Refugees Service (TCRS) and Evangelical Lutheran Church in America (ELM) via South Eastern Diocese of the Evangelical Lutheran Church in Tanzania. Also, the Christian Council of Churches of Tanzania mobilized the communities for materials support to the persons.

Capacity to respond

Evangelical Lutheran Church Tanzania (ELCT)

ELCT, whose headquarters are in Arusha, was established in 1963 and is the second-largest church in Tanzania. ELCT operates across the country through Dioceses, Diakonia movements, Mission posts, Health, Micro Finance, and education institutions.

ELCT works closely with government and non-government stakeholders, UN, faith-based and regional entities who support the church institution in various ways. The Church is well connected to grassroots communities and has a huge volunteer network that reaches out to people of all faith, gender, ethnicity, and socio-economic background. The ELCT geographical coverage and long experience on development work and health services provided in the country strategically position the ELCT efficiently to contribute to the response of the pandemic. ELCT has various programs in livelihood support and Gender, among many others.

Livelihood Support

ELCT has directly impacted the livelihoods of more than 54,000 people since its livelihood program was started, with the majority (almost 70%) of them being women through sustainable livelihood programs.

The livelihood support programs support the growth of farming (through the access of agriculture extension services), livestock keeping, fish farming, and beekeeping among other agriculture initiatives. The program also supports the use of clean energy dissemination like biogas and solar energies.

Through its Micro Finance Institution, the institution has supported business growth in 27 government districts by building the capacity of communities to run a business through business skills transfer/training.

Gender

ELCT has a strong gender program which has contributed to advocating for the increased number of girl child's attendance to secondary schools and higher levels of education. In addition, ELCT has empowered women into economic and leadership opportunities to influence their role in decision making. ELCT will use the experiences gained over the years to mainstream gender during the COVID-19 response.

In addition, ELCT has supported women to access sexual and reproductive services and particularly supported those affected/infected by HIV/AIDs. As a result, ELCT has been able to reduce the stigma associated with HIV/AIDS and also reduced maternal mortality rates from its Sexual Reproductive Health Services program which is implemented in its 24 hospitals and 148 lower health facilities (which account for 15% of national health services in Tanzania).

ELCT also supports initiatives by the government of the United Republic of Tanzania and other stakeholders in education, water, and environment protection. All these services are provided to the communities regardless of ethnicity, gender, religion, and socio-economic background.

The Christian Council of Tanzania (CCT)

CCT brings together 13 National Churches and 12 Church-related organizations plus inter-faith leaders. CCT is a religious institution that advocates for the holistic development of its members (both spiritual and physical). For over twenty-five years, CCT has engaged in promoting, protecting, and reinforcing the rule of law, accountability, human rights, gender justice, climate justice,

peaceful coexistence, and social-economic justice. Since the emergency of COVID-19, the CCT has worked with the Ministry of Health to create awareness among its members on preventing the spread of the pandemic by promoting that church-related services be minimized and that they improve hygiene facilities within church compounds as means to curb the spread of COVID-19.

Gender:

CCT's gender policy emphasizes gender mainstreaming. The program implementation in response to COVID -19 will therefore mainstream gender during its faith leader's engagement focus. The program will create awareness on the ills of as well as an advocate against Gender-Based Violence (GBV) against women and girls.

It has been noted that due to the pandemic there is increased exposure to domestic violence, and an increase in adolescent pregnancies. The awareness will enlighten families to be more aware of this vice and encourage more protection to children in their home environments. The faith leader's forum will advocate for safe homes for both men and women, which is believed will also ultimately reduce intimate partner violence (recently caused by tensions brought about by COVID-19 situation).

Also, COVID- 19 has increased the burden of unpaid care work in which women and girls partake. The program messaging, all IEC materials will model positive gender stereotypes, e.g., men and boys sharing caregiving tasks at home and encouraging support to children and sick relatives.

The program will also create platforms where both men and women faith leaders are supported to have the basic skills to respond to disclosures of GBV, in a safe, compassionate, confidential, and non-judgmental manner. Faith leaders will be supported to make referrals for further GBV care or support any immediate treatment that may be needed before referral to a health facility. The trained faith leaders will, therefore, provide case management, psychosocial support, and referrals to meet the immediate needs of survivors.

CCT using the 152 trained interfaith women leaders will create awareness among community leaders, using the church and societal structures and will be encouraged to pioneer these discussions among community members, help communities to identify GBV cases and work with affected persons/families to help to resolve the root causes and change attitudes related to GBV.

Women and men will be equitably represented in the program implementation, with appropriate disaggregation of data and indicators to understand the impacts according to sex, age, and disability.

Church World Service (CWS)

CWS has been working in Tanzania since the Burundi crisis in 2015 among refugees. Over the years CWS has impacted the lives of thousands of refugees, migrants, newly naturalized Tanzanian as well as host communities. CWS has built the capacity of community-based social structures (Farm groups, LEAD farmers, VSLA groups, schools, Water management committees, faith leaders, teachers, and students).

At the camp setting, CWS will work with Refugee Camp Based Partners Forum coordinated by UNHCR and Ministry of Home Affairs and other agencies including Danish Refugees Council (DRC), Tanganyika Refugees Christian Services (TCRS) and The Ministry of Home Affairs (MHA) as part of the COVID -19 refugee emergency response to create synergies and complement each other during project implementation.

CWS in Tanzania has expertise in the sectors of WASH, Food Security, and Livelihoods. These projects will be implemented by the CWS Tanzania office with support from the CWS Regional office in Nairobi. In response to COVID -19, CWS will use its social capital to build and strengthen existing

networks. This investment in social capital will be used to reach the most vulnerable through information dissemination on COVID-19 to the most vulnerable population.

CWS will also assist People with Special Needs (PSNs), in collaboration with Disability Relief Service (DRS).

Gender:
Furthermore, CWS will work to **Creating Gender Equality Spaces While responding to COVID – 19 Emergency** to ensure that there is a reduced social impact on the status of women and girls who are normally disproportionately affected by crises. In this response, CWS will focus on three main pillars of gender equity.

1. **Advocacy to address domestic violence and abuse:** Alongside COVID – 19 awareness and messaging CWS will advocate for the rights of girls, women, men, and boys and the importance that this means to development agencies workers, communities, and the individuals that will benefit from our programming. Respect for every individual is paramount and the basis of our success.
2. **Increase the availability of assets to women and girls:** CWS engages both women and men in strategic response. CWS works take into account the entire community's needs and strive to benefit everyone, regardless of gender. We believe peacebuilding involves the sacredness and dignity of every person. Our work will create a space in which mutual trust, respect, and interdependence are fostered. When all members of a society are heard and respected, peace and justice can flourish. In explicitly include gender equality and the empowerment of women and girls in their mandate and programming. Vulnerable groups i.e. (single parents, child-headed households, widows, elderly, PLWD) will be a priority for food suppliers and economic empowerment.
3. **Maintaining social networks**: CWS know that this is difficult to achieve gender equality alone, There are networks everyone in the communities that have been used over the time to help and provide support and foster communication; people are able to gather virtually and even share information on where to report gender-based violence that they may be experiencing at home and outside the home. Things like chatbots, hotlines, and online support groups have been seen to be quite useful at this time.

Tanganyika Christian Refugee Services (TCRS)
TCRS has been responding to various emergencies in Tanzania, including Floods, rainstorms, earthquakes among other natural emergencies. TCRS is a long -time implementing partner of UNHCR in its refugees' operations in Kigoma demonstrating strong competencies in managing settlement, refugee camp, Water Sanitation and Hygiene (WASH) promotion, trauma healing (psychotherapy and counselling to post-conflict persons). In recent years, TCRS managed to overcome the problem of water supply to the refugee's community in Mtendeli Camp.

TCRS will work in collaboration with Government authorities both at the district level and the Ministerial levels (Ministry of Health, Gender, and Children, Ministry of Home Affairs), UNHCR, and other agencies in fighting COVID -19 for the betterment of Kigoma region and the country at large. Having well established in Kibondo with some infrastructures, equipment including offices, warehouses, some light vehicle, and well-experienced staff who will be capacitated to engage in the current crisis, TCRS will bring her local and external experience during the implementation of the response.

Through collaborations and partnerships with relevant agencies and like-minded organizations including UNHCR, Government of Tanzania, TCRS has seen significant achievements in the betterment of the lives of the most vulnerable communities in Kasulu, Tabora and Dar es Salaam.
Since the outbreak of the Corona Virus all the members have been proactively continuously involving in mobilizing resources from various partners. Such efforts have resulted in some funding donation and positive indications from the approached partners. This includes funds donated by Finish Evangelical Mission (FELM) for awareness creation on COVID- 19 and provision of hygiene kits (Soap, masks, and sanitary items) and personal protective equipment to women in Kishapu and Morogoro rural communities. Also. There is a positive indication of funding to support health facilities from ELCT and immediate support to floods persons in five districts for homeless families donated by the Mission En Weit. Furthermore, the South-Central Diocese of the ELCT in bilateral partnership with sister churches abroad is working in collaboration with the government district authorities and Medical Staff to engage the community and provide hygiene and protective gear.

Gender: TCRS will engage women and youth rights networks to support connectivity and the flow of vital information. Also, the formation of the surveillance team and mobile data collectors to be involved in the project will consist of an equal representation of both men/women.
Procurement of personal protective equipment (PPE) will also be taken care of the gender, such that, the procured PPE will be reflecting the gender sensitivity and the distribution of items will take gender in consideration like alcohol-based sanitizer pregnant women will be given priority since they are more vulnerable to the disease.

RESPONSE STRATEGY

The Forum will be implementing four sectors including Livelihood, Emergency Food Support, Gender, and Engaging faith Leaders which complement planned national outcomes.

To ensure the process was participatory, ACT Tanzania requesting members employed participatory and consultative approaches in conducting rapid needs assessments to collect information on the best response strategy. This ensured that the intervention remains appropriate and relevant and will as a result enjoy strong project ownership by beneficiaries. Given the dramatic nature of COVID -19, there is a need for a pragmatic approach to combat the pandemic.

This appeal will also focus on scaling up initiatives of the Rapid Response project by TCRS and also widen the scope of the type of interventions and scaling up the number of beneficiaries in the sectors of livelihood support/micro-finance, gender, public health/support to health services, micro-finance support, engaging faith, and religious leaders and supporting refugee services program.

Livelihoods (agriculture, income generation, supporting micro-finance):
a). Agriculture livelihood support.
Livelihood support among flood-displaced 1,872 persons hosted within church buildings and schools by enabling the homeless families to rehabilitate their homes and 3,000 persons whose crop ware destroyed are provided with maize, beans, and vegetable seeds for early recovery. Livelihood activities will also target 1,200 women with conditional cash to increase their financial base as an opportunity for diversified sources of income. Additionally, it will accompany, coach, and mentor 40 existing and 10 new savings and lending groups to manage their business sustainably and will support 300 avocado smallholder farmers 60 percent of them being women.

Church World Service (CWS) and Tanganyika Christian Refugees Service (TCRS) have been working in the Nyarugusu and Mtendeni Refugees Camps respectively. The two, therefore intend to work closely with UNHCR Tanzania office and the Camps Management and the Ministry of Home Affairs.

CWS and TCRS plan to address the lives and livelihood of at least 1,000 refugees who are at high risk of suffering potential health if they contract COVID-19.

To address livelihood challenges that will arise from the effects of the COVID-19 CWS will support 1000 refugee households in Nyarugusu as well as 1000 NNTs in Ulyankulu to grow fast maturing nutritious vegetables at the kitchen gardens for food and nutrition supplements as well as household income. The skills of the participating beneficiaries will be built. In addition, in collaboration with ELCT, CWS will reach out to 400 vulnerable populations in Dar es Salaam to provide food security needs as well as livelihood options due to disruptions of the systems arising from the effects of COVID -19 through cash trans
fer.

b). Income Generating support
The three mission centers for people with hearing impairment in Dar es salaam at Manzese, Yombo, and Mji Mwema parishes. These centers are among the 10 centers established under the mission for the Deaf program which commenced in 2017 objectively to enable people with hearing impairment to hear the word of God, access health and legal services. The centers are found at the parishes serving men, women, youth, and children of all faith. For instance, at Arusha Town Parish center there are more than 30 hearing impairment more than 50% are Muslims, 3% are Lutherans and the remaining percentage are other Christian denominations. To date, the church has trained more than 49 people on Sign Language for ensuring Sign language interpretations are at 10 centers and five health institutions. Manzese and Yombo parishes are in slums while the latter is in rural settings. ELCT will use the three centers to support deaf people and communities of all faith around in collaboration with CWS to enable them to access basic food and livelihood by cash transfer for six months and train on group formation, entrepreneurship and facilitate them to establish Income Generation Activities (IGA).

c) Supporting Micro-Finance
ELCT through Sustainable and livelihood Empowerment Program has learned that diversified financial base to the Savings and Credit community groups is paramount for the growth and sustainability of the groups and the individual members as well. Therefore, it has always emphasized in building capacities of the groups and individual members to engage with multiple enterprises for increased and diversified income disposal. For instance, one woman group with 30 members has four including a cereal milling machine, batik making, rice farming, nursery seedlings for afforestation and chairs, and a full set of utensils for the ceremony to serve 500 people. During the COVID-19 pandemic, this group the four diversified sources of income has become a cushion to the individual members and the group to the point the period of repayments was extended for a longer period. Such a grace period extended to provide an opportunity for members to cope with the situation and business recovery is possible. The ELCT will facilitate, nurture and empower the 40 women groups to use the conditional cash transfer to diversify their enterprise at individual member and group levels to realize their full potentials both at individual and group levels.

Gender:

Women form the majority of those living in poverty in Tanzania. This is so due to the fact that the majority are persons of GBV including early marriages, early pregnancies which denies them the right to education which restricts their full potential. They are also denied access to resources and property ownerships. In the od crisis, most of the small properties they have acquired are sold to serve the family. They are overloaded with unpaid work as they are primarily responsible for providing care within the households. Indeed, Tanzanian society depends heavily on women's unpaid work to provide for the necessary care of young, old & sick members of the family. This limits women's from engaging effectively in economic work leading them to a full dependency life. Such disempowerment is caused mainly by ignorance acerbated by cultural beliefs, norms and values,

weak government institutions, and lack of accountability and political will to address this problem in a participative way.

Generally, these women suffer from poverty, social injustice, and human rights violation. Gendered power structures & social norms lock both women and men in positions that limit both their productivity and their ability to make choices to improve their situation. Gender equality benefits both men and women. In Tanzania women are economically marginalized to a greater extent, therefore, responding to COVID-19 in a gender justice lens; women's economic empowerment is inevitable. The World Bank argues that addressing gender inequalities with women economic empowerment is 'smart economics' because enhances productivity, improves development outcomes for the next generation & make institutions more representative

The appeal response, therefore, aims at transforming gender and power relations, and the structures, norms, and values that underpin them within the households and the community at large. The appeal through CCT, TCRS, CWS, and ELCT will work in collaboration with the like-minded stakeholders to create awareness on GBV related to COVID-19, identify persons, engage duty barriers for granting the violated rights and rehabilitate the persons to restore their lives and livelihoods. Also, it will continue to challenge social and economic inequalities by working with men and women and the community at large beyond the appeal of life by integrating the same in their programs.

Furthermore, economic empowerment will put women in a position & give them the power to participate, together with men, in shaping their society, influence development at all levels and make decisions that promote their families & their own well-being.

The strength and well-being of groups depend merely on the individual member's strength and contributions made to the group be human and non- human resources for the betterment of the groups. The groups are usually made up of 30 women.

The ELCT will use a well-established Public-Private Partnership with the government to couch and mentor the 1,200 women on business management, leadership, participation, decision making and governance and other related gender gaps that underpin women to realize their full potentials in at household and community levels. The ELCT has been benefiting working with the government technicians/professionals of all kinds depending on the expertise required. ELCT will use her experience gained over years through using agriculture and livestock expertise, fisheries industry, environment specialists, community development, and Social workers to reach the women for improved business management, increased authentic participation, and decision-making processes at different levels.

During the response, the groups of 30 people will be further divided into six people for easy reach. A week is planned per group, therefore in five days, all the 30 members of a group will be reached. ELCT will accompany, coach, and mentor the 1,200 women through assigning staff to work closely with the government development workers at village/ward levels. She/ He will engage with individual women and groups of 6 women through online consultation, dialogue, and meetings. By the end of appeal implementation, all the 1,200 members would have been attained skills and knowledge on business management. Where necessary physical contacts will be made by the development worker located in the same area and the leadership of the group while the ELCT staff will do quarterly follow-ups. Also, groups of 5-10 people will have study visits for learning from each other through well-functioning groups within their localities.

Public Health (Public health education, health care, Support to Health Services)

ELCT has a wide national coverage of health services and its staff are among the front liners in the service provision of care including 3 treatment centers for COVID -19. Up to 50 % of all referrals in the Arusha region come from Arusha Lutheran Medical Centre (ALMC). The ELCT health facilities are located both in urban (business centers) and in rural settings. 12 District Hospitals in 12 districts serve as only hospitals and first contact point to receive patients (Including COVID-19) before being referred to other levels and isolation centers. In this regard, its paramount importance to protect health workers from Corona Virus.

Women are playing a disproportionate role in responding to the disease, including front-line healthcare workers. Female Nurses in Tanzania make up 68% of workers in the health and social sector. Nurses are reorganizing wards to open more beds for COVID19 patients, while keeping others, including women in labour, safe. They are taking stock of equipment and lending it across units.

Although both women and men working in this sector are exposed to the virus, women are potentially more at risk of infection because they make up the majority (76 %) of healthcare workers. In this context, the proposal seeks to protect Health Care workers taking into account gender make up.

Maternal and immunization are part and parcel of the services rendered to the clients by all the 24 health facilities. However, there has been an increase in maternal mortality and perinatal mortality in some hospitals because many women opted to deliver their babies at home due to the anxiety of contracting COVID-19 while at the Hospital. Therefore, during the response, pregnant women and children who attend the clinic will benefit most from the education on COVID-19 to reduce their fear to come to hospitals for safe delivery.

<u>Health care</u>

The ELCT will use the Palliative care teams located in each of the 24 Lutheran Hospitals to conduct the Community outreach program. The outreach is planned for two weeks every month reaching an average of 150-180 clients in a single day for a single hospital facility. The team will use five days weekly and therefore the 24 hospitals will have conducted 240 outreaches by the end of this appeal reaching above 43,200 clients 36,000 clients. The common practice is that an advert/announcement to the communities through local government structures is made to the public prior to the service/outreach for inviting the clients

Palliative patients will be attended through the palliative care Program since most of the "high-Risk Population" happened to be part of the patients categorized as Palliative Care patients. The psychosocial support will be provided NOT only to the patients but also will be extended to their immediate family members since the actual visits will be done at home/community level. The set target of 36,000 hospice and palliative care patients is a realistic target. ELCT is one of the champions and among the leading organization providing palliative care services in Tanzania using a network of health facilities across the country.

The Palliative care teams in each hospital are made up of Doctors, Nurses, social workers, chaplains, and paramedics who are involved in the provision of front-line care services to the palliative care patients at the communities in their catchment areas. The Palliative care teams at each of the 24 implementing hospitals are equipped to conduct routine community outreach services (2 to 4 days a week) depending on the number of the patients in each of their respective communities.

These members of the Palliative care teams will be engaged from their respective hospitals where the project implementation will be taking place to facilitate the dissemination of clear, accurate, and up-to-date information around COVID-19.

Public Health Education

Public Health Education will be done through media including radios/TVs, production of IEC materials. This Public Health messaging will help to ensure that the community is aware of the existence of COVID-19 and learn the best preventive and treatment measures as part of limiting the further spread of COVID19 in their communities and even at the family level.

Education on the use of local remedies that can boost their immunity – including locally available products that are rich in Vitamin C, Vitamin D, and Zink – which are clinically proven to be preventive against severe effects of COVID-19 will also be shared with community members. The provision of IEC materials will be shared at various congregations and at within communities. These IEC materials will serve as a strong and reliable tool for families and community members to continue learning at their own pace.

Public Messages will enable community members to localize COVID-19 prevention messages into their local context – and to appropriate locally who to adapt to WHO guidelines on social distancing, isolation, and stay at home.

This is particularly important for families who live in extended families shared homes (rental houses) where many families live together. The public messages will help those in informal settlements and other social and traditional gatherings (funerals, prayer houses, schools) on how to avoid escalating their risk.

In addition, public health messages will create awareness on the identification and management of COVID-19 at the community level – and ensuring establishing a safe referral mechanism.

Engaging Faith and Religious Leaders

There is no common approach from religious leaders on the response to COVID -19, as people would like to hear what their faith leaders say and instruct. The Council of Churches of Tanzania (CCT) using long experience on interfaith leader's capacity development and engaging with interfaith leaders is well placed to build the capacities of religious leaders on the pandemic to engage them effectively for awareness creation using religious platforms to fight the Coronavirus.

Ensure the continuity of select essential services that can be delivered safely at the community level including essential drugs used for management of pain and fever.

leverage and strengthen the community platform as an integral part of primary health care to ensure an effective COVID-19 response; as community-based prevention measures

Protect health workers and community Health Providers including Home Based Care Volunteers through infection prevention and control (IPC) measures.

The program will facilitate health workers to detect, prevent, and treat cases related to COVID-19 at community levels in a timely fashion and allow integration of other services such as Reproductive health services, mental health services.

Also, ELCT will use a Rights-Based Approach (RBA) and a barefoot quality of care approach which is quality of care in the eyes of a common individual aiming to make sure quality services are provided to all equally regardless of individual religious, ethnicity, gender and socio-economic background to restore, support and protect the lives and livelihoods of the most vulnerable individual, families, groups, and communities. ELCT will provide conditional cash transfers to women groups and avocado smallholder farmers, distribute food to People with Special Needs (PSNs) including pregnant women, lactating mothers, children and elderly, training on business entrepreneurship, restore the lives and livelihoods of homeless families. The conditional transfer to women small business vendors and avocado smallholder farmers (60% being women) will enable them to provide their basic food needs to families and sustain the businesses. While the provision of food to PSNs in children and elderly homes and for people located in five districts with the potentiality of contracting the coronavirus bordering other countries is aimed at improving their immune system as a preventing measure.

This appeal will, therefore, be adding to already steps undertaken through strengthening internet/online facilities in the 89 dioceses under CCT membership and 26 regional interfaith advocacy committee to facilitate remote training, dialogue and meetings and fast tract the COVID-19 status in the country, identifying advocacy issues and decision-making processes.
The Forum will capitalize on faith leader's involvement including interfaith committees and forums to actively engage them to curb the spreading of the disease. Through CCT decision making bodies, a team of 25 church leaders (including women and youth) will be nominated to lead. The team will work closely with the CCT secretariats during the implementation linking the CCT member churches, 15 government policymakers, 22 parliamentarians, interfaith committees, and forum representatives and the AACC headquarters. Such engagement will monitor the status of of pandemic, accountability, and governance issues and suggest the most demanding issue for dialogue and decisions to partake. Some of the key issues that will be discussed through this platform will include the free flow of information which is related to COVID19 and getting feedback from the faith actors on the reality on the ground. Allocating budget towards most vulnerable groups to COVID-19, including elderly, people with other pre-existing health conditions, and palliative care services. In collaboration with AACC, CCT will engage with regional bodies to address cross -border COVID19 related tensions, as it has been recently observed between Kenya and Tanzania, borders have closed the movement of cross -border cargoes.
Support to Religious Bodies:

CCT will work in the six zones which serve as the centers for assessing the trend of the pandemic through church structures and feedback to the CCT coordination office. While the trained 152 women interfaith leaders will conduct awareness creation on GBV COVID-19 related issues, identify and support the affected through holding responsible duty barriers for granting the violated rights and rehabilitating the lives and livelihoods of them. They will work closely with women heads within their churches, regional interfaith advocacy committees, and the project officer for informed decision making and integrate the same in their usual work for sustainability.
Building capacities of faith leaders will result in managing beliefs, attitudes, and social stigma which may propagate the spread of the disease and ensuring community inclusivity and cohesion. Religious leaders are expected to reach their congregants with the right information about the disease which will help to encounter the stigma and help the community change attituded.
It includes recommendations for adapting dedicated GBV services and support to the crisis context, and for mainstreaming GBV prevention and response in 'non-GBV specific' interventions.
The interfaith leaders will also engage with the government for increased transparency, and accountability on information, data and measures to ensure the larger community is informed and involved in combating the disease. Additionally, the interfaith leaders will play a central role in reducing the tension between governments currently being experienced at some borders by employing dialogues and consultations within the region through the All African Conference of Churches.

Refugees:
CWS and TCRS will build the capacity of refugees on regular basis in terms precautions and self-preventive measures and steps to be taken in case they get coronavirus symptoms and reducing anxiety. The two using the virtual assistants through established social structures will provide facts on COVID -19 and hygiene information and facilities to make them easily accessible to people.

Emergency food support
Also support 4,700 People with Special Needs (PSNs) through provision of food. These people are children and elderly of all faith being nursed in 15 children and elderly homes in 10 regions and pregnant women and lactating mothers and elderly people located in five districts bordering other countries whom livelihoods depend mainly on business transacting across the border. The faith

leaders and local government authorities at district level will collaborate to identify people in need of support.

Impact

Contain the spread of the COVID-19 pandemic, decrease morbidity and mortality and deterioration of human assets while improving social cohesion and livelihoods, through a coordinated response of ACT Tanzania forum members, while engaging and advocating transparency, accountability, governance and for protection of vulnerable groups such as migrants, women, children, people with disabilities and the elderly.

Outcomes

Outcome 1: Decreased COVID-19 morbidities and mortalities among the affected communities and Frontline Health Care Workers.
Outcome 2: Improved livelihoods of the most vulnerable individuals, families, groups, and communities affected by COVID-19 pandemic restrictions.
Outcome 3: Increased COVID-19 levels of transparency, accountability and governance and response.
Outcome 4: Improved social protection access for vulnerable groups who find themselves in unfavourable circumstances that predispose them to GBV.

Outputs

Health Response

Outcome 1: Decreased COVID-19 morbidities and mortalities among the affected communities and Frontline Health Care Workers.

Activities:

a) Procure and distribute PPEs for 840 frontline health staff in 24 hospitals and 5 health centre's
b) support suspected and confirmed COVID-19 cases through provision of free drugs and other essential medical supplies at hospital level
c) Support palliative care teams in 24 hospitals involved in direct community care and support for high-risk populations (hospice and palliative care patients, HIV patients, elderly, Children, and pregnant women).
d) Public health education through monthly local radio and TV, 10,000 IEC materials of COVID -19, facts and messages on COVID -19 for one year to 62,000 Refugees at Nyarugusu Camp and 20,000 people in Kasulu, Tabora, distribute 240 A3 stickers to the refugees and communities around and install 100 billboards in 100 government districts for awareness creation
e) Provided 60 Water Tanks (100lts) for each group at their meeting /training points for hygiene purposes
f) Provide hygiene equipment for the two district hospitals Kakonko and Kibondo and distribute hygiene materials to 1000 refugees including soaps, buckets, basins, and sanitizers

Livelihoods

Outcome 2: Improved livelihoods of the most vulnerable individuals, families, groups, and communities affected by COVID-19 pandemic restrictions.

Activities:

g) Support 1,600 women and 300 avocado smallholder farmers with conditional cash transfer in Njombe, Arusha, Dar es Salaam and Dodoma regions
h) Accompany, mentor and couch 50 Savings and Credits Scheme groups and training them on Income Generation Activities (IGA) management, link them to markets, leadership, gender, and development

i) Distribute food to 4,700 with People with Special Needs (PSNs) in 15 children and elderly homes in ten regions and five districts bordering neighbouring countries respectively
j) Rehabilitate lives and livelihoods of 1,875 homeless families and 3000 households by distributing roofing materials and short-term maize and beans and vegetable seeds five districts adversely affected by floods for early recovery
k) Train 2,000 of refugees on vegetable production and livelihoods activities in Nyarusugu and Tabora
l) Provide vegetable seed kits to 1000 refugees and 1000 NNT

Engagement with Faith Leaders:

Outcome 3: Increased COVID-19 levels of transparency, accountability and governance and response.

Activities:

m) Strengthen internet accessibility and conferencing facilities in 89 Dioceses for organizing dialogues and meetings for 115 interfaith leaders for updates and decision making
n) Organize remote workshops/training on COVID -19 for 115 interfaith leaders and 120 Pastors (groups)
o) Facilitate and support 6 zones to assess the situation of the pandemic
p) Engage with 15 Health Ministry policymakers and 22 members of the Parliamentary Social Services Committee and other engagement structures
q) Engage AACC on advocacy issues related to COVID -19 (regional socio-economic, peaceful coexistence between countries and Traditional treatments)

Gender:

Outcome 4: Improved social protection access for vulnerable groups who find themselves in unfavourable circumstances that predispose them to GBV.

Activities:

r) Orient 13 Women heads in member churches for awareness creation, identification, and support to COVID -19 GBV related persons
s) Awareness creation to 152 to women interfaith leaders
t) Identify 130 cases of GBV COVID -19 related
u) Engage 60% of duty barriers in the processes for granting the violated rights to the persons
v) Rehabilitate 40% of the persons to restore their lives and livelihoods

Exit strategy

During the period of implementation, the project will transfer diversified skills and knowledge on prevention and combating COVID -19 pandemic. Also, engagement of faith leaders will build up and strengthening structures of advocacy which will enable the community to challenge the duty bearers for accountability and good governance for a just society.

The benefited individuals, families, facilities, and institutions and the community at large will use the acquired knowledge and information on the pandemic and public health to take appropriate measures which will reduce the risk of being infected. The provision of training on entrepreneurship, agriculture, and cash transfers will enable the beneficiaries' access dietary meals, tackle their basic needs and get more income and continue to save some of the income to sustain their enterprises and allow to start new Income Generation Activities (IGA) an opportunity for expansion and growth. The survival and existence of the Saving and Credits Scheme groups will continue to serve the large community and not only for the 1,200 women reached during this appeal.

Additionally, different approaches used such as Rights-Based, Incentive workers, and participatory process which put people at the center and involving them during the course of the entire response and early recovery will be key in ensuring ownership and sustainability of the project gains. All the

implementing members will integrate this response into the on-going programs to ensure the gains are maintained beyond the project period. This will create resilience among the communities.
The project will engage all stakeholders for collaboration at the very start of implementation including the District Authorities, religious leaders, UNHCR, Camp Management Team, Refugee leaders, and village leaders for transparency and sustainability. For Kibondo and Kakonko isolation centers, the hospital's management will be part of the key collaborators to facilitate smooth handover at the end of the project.

PROJECT MANAGEMENT

Implementation Approach

ELCT

The Evangelical Lutheran Church in Tanzania envisions a joyful and peaceful society where people are abundantly blessed physically and spiritually. Therefore, ELCT's approach is to serve human beings in a holistic manner; spiritually, mentally, and physically regardless of ethnicity, gender, religion, and socio-economic background. ELCT uses a holistic approach, Right Based Approach, and her long experiences of reaching, protecting, and supporting the lives and livelihoods of the most vulnerable people and communities during the response. Targeted households and groups will be provided with a conditional cash transfer to enable them to formulate groups and strengthening the existing ones as a platform for taping and sharing experiences, learning, and solidarity avenues for bargaining power to integrate the groups in the Sustainable Livelihood and Empowerment Program of the ELCT eventually. The mechanism of transfer will be through mobile money for household and bank accounts for groups.

CWS

CWS over the years has built community social groups during its work in Tanzania while with both refugee and host communities. Example of these groups includes Farmers groups, LEAD farmers and Village Savings Lending Association groups, schools and water management committees, faith leaders and teachers, and students for the sustainability of Community Social Work programs.
CWS will employ this social capital to disseminate COVID-19 prevention information among its target groups while addressing other public health issues related to preventing the spread of COVID-19 for those not connected to mainstream media. This strategy will allow an easy understanding of the prevention messages and an opportunity for these groups to clarify issues especially on myths related to the disease.
CWS will engage a project officer and project assistant to tap into their social networks, being mindful to maintain WHO guidelines during conducting community outreach activities and while organizing small group activities like keeping physical distancing and other basic health requirements related to COVID-19.

TCRS

The TCRS excellence has been built over years in undertaking emergency response while working among refugees in Mtendeni Camp. The requesting member will employ its existing structures to reach out to refugees and host communities through IEC materials distribution with facts messaging on the prevention of the pandemic. Also, TCRS will create awareness on hygiene and distribute hygiene-related equipment and material to refugees specifically targeting the two isolation centers in Kibondo and Kakonko district hospitals.

CCT

Capacity building of faith leaders will be conducted through online sessions and will focus on COVID -19 prevention and response.
Dialogues forums and consultations meetings will be arranged for high-level religious leaders and government officials to discuss issues of concern that may affect the welfare of the people in relation to COVID -19. Online platforms will be used frequently and face to face with precaution and following WHO guidelines.
In addition, using of media for effectiveness and wider coverage. Church-owned radios and TV will be used as well as public and private ones and social media for facts and messaging the community

to create awareness on COVID -19. Partnership and coalition for collective actions will be used to amplify the voice.

Implementation Arrangements

ELCT, the lead organization will play the role of coordinating requesting member's implementation of activities. Each requesting member will implement their project activities in their selected sectors and location. Reports will be shared with the appeal lead at ELCT who will consolidate them and submit to ACT Regional Secretariat based in Nairobi. The ACT Tanzania Forum Convenor from NCA will receive and share with all the Forum members the progress of the response including the lessons learned for information sharing among forum members.

Project Consolidated Budget

ACT Alliance Global Response to the COVID-19Pandemic						
Requesting Forum/Country		Tanzania ACT Forum				
Appeal Number:		ACT 201 Tanzania				
Appeal Title:		TANZANIA COVID-19 APPEAL				
Implementing Period:		July 2020-June 2021				
EXCHANGE RATE: local currency to 1 USD						
	Budget rate *(please input exchange rate here)*	2,313.04000				
	Please use exchange rate from this site:	*https://www.xe.com/currencyconverter/*				
		Appeal Total	ELCT	CCT	CWS	TCRS
Direct Costs		902,350	431,237	212,878	166,098	92,137
1	**Project Staff**	101,076	48,893	14,734	23,642	13,807
1.1	Appeal Lead	19,737	19,737	-	-	-
1.2	International Staff	-	-	-	-	-
1.3	National Staff	81,339	29,156	14,734	23,642	13,807
2	**Project Activities**	724,250	337,296	41,590	110,301	64,906
2.1	Public Health	287,309	182,362	-	40,041	64,906
2.2	Community Engagement	-	-	-	-	-
2.3	Preparedness and Prevention	-	-	-	-	-
2.4	WASH	-	-	-	-	-
2.5	Livelihood	225,194	154,933	-	70,260	-
2.6	Education	-	-	-	-	-
2.7	Shelter and Household items	-	-	-	-	-
2.8	Food Security	-	-	-	-	-
2.9	MHPSS and Community Psycho-social	-	-	-	-	-
2.10	Gender	41,590	-	41,590	-	-
2.11	Engagement with Faith Leaders	170,157	-	152,714	17,443	-
2.12	Advocacy	-	-	-	-	-
3	**Project Implementation**	77,024	45,048	3,839	14,713	13,424
3.1	Forum Coordination	6,917	6,917	-	-	-
3.2	Capacity Development	3,675	3,675	-	-	-
4	**Quality and Accountability**	30,857	24,508	1,245	1,083	4,021
5	**Logistics**	29,721	6,692	2,594	11,031	9,403
6	**Assets and Equipment**	5,854	3,255	-	2,599	-
Indirect Costs		57,909	21,218	7,263	17,486	11,942
Staff Salaries		42,617	16,549	4,150	12,986	8,933
Office Operations		15,292	4,669	3,113	4,501	3,009
Total Expenditure		960,259	452,455	220,141	183,584	104,079
ICF (3%)		28,808	13,574	6,604	5,508	3,122
Total Expenditure + ICF		989,066	466,028	226,745	189,092	107,201

Project Monitoring, Evaluation, and Learning

The ELCT will lead the component of M& E and will host the appeal M& E officer who will support Monitoring, evaluation, learning, and review functions of the other implementing members on the best approach to take to monitor the project.
An evaluation, learning and reporting (MELR) system used by ELCT will be used to define and report on project indicators & guidelines outlined in the appeal performance framework and log frame.

ELCT will lead members to track activities progress under the leadership of the appeal MELR Officer who will oversee all monitoring responsibilities assisted by the M & E staff from each implementing member. The Appeal Coordinator will work closely with requesting members Project Managers/ Officers for proper coordination and weekly planning to ensure smooth cohesion in implementation and reporting.
Baseline data will be collected under the supervision of M & E staff to measure project objective indicators. Regular monitoring will be conducted by project officers at each implementing member level while at the lead organization level quarterly monitoring will be done by the Appeal M & E Officer.

Safety and Security plans

ELCT as the lead organization will ensure all implementing partners will be aware of and follow security and safety situations and guidelines as directed by the national government. Joint safety and security plans will be drawn and made known to the partners through an online workshop presentation as well as a write-up. Each individual organization will be required to appoint one person to be the security and safety focal point. The overall Appeal coordinator from ELCT will be the main point of contact for the program.
Each organization will develop their own safety and security plan which will include a telephone contact-free and emergency contact information including police and ambulance phone numbers. All project staff will be provided with PPE gear which will include face masks, gloves, and hand sanitizers that they will use in the event of fieldwork.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use ACT's Code of Conduct.

X Yes ☐ No

Code of Conduct

The implementing members a signatory to major global conventions on protection including ACT Code of Conduct. CEO of the requesting members have signed the InterAction CEO Pledge on Preventing Sexual Abuse, Exploitation, and Harassment. Consequently, all staff and volunteers are required to undergo background check prior to engagement and sign various codes of conduct. In this regard, each member has policies, strategies and guidance designed to prevent programs having negative effects such as exploitation, abuse, or discrimination by staff against the communities and people we serve. Furthermore, policies for information sharing are in place and promote a culture of open communication and data protection is also highly enhanced both internally among requesting members and externally.

Safeguarding

CWS and TCRS will lead on safeguarding as both agencies have worked with refugees and have well-documented policies on safeguarding. The policy and associated procedures provide clarity to the other requesting members on how they should engage with children, refugees, and people with different sexual orientations, young people and vulnerable adults when working for, on behalf of, or in partnership with the Organization. The implementing partners will be obligated to sign or

adhere to these policies and procedures. These initiatives will build on the support provided to employees, volunteers, and other representatives to ensure they are protected. The guidelines will raise a common understanding of safeguarding issues, develop good practice across the diverse and complex areas in which we operate and thereby increase accountability in this crucial aspect of our work.

Conflict sensitivity / do no harm

All requesting members with the leadership of ELCT have put in place a formalized system of soliciting, receiving, processing, and responding to feedback and complaints received. The complaint and feedback mechanism systems aims to provide a safe, non-threatening and easily accessible channel that enables even the most local structure or beneficiary to be able to suggest or complain. ELCT will address and respond to all feedback and complaints, in a timely and transparent way and decisions and actions will be shared within the forum requesting members.

Complaints mechanism and feedback

All requesting members adhere to recognize the universal principles of Do No Harm. This is recognized also by the fact that the spread of the pandemic is indiscriminate and hence every action must adhere to the set down guidelines and minimal interaction. This will minimize adverse effects on the most vulnerable populations.

As some of the influential/potential stakeholders, like local government representatives, community leaders, etc., will be involved with the project implementation, there will always be a risk of internal conflict and in order to minimize this risk, the project implementation team will carry out necessary checks and hold discussions frequently.

Communication and visibility

A grant opening event will be conducted that will bring together implementing members, and other relevant stakeholders from interfaith group leaders, High-level government authorities from the Ministry of Health, and Home Affairs.

The project start-up workshop will bring key stakeholders of the project after the baseline is established, to establish consistent understanding of project objectives, and get a quick start of the activities in a more cohesive way.

During this branded event, requesting /implementing members will set up communication and visibility guidelines for use during public health engagements, awareness, community engagement, stakeholder engagements, religious engagements as well as advocacy initiatives. Documentation of all significant changes will be undertaken and shared accordingly with all the relevant stakeholders. The overall M& E Appeal coordinator assisted by the IT Appeal Officer will capture events and changes happening in course of appeal implantation and share them twice a month through social media preferably web sites of all implementing members.

Annex *1 – Summary Table*

	ELCT	CWS	TCRS
Start Date	July 15, 2020.	July 15, 2020	July 15, 2020
End Date	June 15, 2021.	June 15, 2021	June 15, 2021
Project Period	12 months	12 months	12 months
Response Locations	Kagera, Mara, Arusha, Kilimanjaro, Tanga, Iringa, Njombe, Morogoro, Manyara, Mbeya, Songwe, Dodoma,Dar es Salaam and Mwanza	Kasulu, Tabora and Dar es salaam	Kakonko, and Kibondo
Sectors of response	☒ Public Health; ☐ Shelter and household items ☒ Community Engagement; ☐ Food Security ☒ Preparedness and Prevention; ☐ MHPSS and Community Psycho-social ☐ WASH; ☒ Gender ☒ Livelihood; ☐ Engagement with Faith and Religious leaders and institutions ☐ Education; ☐ Advocacy	☐ Public Health; ☐ Shelter and household items ☐ Community Engagement; ☐ Food Security ☐ Preparedness and Prevention; ☐ MHPSS and Community Psycho-social ☐ WASH; ☐ Gender ☒ Livelihood; ☒ Engagement with Faith and Religious leaders and institutions ☐ Education; ☐ Advocacy	X Public Health; ☐ Shelter and household items ☐ Community Engagement; ☐ Food Security ☐ Preparedness and Prevention; ☐ MHPSS and Community Psycho-social ☐ WASH; Gender ☐ Livelihood; ☐ Engagement with Faith and Religious leaders and institutions ☐ Education; ☐ Advocacy
Targeted Recipients (per sector)	Public Health - 1,440 Support staff, Palliative care 50,000 people, 500 community groups (15,548 persons) Livelihood –45,349 people & 50 groups	Public Health -62,000 Livelihood –2,400	Public Health 245,000.
Requested budget (USD)	US$ 465,917	US$ 187,756	US$ 107,201

	CCT
Start Date	July 15, 2020
End Date	June 15, 2021
Project Period	12 months
Response Locations	Countrywide
Sectors of response	☐ Public Health ☐ Shelter and household items ☐ Community Engagement ☐ Food Security ☐ Preparedness and Prevention ☐ MHPSS and Community Psycho-social ☐ WASH X Gender ☐ Livelihood X Engagement with Faith and Religious leaders and institutions ☐ Education ☐ Advocacy
Targeted Recipients (per sector)	Faith Leaders engagement -370 leaders Gender – 282 Community – Gender 14,209 people Community – 80% of Tanzania population reached
Requested budget (USD)	US $ 226, 745

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Government of Tanzania refuses to allow interventions
Threat 2: Staff infected with COVID-19 if precautions are not taken
Threat 3: Staff misconduct
Threat 4: Fraud
Threat 5: Organizational image / reputation (e.g. communication
Threat 6: Lack of capacity of the staff to implement health related activities
Threat 7: Security and safety (Car Accidents for staff Car hijacking)
Threat 8: Lack of capacity by the most vulnerable members of the project to contribute to the project

Impact / Probability	Negligible	Minor	Moderate	Severe	Critical
Very likely	Low	Medium	High	Very high	Very high
Likely	Low	Medium	High	High	Very high Government of Tanzania refuses to allow interventions
Moderately likely	Very low	Low Lack of capacity by the most vulnerable members of the project to contribute to the project	Medium	High	High Staff infected with COVID-19 if precautions are not taken
Unlikely	Very low	Low Staff misconduct	Low Organizational image / reputation (e.g. communication).	Medium Fraud	Medium Security and safety Car Accidents for staff Car hijacking
Very unlikely	Very low Click here to enter text.	Very low Click here to enter text.	Very low Lack of capacity of the staff to implement health related activities	Low Click here to enter text.	Low Click here to enter text.