



TANZANIA  
CIVIL SOCIETY  
DIRECTORS'  
FORUM

# Tanzania Civil Society's Results Based Action Plan on **COVID-19** Interventions



**May 2020 - May 2021**



# **TANZANIA CIVIL SOCIETY'S RESULTS BASED ACTION PLAN ON COVID-19 INTERVENTIONS**

**2020 – MAY 2021  
TANZANIA**

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## **PART ONE GENERAL INTRODUCTION**

### **1.1 BRIEF CONTEXT ANALYSIS AND RATIONALE**

#### **1.1.1 Tanzanian CSOs and COVID-19's Current Trends**

Worldwide, COVID-19 is harming individual and public health, health systems, and local to national and global economies, incomes, food supplies, and public programs for the poor and vulnerable. Spreading fast, the COVID-19 pandemic is exposing gaps, from the merely large to the overwhelming, in the disease preparedness and resilience of every society. This pandemic presents complex challenges—challenges requiring solutions from across our health, economic, social, environmental, and business sectors. The mix of so many diverse sectoral issues and actors that must contribute to an effective response to this pandemic necessitates the recognition of the role of Civil Society Organization's (CSOs).

Like many other nations around the world, Tanzania is currently struggling to control and prevent the spread of the COVID-19 outbreak and its effects. The COVID-19 was declared by the World Health Organization (WHO) to have reached a level of global pandemic on 11<sup>th</sup> March 2020 due to its alarming levels of spread and severity. According to the Tanzania's CSOs' position paper on COVID-19 (which also quoted numerous reliable sources of information), there are already more than 2,000,000 reported cases of COVID-19, including at least 200,000 deaths globally as of 22<sup>th</sup> April 2020. The figures keep on escalating every single day. Tanzania has 480 cumulative reported cases as of 28<sup>th</sup> April 2020<sup>1</sup> with a total of 190 recoveries and 16 deaths as a result of this outbreak.

As a response to COVID -19 outbreak, Tanzania has designed and currently is implementing a number of interventions guided by its *COVID-19 Contingency Plan March – August 2020*. There are also administrative committees established by the Prime Minister's Office (PMO) in March 2020. There are also legal and regulatory frameworks guiding this outbreak such as the *Disaster Management Act of 2015 (Act No. 7/ 2015)* and other sectoral laws including the *Public Health Act of 2009 (Act No.1/ 2009)*.<sup>2</sup>

Moreover, apart from those efforts, the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) has staged up the Risk Communication and Community Engagement (RCCE) team, which involves State and non-state actors (mostly from international non-governmental organizations (INGOs) and United Nation (UN) agencies).

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<sup>1</sup> URT, Taarifa kwa Umma – Mwenendo wa Ugonjwa wa Corona (COVID-19) Nchini. Dar es Salaam, Jumatatu 13, 2020. Signed by Hon. Ummu Mwalimu (Mb), Minister of Health, Community Development, Gender, Elderly and Children, Tanzania.

<sup>2</sup> Note: The CSOs will continue engaging with the government to ensure that this or related legal frameworks are effectively utilized in coordination of the COVID-19's control and prevention efforts. One of the interests here is to consider presence of a room for an effective involvement and participation of CSOs in such efforts.

On the other hand, local CSOs have also tried their best to compliment government's efforts in particular on control and prevention of the spread of COVID-19. Most of what have been done by CSOs include: (a) raising public awareness through various means including online platforms; and, (b) closure of physical operations and working from home as part of social distancing requirement to reduce risks of spread of infections. However, only a few of local CSOs have managed to meaningfully contribute and be part of preventing efforts apparently due to budgetary constraints and inadequacy of basic facilities like laptops and internet connections to all staff which limit CSOs to hold accessible virtual and inclusive meetings.

### **1.1.2 Objectives of this Result Based Action Plan**

This Action Plan is an implementing tool of the Tanzania CSOs Directors' Position Paper.<sup>3</sup> The Plan translates into actions what CSOs would like to see included within the COVID-19 control strategies. It is also intended to supplement the government of Tanzania's control, prevention and other response initiatives. More than 200 CSOs from across the country as listed in the position paper effectively participated in the development of this Action Plan.

Taking into consideration the fact that different CSO have different goals and objectives, while effective control of COVID-19 demands solidarity, this plan is brought into being in order to systemize and standardize CSOs' engagements in COVID-19 outbreak between themselves as civil society actors and between CSOs and the government's initiatives at national and local government (LGAs) levels.

In addition, the Plan is intended to guide stakeholders on strategic directions to take which CSOs consider appropriate measures for added impetus to the government's efforts. The strategic direction proposed for actions in this plan include a consideration of COVID-19 beyond its current prevalent trends. Therefore, post COVID-19 exposures (effects) issues like stigma, discrimination, economic disempowerment, fear, anxiety, legal reforms of public health and disaster management laws etc., are all considered.

### **1.1.3 Rationale of this CSOs' Result Based Action Plan**

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<sup>3</sup> The CSOs Directors' Forum (CDF) is a platform which offers a range of opportunities for Civil Society Organizations (CSOs) to, among others, (i) interact and learn from each other especially on the availability of opportunities which can be tapped; (ii) enhance the capacities of CSOs through peer learning; (iii) deliberate on, analyze and recommend on pertinent issues concerning the CSS and the national development at large; and, (iv) engage in advocacy interventions generally. Currently, the forum is comprised of more than 200 directors, representing a range of CSOs in Tanzania Mainland and Zanzibar. The CSOs forming this forum are all registered organizations with mandate on issues pertaining to gender rights, health, education, governance, environment, economy, policies, legal development, disability, children, women, elderly and human rights in general. Basing on this huge assortment, the CSOs Directors' forum authorized its secretariat/ coordination unit, the Tanzania Human Rights Defenders Coalition (THRDC) and ActionAid-Tanzania to lead the mobilization of efforts for this particular CSOs COVID-19 engagement. As of now, the CDF is the only main CSOs loose and inclusive forum in Tanzania that leads and coordinates common issues related to Civil Sector in Tanzania Mainland and Zanzibar.

Despite these efforts, which CSOs generally consider them timely and appropriate there are a few concerns that are considered pertinent. These include the following: -

- (i) RCCE and similar initiatives do not offer enough and effective inclusion and participation of local partners apart from some of the international and United Nations (UN) based stakeholders. The local CSOs are of the view that, their inclusion into RCCE and similar coordination mechanisms will add impetus especially because they have a clear and wide understanding of the local contexts down to the grassroots levels. An effective engagement of both local and international NGOs is also for sustainability of the processes and results.
- (ii) Given the fact that the majority of CSOs are scattered and uncoordinated, this coordinated initiative will provide a wide and inclusive ground for CSOs to complement government efforts. Moreover, since CSOs operate in various thematic areas, this joint action plan will enable them to come up with a generic strategic document covering all aspects of effective interventions which are relevant to CSOs.
- (iii) The current plans and other initiatives on the pandemic are mostly focused on treatment to manage the crisis' as it manifests at the moment. This too is commended due to the nature of the outbreak. However, there are concerns that:-
  - (a) The generalization of the interventions against COVID-19 would not cover all groups according to their specific needs. Vulnerable or special groups like needy women, children, persons with disabilities (PWDs), persons with underlying predisposing conditions, prisoners, remandees, asylum seekers, vulnerable migrants and the elderly.
  - (b) The 'management of the crisis' approach could not address other pertinent issues relating to the outbreak such as the stigma, discrimination, fear, anxiety and economic disempowerment. The current public interventions have not adequately addressed the aftermath or 'hit-back' of the pandemic. Key services such as psychosocial supports must clearly feature within the ongoing plans and interventions.

Therefore, as a way of addressing those intervention gaps; and, in a bid to systemize and standardize CSOs' engagement in collaboration with government initiatives in the control and prevention of COVID-19 outbreak, this Action Plan is hereby developed to serve the purpose. This Action Plan has to be read together with CSOs Position Paper from the following link <https://thrdc.or.tz/tanzania-csos-position-paper-and-strategic-intervention-areas-on-covid-19/>

## **1.2 UNDERLYING PRINCIPLES OF THIS PLAN**

Taking into consideration the fact that this initiative (Action Plan) will involve multi-stakeholders at implementation level; and, for purpose of reinforcing common traits among CSOs and therefore



to achieve common results through standardized and systemized interventions in Tanzania, the following shall be minimum guiding principles<sup>4</sup> for all CSOs to observe:-

- (i) **Strategic Linkage with the Government's Initiatives:** That is, apart from supplementing the missing areas as highlighted above, CSOs will always work within the protocols established and guided by the government of Tanzania.
- (ii) **Gender Sensitivity:** Ensuring that all interventions are gender sensitive – having specific consideration for women, children, youth, elderly, prisoners, refugees and other vulnerable groups.
- (iii) **Disability Sensitivity:** Ensuring that all interventions including communications are disability sensitive and are taking into consideration all barriers to accessibility (basing on all forms of disabilities) and that, all principles governing disability rights and responsibilities as provided for under Section 4 of the Persons with Disabilities Act of 2010 and provisions the UN Convention on the Rights of Persons with Disabilities of 2006 are effectively taken into consideration.
- (iv) **Communication:** Ensuring intended messages or information is balanced, objective and effectively communicated, well understood and the desired responses or interventions achieved.
- (v) **Transparency and Accountability:** Responding to stakeholders' concerns in an effective, satisfactory, timely and transparent manner; and, ensuring that, the stakeholders have clear understanding of their specific roles and desired expectations of this engagement.
- (vi) **Inclusive:** Encouraging and supporting broad stakeholders' inclusion and participation including small sized CSOs, gender, youth, key populations, people living with HIV, disability and other vulnerable groups in all opportunities that arises in the course of implementing this COVID-19 Action Plan.
- (vii) **Honest and Integrity:** Recognizing and reinforcing the rights, beliefs, values and interests of Tanzanians as stipulated in the laws, rules, regulations and policies governing public health and related matters.
- (viii) **Result-Oriented:** Ensuring that all interventions on COVID-19 which are implemented in accordance with the Action Plan results' framework are outcome-based and the results are identified, analyzed, consolidated, communicated and sustained.

### 1.3 ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES - SWOC

There would be some internal and external factors that would influence positively or adversely an implementation of this Action Plan and its results. The internal factors are considered as strengths and weaknesses of the CSOs; while, the external factors are opportunities and challenges (threats) – in respect of political, economic, social, technological or legal (PESTL). Below is a brief SWOC analysis.

**Table 1: SWOC Analysis – CSOs Engagement in COVID 19**

<sup>4</sup> Some being borrowed and modified from: CHRAGG, 'Stakeholders' Engagement Strategy.' August 2018.

Internally	Externally
<b>A: Strengths</b> <ul style="list-style-type: none"> <li>Registered and operates under the laws of Tanzania.</li> <li>Wide experience in health interventions in Tanzania</li> <li>Wider coverage to the grassroots levels e.g presence of extended-arms such as paralegals, community mobilizers and other CBOs.</li> <li>Presence of thematic and other types of networks with state and other non-state actors.</li> <li>Deeper understanding of different typographical contexts of Tanzania – as local CSOs.</li> <li>Having close ties with local government authorities down to the street, village levels and hamlet levels.</li> <li>Coverage in Mainland Tanzania and Zanzibar.</li> </ul>	<b>B: Opportunities</b> <ul style="list-style-type: none"> <li>Presence of already existing government structures on COVID-19 which could accommodate local CSOs.</li> <li>Presence of willingness for the government to engage with CSOs.</li> <li>Presence of national (Tanzanian) and international (WHO) plans and strategies on COVID-19 which could mainstream(?) CSOs Action Plan.</li> <li>Presence of a legal framework on civil society sector which supports engagement of non-state actors in health related issues.</li> <li>Presence of technological advancement such as internet coverage, smart phones, social media platforms, etc.</li> <li>Willingness of development partners to change grant directions.</li> </ul>
<b>C: Weaknesses</b> <ul style="list-style-type: none"> <li>Funding constraints and a possibility of this trend to continue.</li> <li>Absence of budgetary lines for pandemics</li> <li>Absence of pre-planned interventions on pandemics of this nature – fixed plans.</li> <li>Insufficient experience to handle pandemics of this nature.</li> <li>Presence of different opinions and approaches on COVID-19 pandemic.</li> <li>Poor coordination among CSOs and lack of strong solidarity.</li> </ul>	<b>D: Challenges/ Threats</b> <ul style="list-style-type: none"> <li>Presence of COVID-19 plans such as Risk Communication and Community Engagement (RCCE) team which do not offer sufficient room for engagement of all CSOs especially the local ones.</li> <li>Possibility of challenges of foreign funding due to severe COVID-19 outbreak in donor countries.</li> <li>Some anti-COVID 19 measures could limit CSOs direct interventions with the people e.g quarantine of the nature of lockdowns.</li> <li>Possibilities of failing to secure specific data on the actual prevalence rate of the pandemic e.g due to limited capacity including contact tracing.</li> </ul>

Despite significant challenges which local CSOs are facing in relation to COVID-19 outbreak as indicated in Table 1 above and in the CSOs' Position Paper on COVID-19, still there are possibilities and opportunities for this sector to support the government and other stakeholders' initiatives to control and prevent the pandemic in Tanzania. The CSOs anticipate that the coordination mechanisms by the government under the MoHCDGEC and PMO will be reformed to holistically accommodate a wider community of CSOs and other actors in line with this Action Plan.

The CSOs will continue banking on the strengths and effectively utilize available opportunities as per Table 1 above to address their internal weaknesses and challenges and the pandemic at the



same time. The subsequent part of this Plan document explains the strategic objectives, deliverable results, actions proposed and intervention strategies.

## **1.4 RISKS ASSESSMENT AND MITIGATIONS PLANS**

- (i) Lack of resources for implementation of this Plan due to the fact that donor countries are also affected by COVID-19.

### **Possible Mitigation Plans:**

- Continue negotiating with all funding partners for the flexibility to reallocate project activity funds in order to prioritize COVID-19 intervention measures as proposed in this Plan at hand.
- Mobilizing CSOs in Tanzania for a joint local resource mobilization initiative on COVID-19.

- (ii) Side impact of other potential measures against COVID-19 such as total lockdown, working from home and restriction of movements - might affects the implementation of this Plan.

### **Possible Mitigation Plan(s):**

- Working with a limited number of people, using online mechanisms such as social media, community radio and mainstream media to implement some of planned activities.
- Making use of available local structures including social networks in reaching out grassroots-based communities.
- Coming up with risk assessment and assurance plan ( Under KPGM support)

## **PART TWO**

### **STRATEGIC OBJECTIVES, RESULTS AND INTERVENTION STRATEGIES**

#### **2.1 KEY RESULTS AREAS AND STRATEGIC OBJECTIVES**

Basing on the inherent and core functions of CSOs, the broad strategic areas which CSOs seek to engage with the government, other stakeholders and among CSOs themselves are in respect of:-

- (i) Control and prevention of the COVID-19 pandemic.
- (ii) Response and service provisions including monetary, non-monetary and technical support.
- (iii) Impact assessment and mitigation strategies of the negative impacts of the COVID-19 as a result of current or potential measures to be taken.
- (iv) Effective coordination amongst CSOs and between CSOs and the government as well as between CSOs, government and private sector (other stakeholders).

The third area of intervention focuses on issues beyond 'control' and 'prevention' of pandemic such as psychosocial support against social stigma, discrimination, fear, anxiety and other adverse effects involving survivors or victims of COVID-19. The first one includes prevention in the current context; while the second one is basically to reshape the situation as it happens during the interventions. The fourth area is on the inclusion and participation of the CSOs – fitting and mainstreaming CSOs approaches and issues into ongoing national initiatives.

Table 2 below summarizes CSOs' key result areas (KRAs) and strategic objectives (SOs) which this Action Plan seeks to realize as per timelines indicated in the result framework.

**Table 2: CSOs KRAs and Strategic Objectives on COVID-19**

<b>S/ No.</b>	<b>KRAs [= Key Results Areas]</b>	<b>SOs [= Strategic Objectives]</b>
1.	Control and Prevention.	To control, contain and prevent further spread or possibility of new and recurrent cases of the COVID-19 pandemic in Tanzania.
2.	Responsive Service Provisions.	To offer appropriate and effective responsive services in combating the COVID-19 pandemic.
3.	Impacts Assessments and Mitigations.	To conduct an impact assessment and accordingly, support mitigation strategies of the negative impacts of COVID-19.

4.	Coordination and Sustainability.	To enhance and sustain coordination amongst CSOs themselves and between CSOs and the government as well as CSOs, government and other stakeholders.
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## 2.2 DELIVERABLE RESULTS AND INTERVENTION STRATEGIES

### 2.2.1 Strategic Goal – Impact

The CSOs subscribe to the global and national goal on COVID-19 which is to end the pandemic completely as soon as it is conceivable. Therefore, the CSOs **strategic goal** to be achieved under this Plan is *to contribute to the total control and recurrence of the COVID-19 pandemic and its emergent (aftermath) results.*

### 2.2.2 KRAs and Outcomes

Based on the KRAs and SOs (strategic objectives) mentioned in Table 2, the following are deliverable outcomes or changes, which CSOs seek to realize as drivers towards achievement of the above stated strategic goal.

#### 2.2.2.1 KRA I: COVID-19's Control and Prevention

Under this result area, the expected outcome (change) is to realize a state of affair whereby *'further spread or possibility of new or recurrent cases of the COVID-19 pandemic in Tanzania are effectively controlled, contained and prevented.'* To realize this particular outcome, CSOs plan to engage in a number intervention strategies and actions, the main ones being:-

- (i) To raise awareness of the general public on appropriate measures (announced by the government of Tanzania and WHO) which are intended to decrease risks and protect people (especially the vulnerable groups including those with underlying health conditions). The awareness engagements will be in different forms, including:-
  - a) Use of mainstream media (accessible print, electronic and radio – national and community).
  - b) Use of alternative media (reliable social media platforms).
  - c) Use of accessible IEC materials such as fliers, booklets, placards, etc.
  - d) Use of mobile phone text messages.
- (ii) Hygiene promotion (including advocating for or facilitating presence of basic water and sanitation facilities and change of behavior to reduce risks of contracting or spread of the coronavirus).
- (iii) Contact tracing and detection of possible COVID-19 cases through a web of partners all over the country and through surveillance mechanisms directed by the government of Tanzania. Such cases will then be reported to the relevant government agencies as per operating guidelines.

- (iv) Monitoring and advising on appropriate quarantine measures (e.g which reflect gender and disability sensitivity concerns) as it has been proposed in this paper.
- (v) Contributing to the provision of effective clinical care of individuals who are at high of infection.
- (vi) Research on and share data-driven analysis with the view of improving handling of COVID-19 cases in a more innovative way.
- (vii) Advocating for the reform of policies, rules, guidelines and operating procedures in order to mainstream human rights concerns including specific needs of segregated gender groups.
- (viii) Monitoring adequacy of resources and compliance of health care services including presence of special supportive care to vulnerable groups receiving treatments and other forms of support.
- (ix) Mobilize resources from legal sources in order to intensify the engagements on this outbreak.
- (x) Advocating for sustainable public health and pandemic preparedness awareness and inclusion in the legal, policy and administrative frameworks in Tanzania.
- (xi) Monitoring effective implementation of *COVID-19 Contingency Plan of March – August 2020* and related initiatives by the government and other stakeholders.
- (xii) Advocating for the amendment of the *Disaster Management Act of 2015 (Act No. 7/2015)*; *the Public Health Act of 2009 (Act No. 1/ 2009)*; and other related laws, rules and regulations.

#### 2.2.2.2 KRA II: COVID-19 Responsive Service Provisions

The change deliverable outcome desired under this result area is '*COVID-19 pandemic is effectively combated through appropriate responsive services.*' To realize this particular outcome, CSOs plan to engage in a number of intervention strategies and actions, the main ones being:-

- (i) Soliciting needed resources including sanitizers, face masks, ventilators and sanitary materials from local and international philanthropists and sharing the same with the government.
- (ii) Demonstrate proper hand washing with soap and clean running water as well use of face mask in COVID-19 potential areas. Ensure the hand washing stations are accessible to all people including children and PWDs (installation measures to consider accessibility).
- (iii) Train selected individuals on production of locally made face masks to increase access and availability of the same to needy people in Tanzania.

- (iv) Mobilizing financial resources from various legal sources from within and outside the country and ensuring that such resources are wisely spent for the needy persons affected by COVID-19.
- (v) Offering legal aid services on cases or matters relating to COVID-19 through existing electronic legal aid services provision including PDF managed *Msaadwakisheria App*.
- (vi) Offering psychosocial supports including post COVID-19 exposure cases such as those relating to stigma, discrimination, fear and anxiety.
- (vii) Supporting contact tracing services of potential infections of COVID-19 in collaboration with government machineries.
- (viii) Establish free electronic reporting of potential COVID-19 suspected cases and potential contacts to compliment existing government information on the same.
- (ix) Managing (e.g self-regulating) relevant intra and inter networks of CSOs which address this pandemic in different forms including legal aid services.
- (x) Advocating for sustainable public health and pandemic preparedness awareness and inclusion in the legal, policy and administrative frameworks in Tanzania.
- (xi) Facilitating family reunion of the COVID-19 survivors or victims who were under quarantine or self-isolation.
- (xii) Facilitating service providers to abide by gender and disability sensitive standards in their service provisions especially when handling vulnerable groups (youth, women, people with disabilities etc).
- (xiii) Facilitating availability of disability sensitive services including sign language interpreters (SLIs), accessible quarantine, Braille prints, accessible hand washing facilities and caretakers of persons with severe disabilities.
- (xiv) Ensuring that other marginalized and vulnerable groups such as prisoners, remandees, refugees, asylum seekers, vulnerable migrants and the elderly are offered appropriate care.
- (xv) Facilitating adoption of appropriate learning mechanisms for all students of different levels of education including those with disabilities and the disadvantaged who are currently ordered to stay at home.
- (xvi) Monitoring and supporting availability of sufficient medical services and equipment for COVID-19 infected persons. Such services and equipment to be gender and disability sensitive.

- (xvii) Collaborating with the government in designing standard operating procedures (SOPs) of handling vulnerable groups basing on the nature of their vulnerabilities.
- (xviii) Liaising with public and private financial institutions which could offer economic empowerment support to informal sector actors who would be affected by quarantine or other COVID-19 measures.
- (xix) Advocating for economic reforms to support small and medium enterprises to survive in case of economic meltdown attributed to COVID-19.
- (xx) Advocating for special budgets to MoHCDGEC and PMO in order to finance national disaster committees formed to combat COVID-19.
- (xxi) Advocating for legal and policy reforms in order to have frameworks which are responsive to pandemics in case the same happens in future as suggested under KRA I.

### 2.2.2.3 KRA III: Impacts Assessment and Mitigation of COVID-19's Pandemic

The deliverable outcome or intended change under this result area is to have *'negative impacts of the COVID-19 ascertained and that, the results of the assessment are utilized to device appropriate counter-strategies of same.'* To realize this particular outcome, CSOs plan to engage in a number of intervention strategies and actions, the main ones being:-

- (i) Conducting data driven or evidence based COVID-19 mapping, assessment, studies and researches periodically. The proposed thematic areas include (see Table 3 below):-

**Table 3: Research-Focused Thematic Areas**

Thematic Focus A: Gender / Vulnerable Groups	Thematic Focus B: Issues
<ul style="list-style-type: none"> <li>• Women and girls.</li> <li>• Children.</li> <li>• Youth.</li> <li>• Persons with Disabilities.</li> <li>• Prisoners and other inmates per each category.</li> <li>• Refugees, asylum seekers and vulnerable migrants.</li> <li>• Elderly.</li> <li>• People Living with HIV/ AIDS.</li> <li>• Smokers and those exposed to second hand smoke.</li> </ul>	<ul style="list-style-type: none"> <li>• Education (different levels).</li> <li>• Health.</li> <li>• Informal and formal.</li> <li>• Agriculture, livestock and fishery.</li> <li>• Hunting and gathering.</li> <li>• Extractive industry.</li> <li>• Business and trade.</li> <li>• Hospitality services (transport, hotels, etc).</li> <li>• Economic development generally.</li> <li>• Civil society sector.</li> <li>• Sports and entertainment.</li> <li>• Justice sector.</li> </ul>



- (ii) Analyzing policy and legal frameworks or implications on COVID-19 pandemic.
- (iii) Publishing and disseminating advocacy and awareness materials.
- (iv) Conducting policy and legal dialogues.
- (v) Offering psychosocial support including post COVID-19 exposure cases such as those relating to stigma, discrimination, fear and anxiety.
- (vi) Advise on application and implication of indigenous knowledge including herbs that would be of help.
- (vii) Collaborating with the government and other non-state actors to develop guidelines on assessment and mitigation of COVID-19 and related pandemic.

#### 2.2.2.4 KRA IV: Coordination and Sustainability

Under this result area, the expected outcome (change) is to realize a state of affair whereby *'coordination amongst CSOs (themselves) and between CSOs and the government as well as CSOs, government and other stakeholders is enhanced and sustained.'* This result area is framed against the background that there are existing efforts, albeit weak, among CSOs and between CSOs and government on COVID-19. To realize this particular outcome, CSOs plan to engage in a number of intervention strategies and actions, the main ones being:-

- (i) Ascertaining strategic entry points and areas which CSOs and government can work together.
- (ii) Mainstreaming CSOs' COVID-19 Action Plan within the mainstream national plan (on the same).
- (iii) Working with the government and other non-state actors to improve the coordination mechanisms designated by PMO for managing coronavirus crisis.
- (iv) Institutionalization of CSOs' interventions e.g through policy, legal or administrative reforms.
- (v) Establishing CSOs Disaster Response Forum(s) and institutionalizing the same.
- (vi) Advocating for statutory reforms of the *Disaster Management Act of 2015; the Public Health Act of 2009* and other related laws, rules and regulations in order to reflect mandatory inclusion and participation of CSOs in disaster management committees at different levels.
- (vii) Establishing CSOs coordinating structure as per **Output 4.2** (of the Log Framework Matrix) and **Annex II** (the Structural Layout Itself).

#### 2.2.3 Deliverable Outputs for Each Outcome

Table 4 below summarizes some of the deliverable outputs for each of the four outcomes proposed for implementation under this Action Plan.

##### Information Box: Three Levels of Deliverable Results

This means that, there shall be three layers of the results, namely the impact (goal) mentioned above, the outcomes and outputs. Below outputs, there are activities or actions. Each of these activities have performance indicators (for impact, outcomes and outputs) and targets (for activities). The activities feed into each specific output as indicated in the Result Framework attached herewith.

**Table 4: Deliverable Outputs for Each Outcome of this Action Plan**

Goal/ Impact: *To contribute to the total control and recurrence of the COVID-19 pandemic and its emergent (aftermath) results.*

Outcome No.	Outcomes	Outputs per each Outcome
1.	Further spread or possibility of new or recurrent cases of the COVID-19 pandemic in Tanzania are effectively controlled, contained and prevented.	<p>1.1 Inclusive public awareness on appropriate measures raised.</p> <p>1.2 Hygiene protocols promoted.</p> <p>1.3 Contact tracing and detection of possible COVID-19 cases conducted.</p> <p>1.4 Monitoring of presence of appropriate quarantine measures and other services carried out.</p> <p>1.5 Effective clinical care of individuals who are at high risk of infection offered.</p> <p>1.6 Research and sharing of data-driven analysis on COVID-19 conducted.</p> <p>1.7 Laws, rules, regulations, guidelines and policies on pandemics reformed and reflect gender sensitivity concerns.</p> <p>1.8 Resources from various sources are mobilized.</p> <p>1.9 Implementation of <i>COVID-19 Contingency Plan of March – August 2020</i> and related initiatives by the government and other stakeholders tracked down and shaped.</p>

2.	COVID-19 pandemic is effectively combated through appropriate responsive services in Tanzania.	<p>2.1 Needed resources including sanitizers, face masks, ventilators and sanitary materials from local and international philanthropists are solicited and shared with the government.</p> <p>2.2 Financial resources from various legal sources from within and outside the country are mobilized and monitored.</p> <p>2.3 Legal aid services on cases or matters relating to COVID-19 through existing electronic legal aid services provision including PDF managed <i>Msaadwakisheria App</i> offered to the needy persons.</p> <p>2.4 Psychosocial supports including post COVID-19 exposure cases such as those relating to stigma, discrimination, fear and anxiety provided.</p> <p>2.5 Contact tracing services of potential infections are supported.</p> <p>2.6 Sustainable public health and pandemic preparedness awareness provided.</p> <p>2.7 Family reunion of the COVID-19 survivors or victims who were under quarantine or self-isolation facilitated.</p> <p>2.8 Service providers are facilitated and capacitated to abide by SOPs in their service provisions - especially when handling vulnerable groups including PWDs.</p> <p>2.9 Availability of disability sensitive services including sign language interpreters (SLIs) and caretakers of persons with severe disabilities.</p> <p>2.10 Ensuring that other marginalized and vulnerable groups such as prisoners, remandees, refugees, asylum seekers, vulnerable migrants and the elderly.</p> <p>2.11 Appropriate learning mechanisms for students of different levels of education and needs including those with disabilities and other disadvantaged who are currently ordered to stay at home are facilitated to be adopted.</p> <p>2.12 Availability and accessibility of sufficient medical services and equipment for COVID-19 infected persons is monitored and supported.</p> <p>2.13 SOPs of handling vulnerable groups basing on the nature of their vulnerabilities are designed in collaboration with the government.</p> <p>2.14 Economic empowerment support to informal sector actors who would be affected by quarantine and other COVID-19 measures are offered.</p> <p>2.15 Economic reforms to support small and medium enterprises to survive in case of economic meltdown attributed to COVID-19 are advocated for.</p> <p>2.16 Presence of special budgets for MoHCDGEC and PMO in order to finance national disaster committees formed to combat COVID-19 is advocated for.</p>
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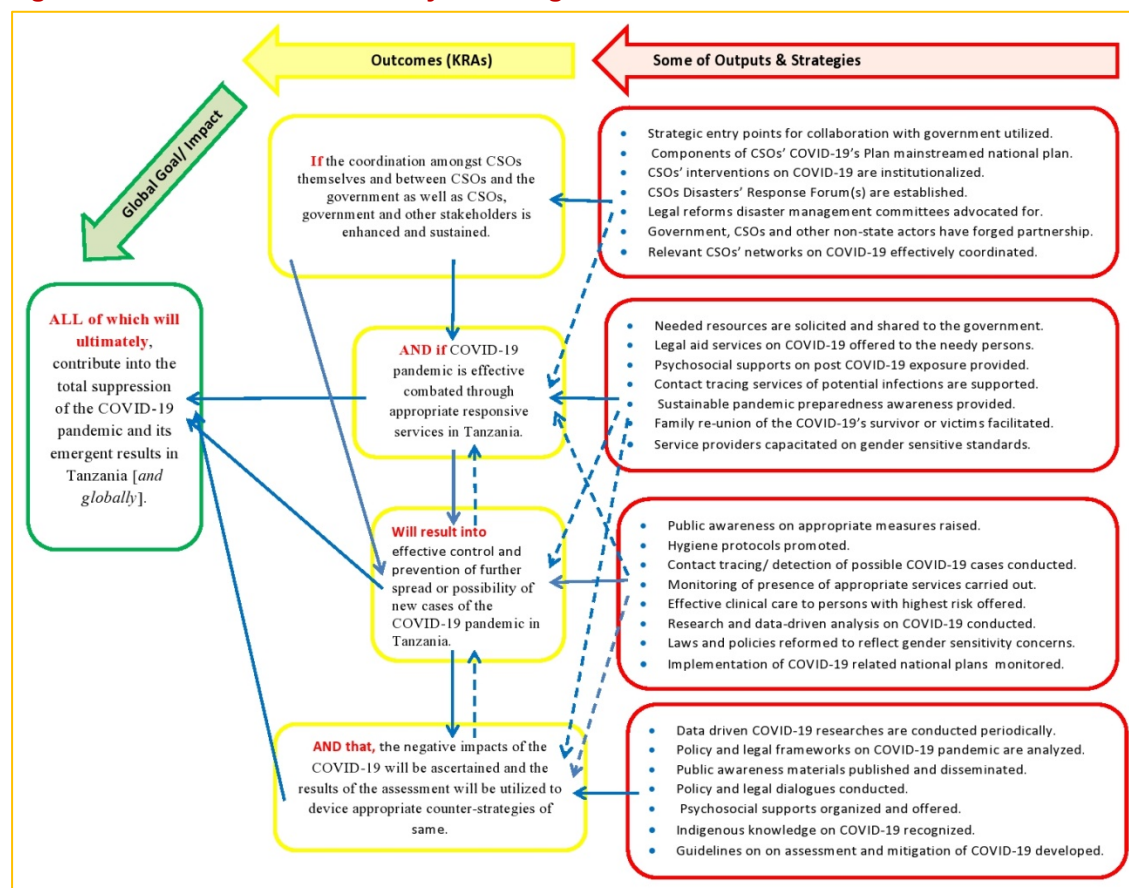
		<p>2.17 Legal and policy reforms in order to have frameworks which are responsive to pandemics in case the same happens in future as suggested under KRA I are advocated for.</p> <p>2.18 Selected individuals are trained on production of locally made face masks to increase access and availability of the same to needy people in Tanzania.</p> <p>2.19 Free electronic reporting of potential COVID-19 suspected cases and potential contacts to compliment existing government information on the same.</p> <p>2.20 Sustainable public health and pandemic preparedness awareness is advocated for.</p> <p>2.21 COVID-19 Pre-testing of all citizens at regional level</p>
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3.	Negative impacts of the COVID-19 ascertained and that, the results of the assessment are utilized to device appropriate counter-strategies of same.	<p>3.1 Data driven or evidence based COVID-19 mapping, assessments, studies and researches are conducted periodically.</p> <p>3.2 Policy and legal frameworks or implications of COVID-19 pandemic are analyzed.</p> <p>3.3 Advocacy and awareness materials are published in accessible formats and disseminated to the public.</p> <p>3.4 Policy and legal dialogues conducted.</p> <p>3.5 Psychosocial supports including post COVID-19 exposure cases such as those relating to stigma, discrimination, fear and anxiety organized and offered.</p> <p>3.6 Application and implication of indigenous knowledge including herbs that would be of help on COVID-19 identified and advised for use in mainstream ('modern') medical science.</p> <p>3.7 Guidelines on assessment and mitigation of COVID-19 and related pandemics are developed by the government and in collaboration with CSOs and other non-state actors.</p> <p>3.8 CSOs National Recovery Program initiated.</p>
4.	Coordination amongst CSOs themselves and between CSOs and the government as well as CSOs, government and other stakeholders is enhanced and sustained.	<p>4.1 Strategic entry points and areas which CSOs and government can work together are ascertained and utilized.</p> <p>4.2 Components of CSOs' COVID-19 Action Plan are mainstreamed within the mainstream national plan on the same.</p> <p>4.3 CSOs' interventions on COVID-19 are institutionalized e.g through policy, legal or administrative reforms (→ for sustainability purposes).</p> <p>4.4 CSOs Disaster Response Forums are established and institutionalized at the grassroots and national levels.</p> <p>4.5 Statutory reforms of the <i>Disaster Management Act of 2015</i>; the <i>Public Health Act of 2009</i> and other related laws, rules and regulations are advocated for in order to reflect mandatory inclusion and effective participation of CSOs in disaster management committees at different levels.</p> <p>4.6 Government, CSOs and other non-state actors have strengthened partnership and are working together to improve the coordination mechanisms designated by the PMO for managing coronavirus crisis.</p> <p>4.7 Relevant intra and inter CSOs' thematic and non-thematic networks on COVID-19 and related pandemics are effectively coordinating and regulating themselves under codified <i>modus operandi</i>.</p>

## 2.3 TANZANIA CSOS' THEORY OF CHANGE ON COVID-19

The CSOs' approaches to COVID-19 interventions take into consideration the importance of control, prevention and coordination measures in which response and coordination are central part of the measures. The three intervention strategies are interwoven and logically arranged to feed into each other for a common goal and impact. However, each of these intervention strategies could stand alone in realizing the ultimate goal. The outputs or actions for each result area (translated into outcomes) do also feed into each other – some are relevant to more than one outcome. This means that implementing partners will have to glue together some of the activities to realize different results. This is designed in this way in order to achieve optimal results through minimum resources (efficiency). Figure 1 below summarized a full and logic flow of theory of change:

**Figure 1: Tanzanian CSOs' Theory of Change of COVID-19 Multi-Interventions**



**Source:** Tanzania CSOs' Directors Forum Position Paper and Action Plan of April 2020

The practicability of this theory of change is through a result framework enclosed herewith. The said framework (logical framework) indicate logically the flow of results and actions from impact level to outcomes (changes), outputs (immediate results) and activities (actions).



## 2.4 IMPLEMENTATION, MONITORING AND EVALUATION

The CSOs will devise comprehensive monitoring and evaluation (M&E) plans to be deduced from the logical framework matrix attached herewith. The designing of the M&E plan will consider the following coordination approaches: -

- (i) CSOs to divide responsibilities based on thematic areas indicated above (Table 3) and in the Position Paper (Parts II and III).
- (ii) Joint fundraising initiatives to finance the activities in this plan.
- (iii) Common advocacy strategies.
- (iv) Adherence to the principles contained in this plan.
- (v) Make use of the existing networking structures especially under the THRDC.
- (vi) Mutual contributions (financial, technical, (resources), manpower) on voluntary basis.
- (vii) Periodic reporting after monitoring.
- (viii) Standard reporting.
- (ix) Having mid and annual evaluations of the effectiveness, efficiency, relevancy and sustainability of the results and intervention strategies on COVID-19.

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## **ANNEXTURES**

**ANNEX I: RESULTS MATRIX – LOGICAL FRAMEWORK**

**ANNEX II: COORDINATION STRUCTURE**

**ANNEX III: BUDGET ESTIMATES**

## ANNEX I: RESULTS MATRIX – LOGICAL FRAMEWORK

Table 3: Logic Framework – Tanzanian CSOs COVID 19 Action Plan

RESULT AREAS AND ACTIONS	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	Responsible CSO(s) /
<b>Overall Goal (for IMPACT)</b>	<b>Impact Indicators</b>		<b>Tasked Thematic Group(s)</b>
To contribute into the total control and recurrence of the COVID-19 pandemic and its emergent (aftermath) results.	<ul style="list-style-type: none"> <li>Baseline data/ information (to be established).</li> <li>WHO's Indicators of COVID-19.</li> <li>Government of Tanzania's Indicators of COVID-19.</li> <li>UNDP's Rapid Assessment Report on COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>Government report on trend COVID-19.</li> <li>WHO report on trend of COVID-19.</li> <li>Other official reports on the trends of COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>All CSOs thematic groups under CDF</li> </ul>
<b>OUTCOME I</b>	<b>Outcome Indicators</b>		
Further spread or possibility of new or recurrent cases of the COVID-19 pandemic in Tanzania are effectively controlled, contained and prevented.	<ul style="list-style-type: none"> <li>Number reported cases (reduction trend).</li> <li>Availability of vaccine.</li> <li>Number of people vaccinated for pandemic prevention.</li> <li>Number of people tested</li> </ul>	<ul style="list-style-type: none"> <li>MoHCDGEC and WHO Reports/ Data.</li> <li>Medical Reports</li> </ul>	<ul style="list-style-type: none"> <li>All CSOs thematic groups under CDF</li> </ul>
<b>Output 1.1</b>	<b>Output Indicators (1.1)</b>		
Public awareness on appropriate measures raised.	<ul style="list-style-type: none"> <li>Number of people reached per geographical locations (regions, districts, wards, streets, villages and hamlets); and, gender (sex, age, disability status, inmates, refugees, etc).</li> <li>At least 80% of the population are adequately aware of COVID-19 response and preventive measures.</li> <li>At least 80% are adopting various measures to respond and prevent COVID-19.</li> <li>Number of CSOs, Media with awareness programs</li> </ul>	<ul style="list-style-type: none"> <li>Case studies documented.</li> <li>Newspaper cuttings.</li> <li>Other media reports.</li> <li>Activity reports.</li> </ul>	<ul style="list-style-type: none"> <li>Community Radios</li> <li>Online Media</li> <li>All CSO's thematic groups</li> </ul>
<b>Activities for Output 1.1</b>	<b>Targets/ Milestones for Activities of Output 1.1</b>		

1.1.1	Popularizing the WHO's/UN and government of Tanzania's sensitization and publicity (EIC) materials into Kiswahili and disability accessible languages/ formats.	<ul style="list-style-type: none"> <li>• Different of sensitization and publicity materials identified by 30<sup>th</sup> May 2020 [Topics to include tobacco control, among others].</li> <li>• Number of sensitization and publicity materials popularized by June 2020 (in different formats accessible to all gender groups including children and PWDs).</li> </ul>	Copies of the materials and messages.	<ul style="list-style-type: none"> <li>• DIGNITY Kwanza.</li> <li>• TTCF.</li> <li>• TIBA.</li> <li>• All CSOs thematic groups under CDF</li> </ul>
1.1.2	Organizing special awareness raising programs on social and mainstream media outlets on COVID-19 prevention and control measures.	<ul style="list-style-type: none"> <li>• 5,000 radio and TV spots aired Monthly</li> <li>• 100,000 social media messages programmed monthly.</li> <li>• 100 messages from MoHCDEC/ government aired through different media outlets.</li> <li>• At least 50,000,000 group text messages (SMS) issued through mobile phone networks annually.</li> <li>• Number of smokers sensitized to quit smoking in order to reduce risks of contracting severe COVID-19.</li> </ul>	Reports from media houses. Mapping reports of the social media monitored.	<ul style="list-style-type: none"> <li>• DIGNITY Kwanza.</li> <li>• TCF</li> <li>• All CSOs thematic groups under CDF</li> </ul>
1.1.3	Prepared and disseminating sensitization and awareness materials on COVID-19 to the public.	<ul style="list-style-type: none"> <li>• 100,000 posters printed and disseminated to the public annually.</li> <li>• 5,000 special posters on tobacco use and control printed and disseminated to the public Monthly</li> <li>• 100,000 social media messages programmed Monthly.</li> <li>• At least 50,000,000 group text messages (SMS) issued through mobile phone networks Monthly</li> <li>• 100 e-learning postcards disseminated through different digital platform.</li> </ul>	Monthly monitoring reports.	All CSOs thematic groups under CDF
1.1.4	Updating legal aid networks, other thematic networks and non-thematic networks on the COVID-19's control/ prevention measures through phones, emails, <i>Whatsapp</i> groups, websites, and other forms of digital methods.	<ul style="list-style-type: none"> <li>• Number of laptops/ smartphones procured for this intervention.</li> <li>• Number of updates shared out weekly through websites.</li> <li>• Number of updates shared out weekly through <i>Whatsapp</i> groups.</li> <li>• Number of updates shared out weekly through mobile phones.</li> <li>• Number of women and other gender groups or individuals received the updates.</li> </ul>		All CSOs thematic groups under CDF
<b>Output 1.2</b>		<b>Output Indicators (1.2)</b>		
	Hygiene requirements and protocols promoted.	<ul style="list-style-type: none"> <li>• Number of the members of the public (segregated per gender groups) who practice or adhere to hygiene requirements and protocol.</li> <li>• Trend of availability of hygiene facilities and protective gears for public use both in urban and rural settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Social media coverage stories.</li> <li>• News papers reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• All CSOs thematic groups under CDF</li> </ul>

	<ul style="list-style-type: none"> <li>Level or status of enforcement of the LGAs' related by-laws relating to public health.</li> <li>Presence of some extra-judicial practices (including community plans) which encourage hygiene conforming with government directives.</li> <li>Availability of hygiene materials in women and other groups working in markets and other places.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Activity reports.</li> </ul>	
<b>Activities for Output 1.2</b>	<b>Targets/ Milestones for Activities of Output 1.2</b>		
<b>1.2.1</b> Facilitating installation/ presence of free of charge hand-washing points at public places including markets and bus stops.	<ul style="list-style-type: none"> <li>50,000 hand-wash points at main bus stops by June 2020.</li> <li>50,000 hand-wash points at major market places by June 2020.</li> <li>50,000 hand-wash points at other crowded public places by July 2020.</li> </ul>	Monitoring reports	All CSOs thematic groups under CDF
<b>1.2.2</b> Advocating for presence of basic sanitation facilities such as sanitizers, affordable protective gears (mask face, gloves, etc) in areas where there is scarcity of running water.	<ul style="list-style-type: none"> <li>1,000,000 bottles of sanitizers in areas with scarcity of water supply by July 2020.</li> <li>At least 3,000,000 traders have access to affordable/ free face masks and other protective gears as per issued protocols.</li> <li>Dissemination of washable 100,0000 masks to marginalized communities</li> </ul>		<ul style="list-style-type: none"> <li>EfG</li> <li>All CSOs thematic groups under CDF</li> </ul>
<b>1.2.3</b> Sensitizing general public on behavior changes to reduce risks of spread of COVID-19 and related infections.	<ul style="list-style-type: none"> <li>At least 10,000,000 public members reached through media Monthly</li> <li>At least 1,000,000 public members reached through IEC materials</li> <li>At least 100,000 public members reached through other ways including community mobilizers/ educators</li> </ul>		<ul style="list-style-type: none"> <li>DIGNITY Kwanza</li> <li></li> <li>All CSOs thematic groups under CDF</li> </ul>
<b>1.2.4</b> Facilitating installation/ presence of free of charge hand-washing points at public places including petty food and beverage vendors' spots.	<ul style="list-style-type: none"> <li>500,000 hand-wash points made available by May 2020.</li> <li>Number water supply pots which use little waters invented and supplied.</li> </ul>		TIBA All CSOs thematic groups under CDF
<b>1.2.5</b> Training of community Gender Champions on COVID-19's health tips.	<ul style="list-style-type: none"> <li>200 Community Gender Champions are trained of COVID-19.</li> </ul>		TIBA.
<b>1.2.6</b> Providing COVID-19 Testing Facilities to Government for Fives Zones (	<ul style="list-style-type: none"> <li>10000 people are tested weekly at each zone</li> </ul>		All CSOs thematic groups under CDF

North, Central , South , Lake Zone and Zanzibar )			
<b>Output 1.3</b>	<b>Output Indicators (1.3)</b>		
Contact tracing and detection of possible COVID-19 cases conducted.	<ul style="list-style-type: none"> <li>• Number of contacts effectively traced and quarantined.</li> <li>• Number of people who are aware of the importance of being transparency of the public about the importance of sharing information in relation to contact tracing.</li> <li>• Trend of an improvement of the detection and quarantine capacity as per required standards.</li> <li>• Number of COVID-19 Testing machines available at zonal level</li> </ul>	•	<ul style="list-style-type: none"> <li>• SIKIKA</li> <li>• TIBA</li> <li>• Others</li> </ul>
<b>Activities for Output 1.3</b>	<b>Targets/ Milestones for Activities of Output 1.3</b>		
<b>1.3.1</b> Liaising with the government on potential cases to trace.	<ul style="list-style-type: none"> <li>• At least 4 meetings between CSOs COVID-19 forum and government machineries of different levels per month.</li> <li>• Number of cases traced and identified per week.</li> <li>• Number of cases reported per week.</li> </ul>		All CSOs thematic groups under CDF
<b>1.3.2</b> Creating referral mechanisms on contact tracing at national and local levels.	<ul style="list-style-type: none"> <li>• 185 district referral mechanisms on COVID-19 in Tanzania Mainland.</li> <li>• 25 regional referral networks on COVID-19 in Tanzania Mainland.</li> <li>• 1 national referral mechanism connecting from similar mechanisms at regional levels.</li> </ul>		<ul style="list-style-type: none"> <li>• All CSOs thematic groups under CDF</li> <li>• SIKIKA</li> </ul>
<b>1.3.3</b> Tracing potential cases and report the same to the government per devised protocols.	<ul style="list-style-type: none"> <li>• Number of cases traced and identified per week.</li> <li>• Number of cases reported per week.</li> </ul>		DIGNITY Kwanza SIKIKA
<b>Output 1.4</b>	<b>Output Indicators (1.4)</b>		
Monitoring of presence of appropriate quarantine measures and other services carried out.	<ul style="list-style-type: none"> <li>• Types and nature of data which are accurately and timely captured and documented.</li> <li>• Types and nature of data which are accurately and timely analyzed and published per government's guidelines.</li> <li>• Types and nature of data which are accurately and timely utilized to inform of the decisions and actions.</li> </ul>	<ul style="list-style-type: none"> <li>• Reports of data captured.</li> <li>• Activity Reports.</li> </ul>	<ul style="list-style-type: none"> <li>• All CSOs thematic groups under CDF</li> </ul>
<b>Activities for Output 1.4</b>	<b>Targets/ Milestones for Activities of Output 1.4</b>		
<b>1.4.1</b> Developing SOPs on standard quarantine (and other) measures.	<ul style="list-style-type: none"> <li>• 3,000 copies of SOPs printed in English language.</li> <li>• 7,000 copies of SOPs printed in Kiswahili language.</li> </ul>		All CSOs thematic groups under CDF
<b>1.4.2</b> Developing monitoring tools with set of check-lists.	<ul style="list-style-type: none"> <li>• 7,000 monitoring tools printed in English language.</li> <li>• 13,000 monitoring tools printed in Kiswahili language.</li> </ul>		All CSOs thematic groups under CDF



1.4.3	Applying for an approval of the SOPs/ monitoring tools to the government.	<ul style="list-style-type: none"> <li>Approval granted by 30<sup>th</sup> June 2020.</li> </ul>		All CSOs thematic groups under CDF
1.4.4	Conducting periodical monitoring of the quarantine measures and other services.	<ul style="list-style-type: none"> <li>Number of monitoring conducted on weekly basis.</li> </ul>		All CSOs thematic groups under CDF
1.4.5	Preparing the monitoring reports and discuss the same with the government for improvements, public members and other stakeholders.	<ul style="list-style-type: none"> <li>Number of monitoring reports prepared monthly.</li> </ul>		
<b>Output 1.5</b>		<b>Output Indicators (1.5)</b>		
	Effective clinical care of individuals who are at the highest risk infection offered.	<ul style="list-style-type: none"> <li>Trend of offering clinical care.</li> <li>Number of beneficiaries of the clinical care.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>KVP Groups</li> <li>PLWHIV Groups</li> <li>Help-Age International</li> </ul>
<b>Activities for Output 1.5</b>		<b>Targets/ Milestones for Activities of Output 1.5</b>		
1.5.1	Identifying and documenting individuals who are vulnerable to infections.	<ul style="list-style-type: none"> <li>Number of individuals identified on weekly basis.</li> </ul>		<ul style="list-style-type: none"> <li>DIGNITY Kwanza.</li> <li>SIKIKI.</li> <li>Positive Women Living With HIV</li> </ul>
1.5.2	Offering special clinical care of smokers who are at the highest risk infection.	<ul style="list-style-type: none"> <li>4 sampled clinical and cessions services advised per month.</li> <li>4 sampled clinical and related services (cession services) supported in various ways per month.</li> <li>4 sampled clinical and related services (cessions services) monitored per month.</li> </ul>		<ul style="list-style-type: none"> <li>TTCF.</li> </ul>
1.5.3	Sharing the reports with the government.	<ul style="list-style-type: none"> <li>1 joint CSOs report shared monthly.</li> </ul>		THRDC/ACTION AID
1.5.4	Advising, supporting and monitoring availability of appropriate clinical and related care services to the vulnerable groups identified including people living with HIV.	<ul style="list-style-type: none"> <li>4 sampled clinical and related services advised per month.</li> <li>4 sampled clinical and related services supported in various ways per month.</li> <li>4 sampled clinical and related services monitored per month.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> <li>Positive Women</li> </ul>
1.5.5	Offering Clinical care and early testing of COVID-19 to PLHIV and KVP	<ul style="list-style-type: none"> <li>4 sampled clinical and cessions services advised per month.</li> <li>4 sampled clinical and related services (cession services) supported in various ways per month.</li> </ul>		<ul style="list-style-type: none"> <li>Positive Women Living with HIV</li> <li>KVP</li> </ul>

	<ul style="list-style-type: none"> <li>4 sampled clinical and related services (sessions services) monitored per month.</li> <li>Number of PLHV tested.</li> </ul>		
<b>Output 1.6</b>	<b>Output Indicators (1.6)</b>		
Researches on and sharing of data-driven analysis on COVID-19 conducted.	<ul style="list-style-type: none"> <li>Number of researches conducted.</li> <li>Type, nature and usefulness of data shared.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF.</li> </ul>
<b>Activities for Output 1.6</b>	<b>Targets/ Milestones for Activities of Output 1.6</b>		
<b>1.6.1</b> Liaising with the government research institutions such as NIMR, COSTECH and Universities to identify research gaps.	<ul style="list-style-type: none"> <li>3 meetings with 30 government representatives and 45 CSOs' representatives conducted annually.</li> <li>At least 10 representatives of CSOs thematic groups met quarterly to discuss on the research gaps by July 2020.</li> <li>1 research gap identified quarterly.</li> </ul>		<ul style="list-style-type: none"> <li>DIGNITY Kwanza.</li> <li>SIKIKI.</li> <li>Others.</li> </ul>
<b>1.6.2</b> Recruiting qualified researchers.	<ul style="list-style-type: none"> <li>1 principal researcher recruited by July 2020.</li> <li>2 assistant researchers recruited by July 2020.</li> </ul>		
<b>1.6.3</b> Conducting demand-driven researches.	<ul style="list-style-type: none"> <li>1 research conducted quarterly for 21 days per timeline above.</li> </ul>		
<b>1.6.4</b> Publishing and disseminating/ sharing out the research findings.	<ul style="list-style-type: none"> <li>2,000 copies of research reports published in English per timeline above.</li> <li>4,000 copies of research reports published in Kiswahili per timeline above.</li> <li>6,000 copies of research reports disseminated countrywide per timeline above.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
<b>1.6.5</b> Following up implementation of the recommendations from the researches.	<ul style="list-style-type: none"> <li>1 follow-up intervention done monthly.</li> </ul>		
<b>Output 1.7</b>	<b>Output Indicators (1.7)</b>		
Laws, rules, regulations, guidelines and policies on pandemics reformed and reflect gender sensitivity concerns.	<ul style="list-style-type: none"> <li>Presence of the relevant laws or rules or regulations amended or enacted.</li> <li>Presence of the relevant policies or guidelines reformed or formulated.</li> <li>(As a special consideration in this regard) presence of the Tobacco control bill tabled and passed in parliament to protect no-smokers from tobacco smoke and assist smokers to quit.</li> </ul>	<ul style="list-style-type: none"> <li>Copies of laws or rules or regulations amended or enacted.</li> <li>Copies of policies or guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> <li>THRDC</li> </ul>

		reformed or formulated.	
<b>Activities for Output 1.7</b>	<b>Targets/ Milestones for Activities of Output 1.7</b>		
1.7.1 Identifying legal and policy gaps needing reforms.	<ul style="list-style-type: none"> <li>At least 10 representatives of CSOs thematic groups met quarterly to discuss on the legal and policy gaps.</li> <li>Number of legal and policy gaps identified.</li> </ul>		<ul style="list-style-type: none"> <li>DIGNITY Kwanza</li> <li>Others</li> </ul>
1.7.2 Recruiting qualified legal and policy analysts.	<ul style="list-style-type: none"> <li>1 principal analyst recruited by 30<sup>th</sup> June 2020.</li> <li>2 assistant analyst recruited by 30<sup>th</sup> June 2020.</li> </ul>		
1.7.3 Conducting in-depth legal and policy analysis on COVID-19.	<ul style="list-style-type: none"> <li>1<sup>st</sup> legal and policy analysis conducted for 25 days from 1<sup>st</sup> July 2020.</li> <li>2<sup>nd</sup> legal and policy analysis conducted for 25 days by 30<sup>th</sup> December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
1.7.4 Publishing and disseminating/ sharing out the findings of the analysis.	<ul style="list-style-type: none"> <li>1,000 copies of analysis reports published in English per timeline above.</li> <li>2,000 copies of analysis reports published in Kiswahili per timeline above.</li> <li>2 forums organized to share findings with relevant authority for action.</li> <li>3,000 copies of analysis reports simplified and disseminated countrywide per timeline above.</li> </ul>		<ul style="list-style-type: none"> <li>HAKIELIMU</li> <li>Thematic Groups of CSOs under CDF</li> <li></li> </ul>
1.7.5 Following up implementation of the recommendations from the analysis.	<ul style="list-style-type: none"> <li>1 follow-up intervention done monthly.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
<b>Output 1.8</b>	<b>Output Indicators (1.8)</b>		
Resources from various sources are mobilized.	<ul style="list-style-type: none"> <li>Availability of financial resources mobilized per needs.</li> <li>Availability of other resources mobilized per needs.</li> </ul>	<ul style="list-style-type: none"> <li>Records/ reports of resources mobilized.</li> </ul>	<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
<b>Activities for Output 1.8</b>	<b>Targets/ Milestones for Activities of Output 1.8</b>		
1.8.1 Recruiting resource mobilization consultant/ expert.	<ul style="list-style-type: none"> <li>1 resource mobilization expert recruited for 30 days by 30<sup>th</sup> May 2020.</li> </ul>		THRDC
1.8.2 Developing a joint CSOs' Resource Mobilization Strategy (RMS) on COVID-19.	<ul style="list-style-type: none"> <li>The joint CSOs' RMS on COVID-19 developed by 30<sup>th</sup> June 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>

			<ul style="list-style-type: none"> <li>THRDC</li> </ul>
1.8.3 Mobilizing resources from various sources as per the <b>RMS</b> .	<ul style="list-style-type: none"> <li>Types and amount of resources mobilized per target set annually.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
1.8.4 Utilizing the resources mobilized to:- <ul style="list-style-type: none"> <li>Supplement the government's efforts on COVID-19 and related infections.</li> <li>Implementing other activities or interventions proposed by CSOs which are not adequately covered by the government's efforts.</li> </ul>	<ul style="list-style-type: none"> <li>Types and amount of resources shared per identified needs annually.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
<b>Output 1.9</b>	<b>Output Indicators (1.9)</b>		
Implementation of <i>COVID-19 Contingence Plan of March – August 2020</i> and related initiatives by the government and other stakeholders tracked down and shaped.	<ul style="list-style-type: none"> <li>Presence of monitoring visits/ meetings, dialogues and reports.</li> <li>Feedback from the government.</li> <li>Presence of CSOs' recommendations on the contingency and other plans or initiatives.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>SIKIKI</li> <li>THRDC</li> <li>Action Aid</li> </ul>
<b>Activities for Output 1.9</b>	<b>Targets/ Milestones for Activities of Output 1.9</b>		
1.9.1 Lobbying for an inclusion and participation of CSOs in the ongoing COVID-19 plans implemented by the government.	<ul style="list-style-type: none"> <li>3 meetings with 10 government representatives involving 10 representatives of CSOs organized in Dodoma for 2 days each by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>NACONGO</li> </ul>
1.9.2 Monitoring the implementation of such government's plans per the specified performance indicators and targets.	<ul style="list-style-type: none"> <li>4 monitoring interventions conducted monthly.</li> <li>1 monthly monitoring report prepared.</li> </ul>		
1.9.3 Advising the government on areas for further improvements.	<ul style="list-style-type: none"> <li>2 feedback meetings with 5 government representatives involving 10 representatives of CSOs organized in Dodoma for 2 days each by December 2020.</li> </ul>		
<b>OUTCOME II</b>	<b>Outcome Indicators</b>		
COVID-19 pandemic is effectively combated through appropriate responsive services in Tanzania.	<ul style="list-style-type: none"> <li>Decreased cases of COVID-19's infections.</li> <li>[WHO's and government of Tanzania's reports].</li> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>

Output 2.1	Output Indicators (2.1)		
Needed resources including sanitizers, face masks, ventilators and sanitary materials from local and international philanthropists are solicited and shared to the government.	<ul style="list-style-type: none"> <li>Number of sanitizers supplied to the needy persons.</li> <li>Number of face masks supplied to the needy persons.</li> <li>Number of ventilators supplied to the designated health care facilities.</li> <li>Number of other materials supplied.</li> <li>Number of needy persons benefited from different types of materials.</li> <li>Number of people tested</li> </ul>	<ul style="list-style-type: none"> <li>Reports on Hygiene received and distributed.</li> </ul>	<ul style="list-style-type: none"> <li>TIBA.</li> <li>SIKIKI</li> <li>Others</li> </ul>
Activities for Output 2.1	Targets/ Milestones for Activities of Output 2.1		
2.1.1 Identifying the actual needs of the sanitizers, face masks, ventilators and sanitary materials.	<ul style="list-style-type: none"> <li>Number of sanitizers needed by May 2020.</li> <li>Number of face masks needed by May 2020.</li> <li>Number of ventilators identified by May 2020.</li> <li>Number of other sanitary materials identified by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CSOs Directors Forum( CDF)</li> </ul>
2.1.2 Advocating for increased in number of ambulance or mobile clinics equipped with medicine and skilled health professionals to provide emergency service to communities during COVID-19.	<ul style="list-style-type: none"> <li>Number of mobile vans/ ambulances placed in key areas.</li> <li>Number of community members served as emergency cases during COVID-19.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
2.1.3 Using the <b>RMS</b> (resource mobilization strategy) to mobilize for availability of the same.	<ul style="list-style-type: none"> <li>Number of sanitizers procured by December 2020.</li> <li>Number of face masks procured by December 2020.</li> <li>Number of ventilators procured by December 2020.</li> <li>Number of other sanitary materials procured by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
2.1.4 Sharing the materials mobilized to the government.	<ul style="list-style-type: none"> <li>Number of sanitizers donated by December 2020.</li> <li>Number of face masks donated by December 2020.</li> <li>Number of ventilators mobilized by December 2020.</li> <li>Number of other sanitary materials mobilized and donated by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>
2.1.5 Monitoring availability and affordability of the said materials to the needy persons throughout the country.	<ul style="list-style-type: none"> <li>10 Smartphones purchased to support availability monitoring.</li> <li>CSOs monitoring team comprised of 10 representatives formed by December 2020.</li> <li>The CSOs team comprised of 10 people conduct said monitoring for 20 days by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs under CDF</li> </ul>

<b>Output 2.2</b>	<b>Output Indicators (2.2)</b>		
Financial resources from various legal sources from within and outside the country are mobilized and monitored.	<ul style="list-style-type: none"> <li>Amount of financial resources mobilized.</li> </ul>	<ul style="list-style-type: none"> <li>Financial reports.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Activities for Output 2.2</b>	<b>Targets/ Milestones for Activities of Output 2.2</b>		
<b>2.2.1</b> Identifying potential sources of funds from within and outside the country.	<ul style="list-style-type: none"> <li>Number of sources of funds identified per RMS.</li> </ul>		DIGNITY Kwanza
<b>2.2.2</b> Using the <b>RMS</b> (resource mobilization strategy) to mobilize financial resources.	<ul style="list-style-type: none"> <li>Amount funds received through RMS.</li> </ul>		DIGNITY Kwanza
<b>2.2.3</b> Supporting the government's efforts through the financial resources mobilized.	<ul style="list-style-type: none"> <li>Kinds and types of government's efforts financed by financial resources mobilized by CSOs through RMS.</li> </ul>		
<b>2.2.4</b> Monitoring expenditure of the financial resources and report the same to the funding partners/ appropriate authorities.	<p>Same as above that:</p> <ul style="list-style-type: none"> <li>CSOs monitoring team comprised of 10 representatives formed by December 2020.</li> <li>The CSOs team comprised of 10 people conduct said monitoring for 20 days by December 2020.</li> </ul>		
<b>Output 2.3</b>	<b>Output Indicators (2.3)</b>		
Legal aid services on cases or matters relating to COVID-19 offered through existing electronic legal aid services provision including toll free to get assistance from a lawyer or paralegal; call center to listen to legal aid messages and book a call from a paralegal/lawyer; push SMS to read legal aid messages; PDF managed <i>Msaadwakisheria App</i> to needy persons.	<ul style="list-style-type: none"> <li>The PDF managed <i>Msaadwakisheria App</i> established/ enhanced and pre-tested by July 2020.</li> <li>1,000 representatives of LASP and paralegal organizations are trained and oriented on the electronic model by July 2020.</li> <li>6,000 legal aid cases handled through electronic services annually.</li> <li>The <i>Msaadwakisheria App</i> updated monthly and its reports generated electronically from the <i>app</i>.</li> <li>Number of paralegals identified by August 2020</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	TANLAP
<b>Activities for Output 2.3</b>	<b>Targets/ Milestones for Activities of Output 2.3</b>		
<b>2.3.1</b> Mapping of the legal aid service providers ( <b>LASPs</b> ) who can offer services through this approach.	<ul style="list-style-type: none"> <li>All (185) districts of Mainland Tanzania mapped to identify LASPs by August 2020.</li> <li>Number of LASPs identified by August 2020.</li> </ul>		TANLAP
<b>2.3.2</b> Updating the <i>Msaadwakisheria App</i> .	<ul style="list-style-type: none"> <li>The <i>app</i> updated periodically by TANLAP.</li> <li>Monthly report of the updates shared out by TANLAP.</li> </ul>		TANLAP

2.3.3	Developing or/and improving existing guidelines or SOPs on legal aid services to accommodate COVID-19 issue and this model of service provision.	<ul style="list-style-type: none"> <li>Guidelines developed/ improved by September 2020.</li> </ul>		TANLAP
2.3.4	Publicizing the use of this new approach to legal aid services throughout the country.	<ul style="list-style-type: none"> <li>All (185) districts of Mainland Tanzania use this new approach by December 2020.</li> </ul>		TANLAP
2.3.5	Formulating SOPs or guidelines on Remote Service Centres ( <b>RSCs</b> ) at police stations, courts and detention facilities for clients with urgent cases and who has no access to online services.	<ul style="list-style-type: none"> <li>The SOPs or guidelines on <b>RSCs</b> formulated by 30<sup>th</sup> June 2020.</li> </ul>		TANLAP
2.3.6	Securing an approval from the government of the SOPs or guidelines on <b>RSCs</b> .	<ul style="list-style-type: none"> <li>SOPs or guidelines on <b>RSCs</b> formulated by 30<sup>th</sup> July 2020.</li> </ul>		TANLAP
2.3.7	Orienting and train the police, judicial, prisons and other service providers in justice sector on the SOPs or guidelines on <b>RSCs</b> .	<ul style="list-style-type: none"> <li>1,000 service providers oriented and trained on SOPs or guidelines on <b>RSCs</b> formulated by 30<sup>th</sup> August 2020.</li> </ul>		TANLAP
2.3.8	Creating <b>RSCs</b> at police stations, courts and detention facilities.	<ul style="list-style-type: none"> <li>10 pilot RSCs created by September 2020 in 5 regions of Mainland Tanzania.</li> <li>50 RSCs created by December 2020 in 25 regions of Mainland Tanzania.</li> </ul>		TANLAP
2.3.9	Establishing call center(s) to listen to legal aid messages and book a call from a lawyer or paralegal.	<ul style="list-style-type: none"> <li>50 layers recruited/ designated for call centers.</li> <li>5 call centers established in each zone.</li> <li>50 paralegals recruited for call centers</li> </ul>		TANLAP
2.3.10	Offering legal aid services to the needy persons.	<ul style="list-style-type: none"> <li>Number of clients attended through mobile phones.</li> <li>Number of clients attended through emails.</li> <li>Number of clients attended through other electronic means.</li> <li>Number of clients referred to LASPs and State machineries.</li> </ul>		<ul style="list-style-type: none"> <li>DIGNITY Kwanza</li> <li>TANLAP</li> </ul>
2.3.11	Creating and/or enhancing referral mechanism between CSOs' LASPs and State machineries including the	<ul style="list-style-type: none"> <li>1<sup>st</sup> consultative meeting involving 50 representatives of CSOs' LASPs (50%) and State (50%) organized in Dodoma by July 2020.</li> </ul>		<ul style="list-style-type: none"> <li>TANLAP.</li> <li>DIGNITY Kwanza</li> </ul>

PGCDs, SWOs, OSCs, State Attorneys, judiciary and places of detentions. <sup>5</sup>	<ul style="list-style-type: none"> <li>2<sup>nd</sup> consultative meeting involving 50 representatives of CSOs' LASPs (50%) and State (50%) organized in Dodoma by September 2020.</li> </ul>		
<b>2.3.12</b> Documenting and analyzing legal aid data relating to COVID-19.	<ul style="list-style-type: none"> <li>Legal aid data documented and analyzed monthly.</li> </ul>		<ul style="list-style-type: none"> <li>TANLAP</li> </ul>
<b>2.3.13</b> Monitoring legal aid service provision standards and offering appropriate supports through TANLAP and MoCLA.	<ul style="list-style-type: none"> <li>Monthly monitoring of legal aid services conducted by CSOs thematic group involving 10 members.</li> <li>Type and nature of appropriate offered periodically per needs.</li> </ul>		<ul style="list-style-type: none"> <li>TANLAP</li> </ul>
<b>2.3.14</b> Advocating for legal reforms in order to mainstream/ institutionalize this model into relevant legal frameworks.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		TANLAP.
<b>Output 2.4</b>	<b>Output Indicators (2.4)</b>		
Psychosocial supports on COVID-19 exposure cases such as ones relating to stigma, discrimination, fear and anxiety provided during and after the pandemic.	<ul style="list-style-type: none"> <li>Number of psychosocial supports services (PSS) offered digitally.</li> <li>Number of beneficiaries of the PSS offered.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly service reports.</li> </ul>	<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>
<b>Activities for Output 2.4</b>	<b>Targets/ Milestones for Activities of Output 2.4</b>		
<b>2.4.1</b> Mapping state of current psychosocial services (nature, types, proximity of services, affordability, availability, etc) throughout the country.	<ul style="list-style-type: none"> <li>1 consultant recruited for 30 days by July 2020.</li> <li>2 assistant consultants recruited for 30 days July 2020.</li> <li>Mapping is conducted for 30 days involving all 25 regions of Mainland Tanzania by August 2020.</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>
<b>2.4.2</b> Developing the model psychosocial services guidelines or SOPs for COVID-19.	<ul style="list-style-type: none"> <li>The model psychosocial services guidelines or SOPs developed by September 2020.</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>
<b>2.4.3</b> Seeking an approval of the use of the said guidelines.	<ul style="list-style-type: none"> <li>An approval of the use of model psychosocial services guidelines or SOPs developed by September 2020.</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>
<b>2.4.4</b> Orienting psychosocial services providers on the guidelines.	<ul style="list-style-type: none"> <li>1,000 SWOs, CDOs and Para-Social Workers at districts and ward levels of Mainland Tanzania trained and oriented on the guidelines and PSS crisis intervention by November 2020.</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>

<sup>5</sup> **Note:** PGCD = Police Gender and Children Desks; SWOs = Social Welfare Officers/ Departments; and, OSC = One Stop Centers comprised of PGCDs, SWOs and Health Care Providers.



2.4.5	Offering psychosocial services to the needy persons throughout the country.	<ul style="list-style-type: none"> <li>100 clients supported monthly throughout the country.</li> <li>1 Monthly report prepared and shared out.</li> </ul>	Monthly reports	<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>
2.4.6	Creating and/or enhancing referral mechanism on psychosocial services.	<ul style="list-style-type: none"> <li>[As <b>Output 1.3, Activity # 1.3.2</b> above].</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>
2.4.7	Documenting and analyzing psychosocial services' data relating to COVID-19.	<ul style="list-style-type: none"> <li>Weekly documentation of data.</li> <li>1 monthly report produced from documented data.</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Happiness to Life Centre.</li> </ul>
2.4.8	Monitoring psychosocial services provision standards and offering appropriate supports.	<ul style="list-style-type: none"> <li>[As <b>Output 2.1, Activity # 2.1.3</b> above].</li> </ul>		
2.4.9	Advocating for an institutionalization of the psychosocial services on cases relating to COVID-19 and similar pandemics.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		
<b>Output 2.5</b>		<b>Output Indicators (2.5)</b>		
	Contact tracing services of potential infections are supported.	<ul style="list-style-type: none"> <li>Number and trend of cases traced.</li> </ul>	•	•
<b>Activities for Output 2.5</b>		<b>Targets/ Milestones for Activities of Output 2.5</b>		
2.5.1	Liaising with the government on appropriate clinical and other services to be offered.	<ul style="list-style-type: none"> <li>1<sup>st</sup> consultative meeting involving 50 representatives of CSOs' LASPs (50%) and State (50%) organized physically or electronically by August 2020.</li> <li>2<sup>nd</sup> consultative meeting involving 50 representatives of CSOs' LASPs (50%) and State (50%) organized physically or electronically by October 2020.</li> </ul>		
2.5.2	Identifying community animators in mining areas; market places; bus and train stations; recreation facilities; hunting and gathering communities; fisheries; villages; migrant communities; and all other public places who can do surveillance and report on possibilities of COVID-19 cases to appropriate authorities.	<ol style="list-style-type: none"> <li>1,000 community animators identified in mining areas by July 2020.</li> <li>1,500 community animators identified in market places areas July 2020.</li> <li>500 community animators identified in bus and railway stations July 2020.</li> <li>1,000 community animators identified amongst the pastoral communities July 2020.</li> </ol>		DIGNITY Kwanza

	7	300 community animators identified amongst the hunting and gathering communities July 2020.		
	8	1,000 community animators identified amongst the fishery communities July 2020.		
	9	200 community animators identified amongst the migrant communities by July 2020.		
2.5.3	Train the said community animators on basics of COVID-19 pandemic as per training manuals approved by the government.	3	Total 5,500 community animators trained for 2 days.	DIGNITY Kwanza
2.5.4	Provide airtime and other forms of support to community animators to effectively use their mobile phones for surveillance and case reporting to appropriate authorities.	3	Each of 5,500 community animators provided with TZS 100,000 as airtime on monthly basis.	DIGNITY Kwanza
		4	550 community animators provided with simple phones to facilitate their work.	
2.5.5	Improving the capacity of referral mechanisms to handle the cases e.g considering gender and disability sensitivity.	•	[As Output 1.3, Activity # 1.3.2 above].	
2.5.6	Monitoring the appropriateness of the services offered to the identified cases including quarantine services.	•	[As Output 2.1, Activity # 2.1.3 above].	
2.5.7	Organizing free electronic reporting of potential COVID-19 suspected cases and potential contacts to compliment existing government information on the same.	•	1 weekly report from each thematic group.	DIGNITY Kwanza
		•	1 monthly report from all CSOs in COVID-19 forum.	
2.5.8	Offering <b>other</b> supports to supplement the efforts of the government as cases are identified through contract tracing.	•	Types and nature of services offered per needs – as documented.	
<b>Output 2.6</b>		<b>Output Indicators (2.6)</b>		
Sustainable public health and pandemic preparedness awareness provided.		•	Presence of pandemic preparedness programs.	
<b>Activities for Output 2.6</b>		<b>Targets/ Milestones for Activities of Output 2.6</b>		

2.6.1	Recruiting epidemiology expert/ consultant to map the capacity needs and facilitate preparedness plans.	3	1 consultant recruited and retained for a duration of 30 days by June 2020.		
2.6.2	Preparing the CSOs-government pandemic preparedness sustainability plan/ strategy and results framework.	3	10 representatives of CSOs COVID-19 forum; 10 representatives of government; 10 representatives of private sector; and, 10 representatives of the general public meet for 3 days in Dodoma by June 2020.		
		4	The pandemic preparedness sustainability plan/ strategy and results framework is developed by July 2020.		
2.6.3	Creating CSOs' thematic group on preparedness programs.	3	10 representatives of CSOs COVID-19 forum meet for 2 days to agree on the preparedness programs by July 2020.		
.6.4	Developing needs-based capacity building and awareness manuals.	•	Needs-based capacity building and awareness manuals developed by August 2020.		
.6.5	Pretesting and printing the needs-based capacity building and awareness manuals.	•	The needs-based capacity building and awareness manuals is pretested in 5 regions by 10 individuals persons for 10 days by September 2020.		
.6.6	Monitoring and evaluating the pandemic preparedness sustainability plan/ strategy as per results framework's M&E plan.	•	1 monitoring visit conducted monthly involving 10 individual persons to at least 2 regions of Tanzania Mainland.		
		•	2 mid-evaluations are organized and carried out annually.		
.6.7	Publishing policy and legal briefs (reports) on the pandemic preparedness initiatives as per actions executed under the result framework.	•	1,000 policy briefs published annually in English language.		
		•	1,000 policy briefs published annually in Kiswahili language.		
		•	1,000 legal briefs published annually in English language.		
		•	1,000 legal briefs published annually in Kiswahili language.		
.6.8	Organizing periodical dialogues and capacity building programs on the pandemic preparedness initiatives as per result framework.	•	4 dialogues organized annually involving at least 200 key partners.		
<b>Output 2.7</b>		<b>Output Indicators (2.7)</b>			
	Family re-union of the COVID-19's survivor or victims who were being quarantined or self-isolated facilitated.	•	Number of individuals re-united.		
<b>Activities for Output 2.7</b>		<b>Targets/ Milestones for Activities of Output 2.7</b>			

2.7.1	Identifying persons in deed of specific family reunion services.	<ul style="list-style-type: none"> <li>Mapping using 150 community animators conducted to at least 150 districts for 3 days in Tanzania Mainland by December 2020.</li> <li>500 individuals persons identified annually.</li> </ul>	Mapping reports. Clients report.	TIBA.
2.7.2	Designing SOPs or other guidelines on psychological and other supports to victims, survivors and their families.	3 The SOPs or other guidelines on psychological and other supports designed by September 2020.	Copy of guideline developed.	TIBA.
2.7.3	Securing approval or accreditation of the said SOPs or other guidelines on psychological and other supports from the government.	<ul style="list-style-type: none"> <li>Approval of the SOPs or other guidelines on psychological and other supports secured from the government by October 2020.</li> </ul>	Meeting reports.	
2.7.4	Organizing a team of CSOs and other stakeholders who can offer psychological and other supports to victims, survivors and their families.	<ul style="list-style-type: none"> <li>A team of 200 psychosocial professionals organized/ recruited by October 2020.</li> <li>A team of 200 psychosocial professionals trained/ oriented on the nature of supports for 3 days by October 2020.</li> </ul>	Clients report Training report	TIBA.
.6.4	Facilitating communications with families of the victims or survivors.	<ul style="list-style-type: none"> <li>Number of communications facilitated per a week.</li> </ul>		TIBA.
.6.5	Facilitating availability of psychological and other supports to victims, survivors and their families.	<ul style="list-style-type: none"> <li>1,000 needy persons received psychological and other supports annually (at least 10% being PWDs).</li> </ul>		TIBA.
.6.6	Keep data and information on the nature of supports, victims, survivors and victims supported.	<ul style="list-style-type: none"> <li>Daily/ weekly data entry.</li> <li>Weekly/ monthly data printed from the data bank (database).</li> </ul>		
.6.7	Preparing and sharing reports on the same.	<ul style="list-style-type: none"> <li>12 reports shared annually.</li> </ul>		
<b>Output 2.8</b>		<b>Output Indicators (2.8)</b>		
Service providers are facilitated and capacitated to abide with gender sensitive standards in their service provisions - especially when handling vulnerable gender groups.		<ul style="list-style-type: none"> <li>Number of service providers capacitated.</li> <li>Number of needy women handled by capacitated service providers.</li> <li>Number of needy children handled by capacitated service providers.</li> <li>Number of needy elderly handled by capacitated service providers.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>TAWIA.</li> <li>?</li> <li>?</li> </ul>
<b>Activities for Output 2.8</b>		<b>Targets/ Milestones for Activities of Output 2.8</b>		

.8.1	Procuring and recruiting consultant who will advice on gender sensitivity compliance standards.	<ul style="list-style-type: none"> <li>1 consultant hired for 30 days by June 2020.</li> </ul>		
.8.2	Mapping to identify specific capacity needs of the service providers handling COVID-19's clients.	<ul style="list-style-type: none"> <li>Mapping conducted for 10 days electronically by July 2020.</li> </ul>		
.8.3	Forming CSOs thematic group on monitoring of the gender sensitivity compliance standards.	<ul style="list-style-type: none"> <li>10 CSOs representatives meet for 2 days and agreed on this thematic group by July 2020.</li> </ul>		
.8.4	Formulating SOPs or guidelines on minimum gender sensitivity standards to be observed.	<ul style="list-style-type: none"> <li>The SOPs or guidelines on minimum gender sensitivity standards formulated for 10 days by August 2020.</li> </ul>		
.8.5	Securing an approval or accreditation of the said SOPs or guidelines.	<ul style="list-style-type: none"> <li>An approval of the SOPs or guidelines on minimum gender sensitivity standards secured by August 2020.</li> </ul>		
.8.6	Sensitizing the public on the standards needed to be observed.	<ul style="list-style-type: none"> <li>10,000,000 public members sensitized on the standards to be observed by December 2020.</li> </ul>		
.8.7	Devising M&E tools on minimum gender sensitivity standards.	<ul style="list-style-type: none"> <li>The M&amp;E tools devised by September 2020.</li> </ul>		
.8.8	Preparing periodical reports on the observed trends of compliance of standards.	<ul style="list-style-type: none"> <li>4 periodical reports prepared and shared annually.</li> </ul>		
.8.9	Dialoguing on the areas which would need further improvements.	<ul style="list-style-type: none"> <li>2 dialogues involving 30 participants organized annually at national levels.</li> <li>25 dialogues involving 50 participants organized annually at regional level.</li> <li>150 dialogues involving 300 participants organized annually at district level.</li> <li>Number of documented testimonies/ stories/ case studies/ success stories.</li> </ul>		
<b>Output 2.9</b>		<b>Output Indicators (2.9)</b>		
Availability of disability sensitive services including sign language interpreters (SLIs) and caretakers of persons with severe disabilities.		<ul style="list-style-type: none"> <li>Presence of specialized services for persons with severe disabilities.</li> <li>Level, status and trend of specialized services for persons with severe disabilities.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>

<b>Activities for Output 2.9</b>	<b>Targets/ Milestones for Activities of Output 2.9</b>		
<b>2.9.1</b> Procuring and recruiting disability rights consultant to facilitate implementation of this output.	<ul style="list-style-type: none"> <li>1 consultant hired for 30 days by 30<sup>th</sup> June 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.2</b> Mapping to identify specific capacity needs of the service providers handling COVID-19's PWDs clients.	<ul style="list-style-type: none"> <li>Mapping conducted for 10 days electronically by June 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.3</b> Forming CSOs thematic group on monitoring of the disability sensitivity compliance standards.	<ul style="list-style-type: none"> <li>10 CSOs representatives meet for 2 days and agreed on this thematic group by July 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.4</b> Formulating SOPs or guidelines on minimum disability sensitivity standards to be observed.	<ul style="list-style-type: none"> <li>The SOPs or guidelines on disability sensitivity standards formulated for 10 days by August 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.5</b> Securing an approval or accreditation of the said SOPs or guidelines.	<ul style="list-style-type: none"> <li>An approval of the SOPs or guidelines on disability sensitivity standards secured by August 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.6</b> Lobbying for and/or facilitating availability of sign language interpretation (SLIs) and specialized caretakers' services throughout the country.	<ul style="list-style-type: none"> <li>30 sign language interpreters recruited in all regions by August 2020.</li> <li>100 specialized caretakers recruited by August 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.7</b> Sensitizing the PWDs and the general public on the standards needed to be observed.	<ul style="list-style-type: none"> <li>10,000,000 public members sensitized on the standards to be observed by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.8</b> Devising M&E tools on minimum disability sensitivity standards.	<ul style="list-style-type: none"> <li>The M&amp;E tools devised by September 2020.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.9</b> Preparing periodical reports on the observed trends of compliance of standards.	<ul style="list-style-type: none"> <li>4 periodical reports prepared and shared annually.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>2.9.10</b> Dialoguing on the areas which would need further improvements.	<ul style="list-style-type: none"> <li>2 dialogues involving 30 participants organized annually at national levels.</li> <li>25 dialogues involving 50 participants organized annually at regional level.</li> <li>150 dialogues involving 300 participants organized annually at district level.</li> </ul>		<ul style="list-style-type: none"> <li>SHIVYAWATA.</li> <li>CBM.</li> </ul>
<b>Output 2.10</b>	<b>Output Indicators (2.10)</b>		

Other marginalized and vulnerable groups such as prisoners, remandees, refugees, asylum seekers, KVP, PLWHIV, vulnerable migrants and elderly are offered appropriate cares.	<ul style="list-style-type: none"> <li>Number of prisoners victims or survivor of COVID-19's attended through this initiative.</li> <li>Number of remandees victims or survivor of COVID-19's attended through this initiative.</li> <li>Number of refugees, asylum seekers and vulnerable migrants victims or survivor of COVID-19's attended through this initiative.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Dignity Kwanza.</li> <li>KVP groups</li> <li>Positive Women</li> </ul>
<b>Activities for Output 2.10</b>	<b>Targets/ Milestones for Activities of Output 2.10</b>		
<b>2.10.1</b> Mapping to identify specific capacity needs of the service providers handling COVID-19's prisoners, remandees, refugees, asylum seekers, vulnerable migrants and elderly clients.	<ul style="list-style-type: none"> <li>3 consultants hired for 30 days each by 30<sup>th</sup> June 2020.</li> <li>Mapping conducted for 10 days electronically by June 2020.</li> </ul>		DIGNITY Kwanza
<b>2.10.2</b> Forming CSOs thematic groups on monitoring of the sensitivity compliance standards of the said groups.	<ul style="list-style-type: none"> <li>10 CSOs representatives meet for 2 days and agreed on these thematic groups by July 2020.</li> </ul>		DIGNITY Kwanza
<b>2.10.3</b> Formulating SOPs or guidelines on minimum sensitivity to be observed when handling prisoners, remandees, refugees, asylum seekers, vulnerable migrants and elderly.	<ul style="list-style-type: none"> <li>The SOPs or guidelines formulated for 10 days by August 2020.</li> </ul>		DIGNITY Kwanza
<b>2.10.4</b> Securing an approval or accreditation of the said SOPs or guidelines.	<ul style="list-style-type: none"> <li>An approval of the SOPs or guidelines secured by August 2020.</li> </ul>		DIGNITY Kwanza
<b>2.10.5</b> Sensitizing the prisoners, remandees, refugees, asylum seekers, vulnerable migrants, elderly, COVID-19 service providers and the general public on the standards needed to be observed.	<ul style="list-style-type: none"> <li>10,000 inmates sensitized on the standards to be observed by December 2020.</li> <li>10,000 refugees, asylum seekers and other vulnerable migrants sensitized on the standards to be observed by December 2020.</li> <li>10,000 elderly sensitized on the standards to be observed by December 2020.</li> <li>1,000 COVID-19 service provider sensitized on the standards to be observed by December 2020.</li> <li>10,000,000 members of general public sensitized on the standards to be observed by December 2020.</li> </ul>		DIGNITY Kwanza

2.10.6	Facilitating access to information on appropriate protection measures to those who cannot access the same easily because of the marginalization and/or vulnerability.	<ul style="list-style-type: none"> <li>10,000 refugees, asylum seekers and other vulnerable migrants are facilitated to access information on appropriate protection measures by June 2020.</li> <li>Number of elderly facilitated to access information on appropriate protection measures by June 2020.</li> </ul>		DIGNITY Kwanza
2.10.7	Responding to immediate needs of items for protection from COVID-19 (such as sanitizers, face masks, soaps) to vulnerable individuals who cannot easily access them.	<ul style="list-style-type: none"> <li>1,000 refugees, asylum seekers and other vulnerable migrants are provided with sanitizers, face masks and soaps</li> <li>Number of inmates provided with sanitizers, face masks and soaps by June 2020.</li> <li>Number of elderly provided with sanitizers, face masks and soaps provided by June 2020.</li> </ul>		DIGNITY Kwanza
2.10.8	Devising M&E tools on minimum sensitivity standards.	<ul style="list-style-type: none"> <li>The M&amp;E tools devised by September 2020.</li> </ul>		DIGNITY Kwanza
2.10.9	Preparing periodical reports on the observed trends of compliance of standards.	<ul style="list-style-type: none"> <li>4 periodical reports prepared and shared annually.</li> </ul>		DIGNITY Kwanza
2.10.10	Dialoguing on the areas which would need further improvements.	<ul style="list-style-type: none"> <li>2 dialogues involving 30 participants organized annually at national levels.</li> <li>25 dialogues involving 50 participants organized annually at regional level.</li> <li>150 dialogues involving 300 participants organized annually at district level.</li> </ul>		<ul style="list-style-type: none"> <li>DIGNITY Kwanza.</li> <li>?</li> </ul>
<b>Output 2.11</b>		<b>Output Indicators (2.11)</b>		
	Appropriate and innovative learning mechanisms (for all students including with disabilities) of different levels of education who are currently ordered to stay at home are facilitated to be adopted.	<ul style="list-style-type: none"> <li>Presence of innovative learning mechanisms by June 2020.</li> <li>Trend of use of the said mechanisms by all students (data segregated in terms of sex, age, disability, level of education, etc).</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>HAKIELIMU.</li> <li>?</li> </ul>
<b>Activities for Output 2.11</b>		<b>Targets/ Milestones for Activities of Output 2.11</b>		
.6.4	In collaboration with stakeholders of inclusive education, preparing the contingency plan to support learning for students with disabilities who are at home.	<ul style="list-style-type: none"> <li>1<sup>st</sup> meeting bringing together 100 stakeholders organized for 2 days by June 2020.</li> <li>2<sup>nd</sup> meeting bringing together 50 stakeholders organized for 3 days by July 2020.</li> <li></li> </ul>		<ul style="list-style-type: none"> <li>HAKIELIMU.</li> </ul>



.6.5	In collaboration with other relevant stakeholders, preparing the education contingency plan for all other students who are at home.	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> meeting bringing together 30 members of the task force organized for 5 days by August 2020.</li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>• HAKIELIMU.</li> </ul>
2.11.3	Continuing engaging with government and influence its (government's) education budget and COVID-19 education response plans.	<ul style="list-style-type: none"> <li>• ?</li> </ul>		<ul style="list-style-type: none"> <li>• HAKIELIMU.</li> </ul>
2.11.4	[HakiElimu] Producing a one-minute TV and radio spot highlighting the role of parents and caregivers to ensure that children continue to access education.	<ul style="list-style-type: none"> <li>• TV spot aired on two nationwide TV stations, with 60 minutes of airtime to reach approximately 14 million people in Tanzania.</li> <li>• Radio spots aired on two nationwide radio stations and community radio in 10 regions.</li> <li>• 488,000 more people will be reached through social media platforms [to expand sharing of TV and radio spots].</li> </ul>		<ul style="list-style-type: none"> <li>• HAKIELIMU.</li> </ul>
2.11.5	Leveraging the use of technology in accessing online learning platforms for children while at home (CSOs in collaboration with Tanzania Institute of Education (TIE)).	<ul style="list-style-type: none"> <li>• Education content for all ages groups (also disability factor), ranging from pre-primary, primary and secondary education continued to be developed in partnership with Shule Direct and Ubongo Kids.</li> <li>• TV documentary broadcasted on two nationwide TV stations reaching approximately 7 million people.</li> <li>• Number of messages conveyed by the Friends of Education networks (affiliated to HAKIELIMU) and teachers.</li> </ul>		<ul style="list-style-type: none"> <li>• HAKIELIMU.</li> <li>• Shule Direct.</li> <li>• Ubongo Kids.</li> </ul>
2.11.6	Advocating for government to develop strategies to ensure all children, including those who are most marginalized and vulnerable (e.g limited or absence of access to radio, TV, online and SMS) are still able to learn.	<ul style="list-style-type: none"> <li>• ?</li> </ul>		<ul style="list-style-type: none"> <li>• HAKIELIMU.</li> </ul>
2.11.7	Advocating for careful rescheduling, ensuring that ample time is provided to students after schools reopen to enable them to prepare sufficiently.	<ul style="list-style-type: none"> <li>• ?</li> </ul>		<ul style="list-style-type: none"> <li>• HAKIELIMU.</li> </ul>

2.11.8	Advocating for the inclusion of teachers in the COVID-19 education response.	<ul style="list-style-type: none"> <li>Kinds and types of modern distance learning materials developed.</li> <li>Number of modern distance learning materials promoted and made accessible to all students (including with different forms of disabilities) and parents in their communities.</li> </ul>		<ul style="list-style-type: none"> <li>HAKIELIMU.</li> </ul>
2.11.9	Advocating for government to develop and strengthen systems and structures to keep children safe while schools are closed (child protection).	<ul style="list-style-type: none"> <li>?</li> </ul>		<ul style="list-style-type: none"> <li>HAKIELIMU.</li> </ul>
2.11.10	In relation to above, dialoguing and developing an appropriate mechanism for students to access education at their respective homes – to suit all types of setting including <b>fisheries, pastoralism, hunting</b> and <b>gathering</b> livelihood models.	<ul style="list-style-type: none"> <li>[As per Output 2.10, Activity # 2.10.9 above]</li> </ul>		<ul style="list-style-type: none"> <li>HAKIELIMU.</li> </ul>
2.11.11	Undertaking an analysis of the medium and long term impacts of school closures on education and learning in order to advise the government on the reopening of schools.	<ul style="list-style-type: none"> <li>?</li> </ul>		<ul style="list-style-type: none"> <li>HAKIELIMU.</li> </ul>
<b>Output 2.12</b>		<b>Output Indicators (2.12)</b>		
	Availability of sufficient medical services and equipment for COVID-19's infected persons are monitored and supported.	<ul style="list-style-type: none"> <li>Trend of supply of medical services and equipment for COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>SIKIKI.</li> </ul>
<b>Activities for Output 2.12</b>		<b>Targets/ Milestones for Activities of Output 2.12</b>		
2.12.1	Liaising with the government to ascertain resources needs.	<ul style="list-style-type: none"> <li>[As per Outputs 1.8, 2.1 and 2.2 above]</li> </ul>		
2.12.2	Using the RMS (resource mobilization strategy) to mobilize resources per identified needs.	<ul style="list-style-type: none"> <li>[As per Outputs 1.8, 2.1 and 2.2 above]</li> </ul>		
2.12.3	M&E evaluating the efficiency, relevancy, effectiveness, quality,	<ul style="list-style-type: none"> <li>[As per Outputs 1.8, 2.1 and 2.2 above]</li> </ul>		

quantity and sustainability of the resources allocated for COVID-19.			
<b>2.12.4</b> Systematically advising on the appropriateness of the resources in accordance with the specific needs of all gender groups.	<ul style="list-style-type: none"> <li>[As per Outputs 1.8, 2.1 and 2.2 above]</li> </ul>		
<b>Output 2.13</b>	<b>Output Indicators (2.13)</b>		
Economic empowerment support to informal and formal SMEs who would be affected by quarantine or other COVID-19's measures are offered.	<ul style="list-style-type: none"> <li>Number of women SMEs in urban, peri-urban and rural areas empowered by December 2020.</li> <li>Number of youth SMEs in urban, peri-urban and rural areas empowered by December 2020.</li> <li>Number of SMEs who are PWDs in urban, peri-urban and rural areas empowered by December 2020.</li> <li>Number of other SMEs in urban, peri-urban and rural areas empowered by December 2020.</li> </ul>	•	• EfG.
<b>Activities for Output 2.13</b>	<b>Targets/ Milestones for Activities of Output 2.13</b>		
<b>2.13.1</b> Offering appropriate supports and socio-protection (e.g food, cash transfer and subsidies) to SMEs workers during the pandemic.	<ul style="list-style-type: none"> <li>At least 7,000,000 SMEs (per categories above) in need identified and supported by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>EfG</li> <li>All CSOs thematic groups under CDF</li> </ul>
<b>2.13.2</b> Quickly reviewing and supporting to women and other SME's saving and credit groups (VICOBA) and social safe nets.	<ul style="list-style-type: none"> <li>At least 50,000 groups are reached national-wide by December 2020..</li> <li>5 consultants procured and hired for 60 days by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>EfG</li> <li>All CSOs thematic groups under CDF</li> </ul>
<b>2.13.3</b> Providing technical business advices and support to SMEs, with special focus to women and PWDs.	<ul style="list-style-type: none"> <li>10,000 SMEs are reached of whom at least 10% are PWDs.</li> <li>5 consultants procured and hired for 60 days by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>EfG.</li> </ul>
<b>2.13.4</b> Supporting cross-border trade and operations targeting mostly SMEs.	<ul style="list-style-type: none"> <li>Approximately 10,000 traders (including at least 50% women and 10% PWDs) engaged in cross-border trade are supported by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>EfG.</li> </ul>
<b>2.13.5</b> Collaborating and/or work with private sector to support informal sector workforce and implementation of women's and disability empowerment principles (W&DEPs).	<ul style="list-style-type: none"> <li>30% registered companies with leading women workforce are reached by December 2020.</li> <li>10% registered companies with leading disability workforce are reached by December 2020.</li> <li>Increased support by private sector during and post pandemic by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>EfG.</li> <li>All CSOs thematic groups under CDF</li> </ul>

	<ul style="list-style-type: none"> <li>Increased number of joint initiative between private sector and CSOs by December 2020.</li> </ul>		
2.13.6 Producing gender-disaggregated data and evidence around informal sector businesses and other activities.	<ul style="list-style-type: none"> <li>Presence of data – made available and shared among key actors.</li> </ul>		EfG.
2.13.7 Identifying the specific needs of the informal and formal SMEs affected by COVID-19 measures.	<ul style="list-style-type: none"> <li>Mapping of specific needs of SMEs conducted in 150 districts for 60 days by December 2020.</li> <li>1 consultant hired for 30 days by September 2020.</li> <li>10 assistant consultants hired for 30 days by September 2020.</li> </ul>		EfG.
2.13.8 Developing a specific action strategy on women as a leading workforce in the informal economy to form part of inclusive economic recovery program.	<ul style="list-style-type: none"> <li>Specific actions identified by December 2020.</li> <li>2 consultant hired for 25 days.</li> </ul>		EfG.
2.13.9 Influencing related programs and policies efforts through a gender lens.	<ul style="list-style-type: none"> <li>Number of programs and policies engaged by December 2020.</li> <li>Number and type of issues advocated for including those impacting women engaged in the informal sector by December 2020.</li> </ul>		EfG.
2.13.10 Supporting the LGAs' Community Development Officers (CDOs) to identify and prepare database of existing informal and formal SMEs within their areas of jurisdictions.	<ul style="list-style-type: none"> <li>150 LGAs CDOs identified and supported by December 2020.</li> </ul>		All CSOs thematic groups under CDF
2.13.11 Advocating for economic reforms to support informal and formal SMEs to survive incase of economic meltdown attributed to COVID-19.	<ul style="list-style-type: none"> <li>[Generally same as <b>Output 1.7</b>].</li> </ul>		EfG All CSOs thematic groups under CDF
2.13.12 Linking the informal and formal SMEs with available economic supports.	<ul style="list-style-type: none"> <li>Number of SMEs identified in Dar es Salaam and other COVID-19 hit regions by December 2020.</li> <li>Number of SMEs linked to available economic opportunities by December 2020.</li> </ul>		EfG.
2.13.13 Forming CSOs thematic group on monitoring economic empowerment and informal sector as per D&WEP.	<ul style="list-style-type: none"> <li>2 meetings are held per week to accommodate at least 10 members or more by December 2020.</li> </ul>		EfG.

2.13.14 Identifying and respond to specific capacity needs of the service providers handling COVID-19's informal sector workers.	<ul style="list-style-type: none"> <li>Technical business and informal sector available to support the group.</li> <li>Capacity needs identified and addressed by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>EfG.</li> <li>All CSOs thematic groups under CDF</li> </ul>
2.13.15 Supporting women economic empowerment (WEE) and other groups platforms and initiatives.	<ul style="list-style-type: none"> <li>Number of policy and issues advocated for by WEE and other groups' platforms by December 2020.</li> </ul>		EfG
2.13.16 Building linkages with relevant Ministries, Departments and Agencies of State (MDAs).	<ul style="list-style-type: none"> <li>Number of meetings and dialogue held per quarter.</li> <li>Number of matters adopted by the MDAs.</li> </ul>		EfG
<b>Output 2.14</b>	<b>Output Indicators (2.14)</b>		
Presence of special budgets to MoHCDGEC and PMO in order to finance national disaster related committees (initiatives) formed to combat COVID-19 is advocated for.	<ul style="list-style-type: none"> <li>Presence of funds specifically allocated by the government to combat COVID-19.</li> <li>Presence of funds disbursed by the government to combat COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>Budget tracking reports.</li> </ul>	<ul style="list-style-type: none"> <li>TIBA.</li> <li>SIKIKI.</li> </ul>
<b>Activities for Output 2.14</b>	<b>Targets/ Milestones for Activities of Output 2.14</b>		
2.14.1 Engaging with the relevant parliamentary committees on possibility of special budgetary allocations to MoHCDGEC and PMO.	<ul style="list-style-type: none"> <li>1 session by the relevant parliamentary committee before July 2020. The 1 day session will involve 20 parliamentarians (MPs) and 15 other stakeholders.</li> </ul>		All CSOs thematic groups under CDF
2.14.2 Using the CSOs' RMS to mobilize resources and support capacity gaps in collaboration with the government.	<ul style="list-style-type: none"> <li>[As per Outputs 1.8, 2.1 and 2.2 above]</li> </ul>		All CSOs thematic groups under CDF
2.14.3 Continuing monitoring public expenditures of the funds allocated for health and other sectors generally and in particular for COVID-19 pandemic.	<ul style="list-style-type: none"> <li>[As per Outputs 1.8, 2.1 and 2.2 above]</li> </ul>		
<b>Output 2.15</b>	<b>Output Indicators (2.15)</b>		
Legal and policy reforms in order to have frameworks which are responsive to pandemics in case the same happen in future as suggested under KRA I (1.7) are advocated for.	<ul style="list-style-type: none"> <li>Presence of amended laws.</li> <li>Presence of reformed policies.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	All CSOs thematic groups under CDF

<b>Activities for Output 2.15</b>	<b>Targets/ Milestones for Activities of Output 2.15</b>		
2.15.1 Identifying legal and policy gaps needing reforms.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		All CSOs thematic groups under CDF
2.15.2 Recruiting qualified legal and policy analysts.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		All CSOs thematic groups under CDF
2.15.3 Conducting in-depth legal and policy analysis on COVID-19.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		All CSOs thematic groups under CDF
2.15.4 Organizing working teams for specified viral meetings for collection of views, analysis and finally produce policy proposal document for national advocacy.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		All CSOs thematic groups under CDF
2.15.5 Publishing and disseminating/ sharing out the findings of the analysis.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		All CSOs thematic groups under CDF
2.15.6 Monitoring and evaluating implementation and feedback of the proposed reforms of legal and policy frameworks on responsiveness to pandemics in Tanzania.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		All CSOs thematic groups under CDF
<b>Output 2.16</b>	<b>Output Indicators (2.16)</b>		
Selected individuals are trained on production of locally made face-masks to increase access and availability of the same to needy people in Tanzania.	<ul style="list-style-type: none"> <li>Number of locally made face-masked produced.</li> <li>Number of people in use of locally made face-masked produced.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	All CSOs thematic groups under CDF
<b>Activities for Output 2.16</b>	<b>Targets/ Milestones for Activities of Output 2.16</b>		
2.16.1 Recruiting the national trainers (TOTs).	<ul style="list-style-type: none"> <li>50 national TOTs recruited by August 2020.</li> <li>50 national TOTs trained for 3 days by 2 trainers September 2020.</li> </ul>		All CSOs thematic groups under CDF
2.16.2 Securing formal accreditation from the government on the appropriateness of the training and materials to be produced.	<ul style="list-style-type: none"> <li>Accreditation secured from the government by September 2020.</li> </ul>		All CSOs thematic groups under CDF
2.16.3 Procuring and supplying materials for the locally made face-masks.	<ul style="list-style-type: none"> <li>Relevant materials procured as planned by September 2020.</li> </ul>		All CSOs thematic groups under CDF

2.16.4	Conducting training of trainers sessions throughout the country.	<ul style="list-style-type: none"> <li>25 sessions involving 250 trainees from all regions of Mainland Tanzania conducted for 2 days each at regional level by November 2020.</li> </ul>		All CSOs thematic groups under CDF
2.16.5	Overseeing quality and quantity of the materials produced.	<ul style="list-style-type: none"> <li>[Same as Output 2.1, Activity # 2.1.3 above].</li> </ul>		
2.16.6	Coordinating supplies (per specific demands), records, feedback and reporting on the produced materials throughout the country.	<ul style="list-style-type: none"> <li>Specific demands specified periodically.</li> <li>Weekly feedbacks.</li> <li>12 monthly reports per annum.</li> </ul>		All CSOs thematic groups under CDF
<b>Output 2.17</b>		<b>Output Indicators (2.17)</b>		
	Sustainable public health systems on pandemics and pandemic preparedness awareness is advocated for.	<ul style="list-style-type: none"> <li>Presence of public health systems on pandemics.</li> <li>Level of understanding and institutionalization of pandemic preparedness awareness initiatives.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>SIKIKI</li> </ul>
<b>Activities for Output 2.17</b>		<b>Targets/ Milestones for Activities of Output 2.17</b>		
2.17.1	Creating national CSOs, government and health workers' platforms on pandemic preparedness interventions.	<ul style="list-style-type: none"> <li>1<sup>st</sup> meeting on pandemic preparedness interventions organized for 2 days by June 2020 involving 50 participants.</li> <li>2<sup>nd</sup> meeting on pandemic preparedness interventions organized for 2 days by June 2020 involving 30 participants.</li> <li>1 national platform comprised of 30 members formed by July 2020.</li> <li>25 regional platforms comprised of 10 members each formed by August 2020.</li> <li>150 district platforms comprised of 25 members each formed by September 2020.</li> </ul>	Meeting reports.	<ul style="list-style-type: none"> <li>TIBA.</li> <li>SIKIKI.</li> </ul>
2.17.2	Using the manual developed to conduct periodical awareness sessions.	<ul style="list-style-type: none"> <li>[Same as above under <b>Output 1.1</b>].</li> </ul>		All CSOs thematic groups under CDF
2.17.3	Advocating for institutionalization of the pandemic preparedness awareness into the health training institution programs.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		SIKIKI.
2.17.4	Advocating for adequate and qualified health workers trained in handling pandemic.	<ul style="list-style-type: none"> <li>Number of health workers trained and employed during COVID-19 by June 2020.</li> <li></li> </ul>		SIKIKI.
2.17.5	Periodical M&E of the programs.	<ul style="list-style-type: none"> <li>[Same as above e.g <b>2.10.7</b>].</li> </ul>		

<b>OUTCOME III</b>	<b>Outcome Indicators</b>		
[Adverse] Impacts of the COVID-19 ascertained and that, the results of the assessment are utilized to device appropriate counter-strategies of same.	<ul style="list-style-type: none"> <li>• Presence of appropriate counter-strategies of the COVID-19 pandemic by December 2020.</li> <li>• Decreased adverse impacts of COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>• Reports</li> </ul>	<ul style="list-style-type: none"> <li>• ALL CSOs</li> <li>• All CSOs thematic groups under CDF</li> </ul>
<b>Output 3.1</b>	<b>Output Indicators (3.1)</b>		
Data-driven or evidence-based COVID-19 mapping, assessments, studies and researches are conducted periodically.	<ul style="list-style-type: none"> <li>• Presence of evidence-based/ data-driven reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Reports</li> </ul>	<ul style="list-style-type: none"> <li>• SIKIKA</li> <li>• HAKIELIMU</li> <li>• ANSAF</li> <li>• Others</li> </ul>
<b>Activities for Output 3.1</b>	<b>Targets/ Milestones for Activities of Output 3.1</b>		
<b>3.1.1</b> Conceptualizing and identification of information gap on COVID-19 (for advocacy and other purposes).	<ul style="list-style-type: none"> <li>• CSOs national COVID-19 forum organized for 2 days by September 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting reports.</li> </ul>	<ul style="list-style-type: none"> <li>• TIBA</li> <li>• Others</li> </ul>
<b>3.1.2</b> Conducting researches, mapping, assessments, baselines, fact-findings, analysis periodically.	<ul style="list-style-type: none"> <li>• [as per <b>Output 1.6</b> above].</li> <li>• Research consultant procured and recruited for 60 days by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>• SIKIKA</li> <li>• HAKIELIMU</li> <li>• ANSAF</li> <li>• Others</li> </ul>
<b>3.1.3</b> Documenting, printing and disseminating findings.	<ul style="list-style-type: none"> <li>• [as per <b>Output 1.6</b> above].</li> </ul>		<ul style="list-style-type: none"> <li>• SIKIKA</li> <li>• HAKIELIMU</li> <li>• ANSAF</li> <li>• Others</li> </ul>
<b>3.1.4</b> Developing a standardized COVID-19 reporting format which will enable all key data collected e.g age, gender, disability, pre-existing diseases, location, etc to be tapped and reported on.	<ul style="list-style-type: none"> <li>• Standard reporting formats developed by October 2020.</li> </ul>		<ul style="list-style-type: none"> <li>• THRDC</li> <li>• ANGOZA</li> </ul>
<b>Output 3.2</b>	<b>Output Indicators (3.2)</b>		
Policy and legal frameworks or implications on COVID-19 pandemic are analyzed.	<ul style="list-style-type: none"> <li>• Presence of legal frameworks analyzed.</li> <li>• Presence of policy frameworks analyzed.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• THRDC</li> <li>• ANGOZA</li> </ul>
<b>Activities for Output 3.2</b>	<b>Targets/ Milestones for Activities of Output 3.2</b>		



3.2.1	Using the findings of the analysis, researches, studies, etc to communicate implications of policies and laws on COVID-19.	<ul style="list-style-type: none"> <li>2 dialogues involving 50 participants organized at national level – each for 2 days. Such dialogues are for pursuing implementation of recommendations.</li> <li>25 regional dialogues organized annually – each region 1 dialogue for 1 day comprised of 10 participants.</li> </ul>		All CSOs
3.2.2	Evaluating level of implementation of the recommendations.	<ul style="list-style-type: none"> <li>[As it is for <b>Activities # 1.6.5, 1.7.5</b> and others].</li> </ul>		THRDC ANGOZA
<b>Output 3.3</b>		<b>Output Indicators (3.3)</b>		
	Advocacy and awareness materials on COVID-19 are published and disseminated to the public.	<ul style="list-style-type: none"> <li>Presence/ number of materials published and disseminated.</li> </ul>	<ul style="list-style-type: none"> <li>Reports</li> </ul>	<ul style="list-style-type: none"> <li>ALL CSOs</li> </ul>
<b>Activities for Output 3.3</b>		<b>Targets/ Milestones for Activities of Output 3.3</b>		
3.3.1	Identifying and sorting out the capacity needs.	<ul style="list-style-type: none"> <li>[Connected to <b>Output 1.1</b> above].</li> </ul>		Thematic Groups of CSOs
3.3.2	Determining relevant types of awareness materials – basing on specific needs of each group.	<ul style="list-style-type: none"> <li>[Connected to <b>Output 1.1</b> above].</li> </ul>		Thematic Groups of CSOs
3.3.3	Preparing and pre-testing various topics/ themes for awareness raising for different groups including rural farming, fishing, mining, pastoral, hunting and gathering communities.	<ul style="list-style-type: none"> <li>[Connected to <b>Output 1.1</b> above].</li> </ul>		Thematic Groups of CSOs
3.3.4	Print IEC materials in various formats accessible to all groups – children, PWDs, semi-illiterate and illiterate audiences.	<ul style="list-style-type: none"> <li>[Connected to <b>Output 1.1</b> above].</li> </ul>		Thematic Groups of CSOs
3.3.5	Disseminating the materials in various forms accessible to all persons including children and PWDs.	<ul style="list-style-type: none"> <li>[Connected to <b>Output 1.1</b> above].</li> </ul>		Thematic Groups of CSOs
3.3.6	Designing a road-show public announcement to be used in rural and urban areas with concentration of people for awareness raising.	<ul style="list-style-type: none"> <li>50 roadshows designed/ organized in 25 regions by June 2020.</li> </ul>		Thematic Groups of CSOs

3.3.7	Devising feedback mechanisms of the awareness materials disseminated to various groups.	<ul style="list-style-type: none"> <li>[Connected to <b>Output 1.1</b> above].</li> </ul>		Thematic Groups of CSOs
<b>Output 3.4</b>		<b>Output Indicators (3.4)</b>		
	Policy and legal dialogues on COVID-19 conducted.	<ul style="list-style-type: none"> <li>Number of dialogues conducted.</li> </ul>	•	<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> </ul>
<b>Activities for Output 3.4</b>		<b>Targets/ Milestones for Activities of Output 3.4</b>		
3.4.1	Procuring and hiring consultant facilitators and national, regional and district levels.	<ul style="list-style-type: none"> <li>25 consultants facilitators hired for 30 days by June 2020.</li> </ul>		
3.4.2	Developing CSOs National Advocacy Strategy on COVID-19.	<ul style="list-style-type: none"> <li>The CSOs National Advocacy Strategy on COVID-19 developed by July 2020.</li> <li>The strategy is pre-tested by the same period.</li> </ul>		Thematic Groups of CSOs
3.4.3	Forming CSOs advocacy groups (on thematic basis).	<ul style="list-style-type: none"> <li>10 CSOs advocacy groups formed per thematic areas.</li> </ul>		Thematic Groups of CSOs
3.4.4	Organizing a series of dialogues at national, regional and district levels.	<ul style="list-style-type: none"> <li>[Aligned with <b>Activities # 2.8.9</b> and <b>2.8.10</b> above].</li> </ul>		Thematic Groups of CSOs
3.4.5	Preparing advocacy reports out of the dialogues.	<ul style="list-style-type: none"> <li>Number of reports per dialogues organized – 2 biannual dialogues reports.</li> </ul>		Thematic Groups of CSOs
3.4.6	Organizing strategic dialogues with the government (at central and LGAs levels) and other stakeholders including private sector.	<ul style="list-style-type: none"> <li>[Aligned with <b>Activities # 2.8.9</b> and <b>2.8.10</b> above].</li> </ul>		Thematic Groups of CSOs
3.4.7	Following up level and status of implementation and results of the dialogues.	<ul style="list-style-type: none"> <li>1 follow-up monthly.</li> </ul>		Thematic Groups of CSOs
3.4.8	Deciding on the next steps and issues to pursue further basing on the CSOs National Advocacy Strategy.	<ul style="list-style-type: none"> <li>[per the CSOs national advocacy strategy].</li> </ul>		Thematic Groups of CSOs
<b>Output 3.5</b>		<b>Output Indicators (3.5)</b>		
	Psychosocial supports including post COVID-19 exposure cases such as those relating to	<ul style="list-style-type: none"> <li>Types, nature and number of psychosocial supports offered.</li> </ul>	•	<ul style="list-style-type: none"> <li>TIBA.</li> <li>Thematic Groups of CSOs</li> </ul>

stigma, discrimination, fear and anxiety organized and offered.			
<b>Activities for Output 3.5</b>	<b>Targets/ Milestones for Activities of Output 3.5</b>		
<b>3.5.1</b> Procuring and hiring a psychosocial support expert.	<ul style="list-style-type: none"> <li>[Aligned with Output 2.4 above].</li> </ul>	Clients progressive reports.	<ul style="list-style-type: none"> <li>TIBA</li> <li>Thematic Groups of CSOs</li> </ul>
<b>3.5.2</b> In relation to activities above, mapping psychosocial kinds of supports needed which relate to COVID-19.	<ul style="list-style-type: none"> <li>[Aligned with Output 2.4 above].</li> </ul>		<ul style="list-style-type: none"> <li>TIBA</li> <li>Thematic Groups of CSOs</li> </ul>
<b>3.5.3</b> Formulating the SOPs or guidelines on psychosocial services/ supports.	<ul style="list-style-type: none"> <li>[Aligned with Output 2.4 above].</li> </ul>		<ul style="list-style-type: none"> <li>TIBA</li> <li>Thematic Groups of CSOs</li> </ul>
<b>3.5.4</b> Developing 'frequently asked questions and answers' and make it available to people who stand chances to be stigmatized or discriminated.	<ul style="list-style-type: none"> <li>[Aligned with Output 2.4 above].</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Thematic Groups of CSOs</li> </ul>
<b>3.5.5</b> Offering psychosocial supports through various means including electronic methods.	<ul style="list-style-type: none"> <li>[Aligned with Output 2.4 above].</li> </ul>		Thematic Groups of CSOs
<b>3.5.6</b> Developing a poster that provides a visual pathway of care opportunities for those experiencing fear and discrimination.	<ul style="list-style-type: none"> <li>[Aligned with Output 1.3, Activity # 1.3.2 and Output 2.4 above].</li> </ul>		Thematic Groups of CSOs
<b>3.5.7</b> Using the referral mechanisms formulated under other KRAs and case management plans to offer psychosocial services/ supports.	<ul style="list-style-type: none"> <li>[Aligned with Output 1.3, Activity # 1.3.2 and Output 2.4 above].</li> </ul>		Thematic Groups of CSOs
<b>3.5.8</b> Documenting data and information on the services rendered.	<ul style="list-style-type: none"> <li>[Aligned with Output 2.4 above].</li> </ul>		<ul style="list-style-type: none"> <li>TIBA</li> <li>Thematic Groups of CSOs</li> </ul>
<b>3.5.9</b> Further follow-ups of the supports or services rendered through CSOs' community mobilizers e.g paralegals,	<ul style="list-style-type: none"> <li>[Aligned with Output 2.4 above].</li> </ul>		<ul style="list-style-type: none"> <li>TIBA.</li> <li>Thematic Groups of CSOs</li> </ul>

etc and LGAs structures including statutory committees.			
<b>Output 3.6</b>	<b>Output Indicators (3.6)</b>		
Application and implication of indigenous knowledge including traditional medicine (herbs) that would be of help on COVID-19 identified and advised for use in mainstream ('modern') medical science.	<ul style="list-style-type: none"> <li>Indigenous knowledge including traditional medicine mainstreamed in modern medical science.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>SIKIKI</li> <li>TIBA</li> </ul>
<b>Activities for Output 3.6</b>	<b>Targets/ Milestones for Activities of Output 3.6</b>		
<b>3.6.1</b> Coordinating with the national medical and scientific research institutions including NIMR, COSTECH, SUA, MUHAS, UDOM and UDSM.	<ul style="list-style-type: none"> <li>1<sup>st</sup> meeting involving the national medical and scientific research institutions organized for 3 days by July 2020 involving 60 participants.</li> <li>2<sup>nd</sup> meeting involving the national medical and scientific research institutions organized for 2 days by August 2020 involving 30 participants.</li> </ul>		SIKIKI
<b>3.6.2</b> Coordinating with private associations of alternative medicines.	<ul style="list-style-type: none"> <li>1<sup>st</sup> meeting involving the private associations of alternative medicines organized for 3 days by July 2020 involving 50 participants.</li> <li>2<sup>nd</sup> meeting involving the private associations of alternative medicines organized for 2 days by August 2020 involving 25 participants.</li> </ul>		Thematic Groups of CSOs
<b>3.6.3</b> Forming an national research forum which bring together national and private medical research institutions.	<ul style="list-style-type: none"> <li>The national research forum comprised of 40 members formed.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>SIKIKI</li> </ul>
<b>3.6.4</b> Formulating strategies on identifying and mainstreaming indigenous knowledge including herbs into mainstream medical strategies.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		<ul style="list-style-type: none"> <li>TCRIP</li> <li>SIKIKI</li> </ul>
<b>Output 3.7</b>	<b>Output Indicators (3.7)</b>		
Assessments on the socio-economic and human rights impacts COVID-19 pandemic conducted.	<ul style="list-style-type: none"> <li>Presence of the findings of socio-economic and human rights impacts COVID-19 pandemic.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> </ul>
<b>Activities for Output 3.7</b>	<b>Targets/ Milestones for Activities of Output 3.7</b>		

3.7.1	Procuring and recruiting consultants with relevant qualifications.	<ul style="list-style-type: none"> <li>2 consultants with relevant qualifications hired for 30 days before December 2020.</li> </ul>		Thematic Groups of CSOs THRDC
3.7.2	Developing guidelines on assessment and mitigation of COVID-19 and relating pandemics [in collaboration with the and other non-state actors].	<ul style="list-style-type: none"> <li>The guidelines on assessment and mitigation of COVID-19 and relating pandemics developed by November 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
3.7.3	Conducting comprehensive national assessments on the impacts of COVID-19.	<ul style="list-style-type: none"> <li>The comprehensive national assessments on the impacts of COVID-19 conducted by November 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
3.7.4	Publishing and sharing out the findings of the assessments.	<ul style="list-style-type: none"> <li>Assessment report published and shared out by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
3.7.5	Formulating a mini-action plan on the implementation of the findings of the assessments.	<ul style="list-style-type: none"> <li>The mini-action plan on the implementation of the findings of the assessments developed by November 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
<b>Output 3.8</b>		<ul style="list-style-type: none"> <li><b>Output Indicators (3.8)</b></li> </ul>		
	CSOs National Recovery Program initiated.	<ul style="list-style-type: none"> <li>Presence of CSOs National Recovery Program.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
<b>Activities for Output 3.8</b>		<ul style="list-style-type: none"> <li><b>Targets/ Milestones for Activities of Output 3.8</b></li> </ul>		
3.8.1	Forming a multi-stakeholders Task Force on the national recovery program.	<ul style="list-style-type: none"> <li>The multi-stakeholders Task Force on the national recovery program, comprised of 30 persons formed by August 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
3.8.2	Developing the national recovery program plan.	<ul style="list-style-type: none"> <li>The national recovery program plan formulated by September 2020.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>

3.8.3	Preparing and sharing out periodical reports on the progress of implementation of the program.	<ul style="list-style-type: none"> <li>1 monthly report.</li> <li>2 biannual report.</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
3.8.4	Assessing the effects and implications of the implementation of the national recovery program.	<ul style="list-style-type: none"> <li>[Aligned to <b>Output 1.7, Activity # 2.15.6, Activity # 3.2.2 and Activity # 2.6.6</b>].</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
3.8.5	Lobbying for the institutionalization of this program into the national disaster management organs.	<ul style="list-style-type: none"> <li>[Same as above on legal reform – <b>Output 1.7</b>].</li> </ul>		<ul style="list-style-type: none"> <li>Thematic Groups of CSOs</li> <li>Ministry of Health</li> </ul>
<b>OUTCOME IV</b>		<b>Outcome Indicators</b>		
	Coordination amongst CSOs themselves and between CSOs and the government as well as CSOs, government and other stakeholders is enhanced and sustained.	<ul style="list-style-type: none"> <li>Presence of multi-stakeholder's coordination structures/ mechanisms on COVID-19.</li> </ul>	•	<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> <li>NACONGO</li> </ul>
<b>Output 4.1</b>		<b>Output Indicators (4.1)</b>		
	Strategic entry points and areas which CSOs and government can work together are ascertained and utilized.	<ul style="list-style-type: none"> <li>Presence of strategic entry points identified and utilized.</li> <li>A joint implantation strategy</li> </ul>	•	<ul style="list-style-type: none"> <li>THRDC</li> <li>NACONGO</li> <li>ANGOZA</li> </ul>
<b>Activities for Output 4.1</b>		<b>Targets/ Milestones for Activities of Output 4.1</b>		
4.1.1	Creating National CSOs COVID-19 and Other Disasters Forum.	<ul style="list-style-type: none"> <li>MoU between CSOs &amp; government developed and approved by May 2020.</li> <li>The CSOs COVID-19 and Other Disasters Forum comprised of 30 members created by May 2020.</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>NACONGO</li> <li>ANGOZA</li> <li>PM office</li> <li>Ministry of Health</li> </ul>
4.1.2	Developing the guidelines for the National and Thematic CSOs COVID-19 and Other Disasters Forum.	<ul style="list-style-type: none"> <li>The guidelines for the National and Thematic CSOs COVID-19 and Other Disasters Forum developed by October 2020.</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>NACONGO</li> <li>ANGOZA</li> <li>PM office</li> <li>Ministry of Health</li> </ul>

4.1.3	Establishing and supporting CSOs thematic working teams for coordination.	<ul style="list-style-type: none"> <li>Number of teams established by December 2020.</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>NACONGO</li> <li>ANGOZA</li> <li>PM office</li> <li>Ministry of Health</li> <li>LGAs</li> </ul>
4.1.4	Analyzing and liaising with the government on possible areas of strategic partnerships on COVID-19.	<ul style="list-style-type: none"> <li>[Linked to Output 1.7 and other Outputs and activities above].</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> </ul>
4.1.5	Advocating for inclusion and participation of CSOs in national COVID-19 task force/ relevant committees.	<ul style="list-style-type: none"> <li>[Linked to Output 1.7 and other Outputs and activities above].</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> <li>NACONGO</li> </ul>
4.1.6	Introducing the CSOs COVID-19 Forum and Thematic working teams to appropriate government agencies for further collaborations and feedback.	<ul style="list-style-type: none"> <li>The CSOs COVID-19 Forum and Thematic working teams introduced to the government by August 2020.</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> <li>NACONGO</li> </ul>
<b>Output 4.2</b>		<b>Output Indicators (4.2)</b>		
	CSOs' interventions on COVID-19 are institutionalized e.g through policy, legal or administrative reforms (→ for sustainability purposes).	<ul style="list-style-type: none"> <li>Presence of CSOs coordination structure (<b><u>Annex II below in this document</u></b>).</li> <li>Presence of policy, legal or administrative frameworks which institutionalized CSOs' interventions on COVID-19.</li> </ul>	•	<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> <li>NACONGO</li> <li>Community Development officers</li> </ul>
<b>Activities for Output 4.2</b>		<b>Targets/ Milestones for Activities of Output 4.2</b>		
4.2.1	The gaps on CSOs involvements on national disasters coordination frameworks identified through legal and policy analysis under other KRAs.	<ul style="list-style-type: none"> <li>The statutory reforms processes of the <i>Disaster Management Act of 2015</i>; the <i>Public Health Act of 2009</i> and other related laws, rules and regulations,<sup>6</sup> initiated from May 2020.</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> <li>NACONGO</li> </ul>
4.2.2	Using the identified gaps to advocate for policy and statutory inclusion of CSOs into national disasters	<ul style="list-style-type: none"> <li>[Linked to Output 1.7 and other Outputs and activities above].</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> <li>NACONGO</li> </ul>

<sup>6</sup> Note: which reflect mandatory inclusion and effective participation of CSOs in disaster management committees at different levels.

coordination and management frameworks.			
4.2.3 Monitoring and assessing the relevancy, effectiveness, efficiency and sustainability of multi-stakeholders inclusion and participation into national disasters' coordination and management frameworks.	<ul style="list-style-type: none"> <li>[Aligned to <b>Output 1.7, Activity # 2.15.6, Activity # 3.2.2</b> and <b>Activity # 2.6.6</b>].</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>ANGOZA</li> <li>NACONGO</li> </ul>
<b>Output 4.3</b>	<b>Output Indicators (4.3)</b>		
National Disasters' Response Forum(s) are operationalized and effectively performing their responsibilities at grassroots and national levels.	<ul style="list-style-type: none"> <li>Presence of functional National Disasters' Response Forum(s).</li> </ul>	<ul style="list-style-type: none"> <li>MOU</li> <li>Reports</li> </ul>	<ul style="list-style-type: none"> <li>NACONGO</li> <li>THRDC</li> <li>Ministry of Health</li> </ul>
<b>Activities for Output 4.3</b>	<b>Targets/ Milestones for Activities of Output 4.3</b>		
6.4 Designing a joint national disasters strategy (between government and non-state actors).	<ul style="list-style-type: none"> <li>The joint national disasters strategy designed by July 2020.</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> <li>NACONGO</li> <li>Ministry of Health</li> </ul>
4.3.2 Conducting periodic online and other forms of meetings for the progress update sharing and follow-ups on the implementation of the planned activities.	<ul style="list-style-type: none"> <li>[Aligned to <b>Output 1.7, Activity # 2.15.6, Activity # 3.2.2</b> and <b>Activity # 2.6.6</b>].</li> </ul>		<ul style="list-style-type: none"> <li>THRDC</li> </ul>
4.3.3 Supporting LGAs to harmonize follow-ups of possibilities of disasters (early detection/ surveillances of probable cases), contact tracing, etc at their localities in accordance with SOPs and guidelines made under KRAs above.	<ul style="list-style-type: none"> <li>150 LGAs supported by December 2020.</li> </ul>	Reports	<ul style="list-style-type: none"> <li>All CSOs</li> <li>Community Development Officers at LGAs levels</li> </ul>
4.3.4 Facilitating an establishment of citizen-led community responses, including associations, teachers, clergy, and support them to come up with a participatory disaster response strategies.	<ul style="list-style-type: none"> <li>The citizen-led community responses established by December 2020.</li> </ul>		All CSOs at grassroots level



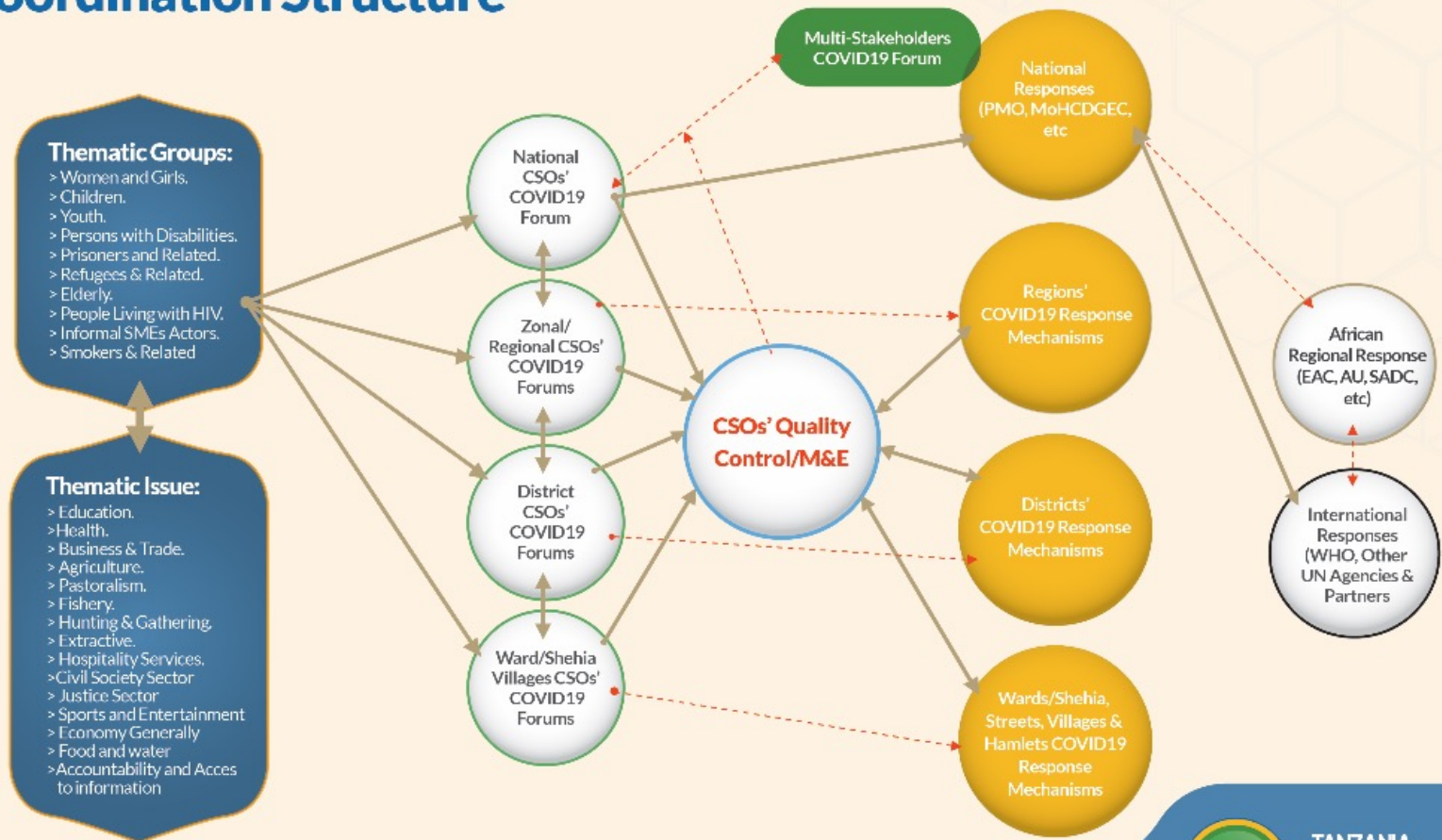
4.3.5 Offering open data to some active community members for surveillances.	<ul style="list-style-type: none"> <li>• ?</li> </ul>		
<b>Output 4.4</b>	<b>Output Indicators (4.4)</b>		
Government, CSOs and other non-state actors have forged partnership and are working together to improve the coordination mechanisms designated by the PMO for managing corona virus crisis.	<ul style="list-style-type: none"> <li>• Partnership formed/ presence of MoU</li> <li>• Joint activi</li> <li>• ties carried out</li> </ul>	<ul style="list-style-type: none"> <li>• Activity Reports</li> </ul>	<ul style="list-style-type: none"> <li>• THRDC</li> <li>• NACONGO</li> <li>• ANGOZA</li> </ul>
<b>Activities for Output 4.4</b>	<b>Targets/ Milestones for Activities of Output 4.4</b>		
.1 Mapping and documenting of all CSOs currently working on fighting Covid-19.	<ul style="list-style-type: none"> <li>• [Linked to the generality of Outputs numbers 2.3, 2.4, 2.8 – 2.10 above].</li> </ul>	Reports	<ul style="list-style-type: none"> <li>• THRDC</li> <li>• ANGOZA</li> <li>• NACONGO</li> </ul>
.2 Providing technical supports and participate in the COVID -19 established committees/ forums mentioned above.	<ul style="list-style-type: none"> <li>• [Linked to the generality of Outputs numbers 2.3, 2.4, 2.8 – 2.10 above].</li> </ul>		<ul style="list-style-type: none"> <li>• THRDC</li> <li>• ANGOZA</li> </ul>
.3 Mobilizing resources for provision of legal, psychosocial and other services.	<ul style="list-style-type: none"> <li>• [As per Outputs 1.8, 2.1 and 2.2 above].</li> </ul>		<ul style="list-style-type: none"> <li>• TANLAP</li> <li>• Others</li> </ul>

.....End of the Results Matrix/ Logic Framework.....

## **ANNEX II: COORDINATION STRUCTURE**

- ❖ As per Output 4.2 in the Logic Framework Matrix Above and Paragraph 2.2.24 of the Narrative Part of this Action Plan Document.

# Tanzania CSOs Covid-19 Action Plan Coordination Structure



**TANZANIA  
CIVIL SOCIETY  
DIRECTORS'  
FORUM**

### **ANNEX III: BUDGET ESTIMATES**

The project duration will be one year starting from May 2020 to May 2021. The estimated both operational and project budget for this one-year period is Five Billion Tanzania shillings (5 billion). The budget breakdown will be provided later, on a separate excel sheet for each activity.



