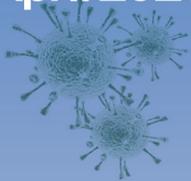
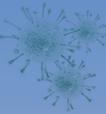




TANZANIA
CIVIL SOCIETY
DIRECTORS'
FORUM

POSITION PAPER AND STRATEGIC INTERVENTION AREAS ON COVID-19

April 2020





Tanzania Civil Society's Position Paper and Strategic Engagement Areas **on COVID-19**

April 2020





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FOREWORD



Just like other countries in the international community, The United Republic of Tanzania has not been spared from the outbreak of COVID-19. Having registered 32 cumulative cases so far, the Government is currently mobilizing diverse efforts and putting in place measures to address and control the pandemic along with its associated socio-economic impacts.

It is beyond doubt that to succeed in fighting the pandemic of this nature requires collective efforts and actions of multiple actors in the country and beyond. In that respect, Non-Governmental Organizations (NGOs) and all other Civil Societies Organizations (CSOs), ought to take an active role in addressing aspects of the pandemic that falls within their areas of expertise or/and mandates.

The National Council of Non-Governmental Organizations (NaCoNGO) commends the esteemed Government of United Republic of Tanzania for its profound leadership and commitment to address the pandemic. The fact that a wide range of stakeholders have been mobilized to participate in fighting the pandemic throughout the country, is a manifestation that the Government is ready to collaborate with everyone in galvanizing ongoing initiatives against the COVID-19 pandemic. It is within that context, CSOs have joined hands with the Government in terms of supporting different initiatives geared towards preventing the spread of COVID-19 and mitigating the impact of the pandemic in the country.

NaCoNGO acknowledges the valued role of NGOs and all other CSOs in complimenting Government efforts, and for taking steps towards defining what could be the role of CSOs and how best should the sector participate in the fight against COVID-19. NaCoNGO believes that the present Position Paper and Strategic Action Plan by CSOs offer a pertinent platform to open fruitful engagement between the Government and all CSOs to ensure that the potential endowed by CSOs are adequately harnessed to fight the COVID-19 pandemic. NaCoNGO therefore applauds all those who have taken this collective initiative and urges other CSOs/NGOs from all the corners of this country to join this noble mission and collaborate with the government at these difficulty times.

Together we can emerge much stronger out of this pandemic!

Nicholas Zakaria
Chairman of NaCoNGO



ABOUT THE CSOs DIRECTORS' FORUM

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.

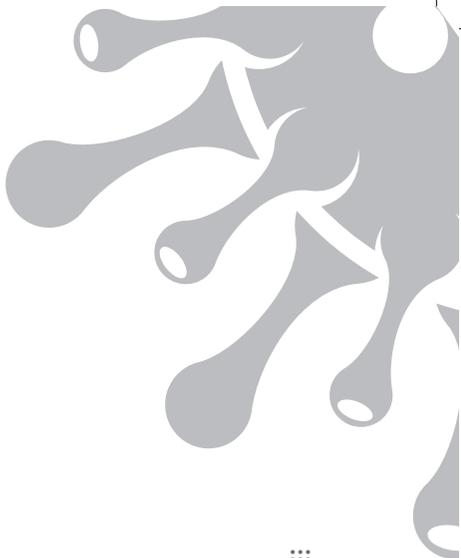
Currently, the forum is comprised of more than 200 directors, representing a range of CSOs in Tanzania Mainland and Zanzibar. The CSOs forming this forum are all registered organizations with mandate on issues pertaining to gender rights, health, education, governance, environment, economy, policies, 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 Action Aid-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.





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The Tanzania Civil Societies Directors' Forum (CDF) acknowledges and appreciates contributions of ideas, opinions and experiences from its members and numerous stakeholders who were approached to offer inputs into this paper. A range of stakeholders, mostly being civil society organizations (CSOs) took time to fill in the online survey which was intended to collect their views on the impact, implication and suggestions on how to add impetus into the ongoing government's efforts to control and contain COVID-19 pandemic in Tanzania. More than 180 CSOs and other respondents aired their views, which form part of the contents of this paper.

Special thanks go to some of the United Nations' Agencies based in Tanzania for offering technical advices and reference materials which have also guided the development of this paper. Moreover, some of the contents of this paper were searched online from credible sources. We acknowledge all the sources offered the facts and narration referred in the main text of the paper.

The completion of these assignment could not have been accomplished without the direct contribution of 18 CSOs directors who promptly shared their written inputs at thematic levels. We therefore recognize the following organizations for their valuable written inputs; HakiElimu, Equality for Growth (EFG), CBM-Tanzania, Transformative and Integrative Build Out For All (TIBA), SHIVYAWATA, Door of Hope to Women and Youth in Tanzania (DHWYT), Tanzania Network for Legal Aid Providers (TANLAP), Children's Dignity Forum (CDF), HelpAge International, Msichana Initiative, Actions for Democracy and Local Governance (ADLG), Hakirasilimali, Tanzania Centre for Research and Pastoralism (TCRIP), C-Sema, People's Health Movement (PHM), Agriculture Non-State Actors Forum (ANSAF), Dignity Kwanza, Women in Law and Development in Africa (WiLDAF), Tanzania Widows Association (TAWIA), Tanzania Network of Women Living With HIV and AIDS, The Zanzibar Fighting Against Youth Challenges Organization (ZAFAYCO). Others contributors are Prof. Prosper Ngowi from Mzumbe University and Dr. Simwanza Kantanta, MD.

Special thanks go to the coordination team of this task, the Tanzania Human Rights Defenders Coalition (THRDC) and Action Aid-Tanzania for their leadership role and financial supports.

We also send our honest gratitude to our consultant, Advocate Clarence Kipobota for his great cooperation and swiftness during this initiative. Adv. Kipobota realized how urgent this initiative was and therefore worked tirelessly day and night to ensure intended objectives are realized on time.

Finally, we appreciate our development partners for supporting this initiative; and, relevant government authorities for their continuous solidarity in many issues including health related concerns like coronavirus pandemic.

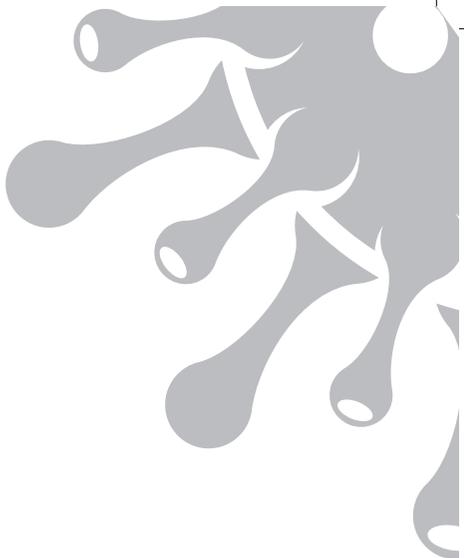


LIST OF ABBREVIATIONS AND ACRONYM

ASDP	<i>Agricultural Sector Development Programme</i>
ASM	<i>Artisanal and Small Miners</i>
CBOs	<i>Community Based Organizations</i>
COVID-19	<i>Corona Virus Disease of 2019</i>
CSS	<i>Civil Society Sector</i>
DMD	<i>Disaster Management Department</i>
DPs	<i>Development Partners</i>
ECDC	<i>European Centre for Disease Prevention and Control (of EU)</i>
FBOs	<i>Faith Based Organizations</i>
GDP	<i>Gross Domestic Product</i>
Hon.	<i>Honorable</i>
HRW	<i>Human Rights Watch</i>
ICT	<i>Information and Communication Technology</i>
INGOs	<i>International NGOs</i>
JKCI	<i>Jakaya Kikwete Cardiac Institute</i>
LASPs	<i>Legal Aid Service Providers</i>
LGAs	<i>Local Government Authorities</i>
MEF	<i>Mwananchi Empowerment Fund</i>
MNH	<i>Muhimbili National Hospital</i>
MoCLA	<i>Ministry of Constitutional and Legal Affairs</i>
MoHA	<i>Ministry of Home Affairs</i>
NACONGO	<i>National Council of NGOs</i>
NAITF	<i>National Agricultural Inputs Trust Fund</i>
NGOs	<i>Non-Governmental Organizations</i>
NHIF	<i>National Health Insurance Fund</i>
No.	<i>Number</i>
NPA-VAWC	<i>National Plan of Action to End Violence Against Women and Children of 2017/18 - 2021/22</i>
NTF	<i>National Task Force</i>
PMO	<i>Prime Minister's Office</i>
PSSN	<i>Productive Social Safety Net</i>
PWDs	<i>Persons with Disabilities</i>
RCCE	<i>Risk Communication and Community Engagement</i>
TADB	<i>Agricultural Development Bank</i>
TADMAC	<i>Tanzania Disaster Management Council</i>
TASAF III	<i>Tanzania Social Action Fund</i>
THRDC	<i>Tanzania Human Rights Defenders Coalition</i>
UN	<i>United Nations</i>
UNESCO	<i>Nations Educational, Scientific and Cultural Organization</i>
UN-Habitat	<i>UN Human Settlements Programme</i>
UNICEF	<i>United Nations International Children's Emergency Fund</i>
URT	<i>United Republic of Tanzania</i>
VAWC	<i>Violence against Women and Children</i>
VAWG	<i>Violence against Women and Girls</i>
WHO	<i>World Health Organization</i>



EXECUTIVE SUMMARY



The United Republic of Tanzania (URT), being part of the global village, has not been spared from the effects of this pandemic. As of 6th April 2020, there were reported twenty (24) cumulative cases of COVID-19 infections in the country with two recovery cases and one reported death.¹ Hundreds of people from both Tanzania Mainland and Zanzibar are currently under medical surveillance at various designated confinements centers. The rest of East African (EAC) countries have also recorded a number of cases of infections in their countries in which, Kenya leads with 142 cases, followed by Rwanda 89 cases, Uganda 48 cases and Burundi with least reported cases (only 3).

The interaction of people within the EAC and SADC Blocks and continuous influx of visitors from other nations could pose eminent threats of the spread of infections. This is particularly a case because Tanzania, has not yet imposed a ban on in-coming of international flights, ships, train and vehicles. However, there are quite remarkable efforts made by the government to 'control' and 'contain' the spread of infections such as imposing a mandatory 14 days quarantine to all visitors and incoming Tanzania citizens and many more as explained in this paper. In the wake of this pressure for urgent, collective and aggressive actions against the COVID-19, the role of CSOs becomes imperative and more pronounced for three justifications: -

- (i) An outbreak of the viral disease COVID-19 is socio-economic issue falling within the realm of CSOs' interventions. Health rights, education, accountability and other issues are inherited responsibilities and core functions of most of CSOs in Tanzania.
- (ii) The actions to control and contain an outbreak of the viral disease COVID-19 are public concerns, human rights and governance issues that require an effective inclusion and participation of all the people. This is in accordance with Articles 8 and 9 of the Constitution of the United Republic of Tanzania of 1977.
- (iii) An outbreak of the viral disease COVID-19 significantly demand for a lot of public financing, a situation which would cause overwhelming of health and other related facilities. Being an emergency and multispectral pandemic, the government machineries will definitely require other actors to supplement its efforts. The civil society sector (CSS/ CSOs) have long and impeccable goodwill in this regard.

¹ 6th April 2020 Press Release by the Minister of Health, Community Development, Gender, Elderly and Children, Hon. Minister Ummu Mwalimu

The CSOs of Tanzania recognize, appreciate and applaud the Government of Tanzania, other State machineries and non-state actors for anti-COVID 19 initiatives that have been taken so far.. In addition to those initiatives, CSOs are of the views that, much more efforts or rather innovative measures are needed to scale up the control and preventive processes of COVID-19 outbreak, current negative impacts and the aftermath of the same should be contained in a near future.

This paper analyses effects and proposed possible mitigation strategies for all key sectors (informal sector, education, health, trade, agriculture, pastoralism, fishery, extractive industry and economy generally); and, gender groups (women, indigenous, remandees, prisoners, youth, children, refugees, people living with HIV, persons with disabilities, and elderly).

Basing on the inherent and core functions of CSOs, the broad strategic areas which CSOs seek to engage with the government are:

- (i) Advocacy which include community mobilization, system or policy reforms, public awareness and sensitization on effective prevention and control measures of the pandemic.
- (ii) Service provisions (monetary and non-monetary ones such as provision of legal aid, psychosocial, researches and impact assessments).
- (iii) Impact assessment and mitigation strategies on negative impacts of current and potential measures against COVID-19.

Chapter Two and Four of this paper present some notable challenges, potential negative impacts, untapped opportunities, actions plans as well as recommendations on a set of measures that will enable the government and other stakeholders including local CSOs to handle COVID-19 outbreak especially when such measures involves vulnerable groups. It is a good move that the Ministry of Health has staged up some joints initiative, involving State and Non-state actors. However, there are some concerns from local CSOs that, these initiatives do not offer effective enough room for inclusion and participation of local partners apart from international and UN based stakeholders/NGOs.

The local CSOs are of the view that, their wider inclusion into various coordination mechanisms will add impetus especially because they have clear and wide understanding of the local context down to the grassroots levels. An effective engagement of local CSOs is also for sustainability of the processes and results. It should also be noted that, this paper is read together with CSOs' Proposed Action Plan (attached separately), which elaborate further the strategies reflected in this part of the paper.

This paper has a special focus on current negative impacts and the aftermath of the COVID-19. For instance, there are issues associated with social-healing including public awareness and sensitization on stigma, domestic violence, fear, anxiety and discrimination as well as loss of economic opportunities and means of survival due to some limitations of economic engagements. The local CSOs community could do all these better because of their wide network (broader outreach) down to the grassroots levels.

Moreover, this paper also assesses the adverse effects of this pandemic to the work of CSOs in Tanzania. Chapter three of the paper covers this analysis. On this, the paper suggests some avenues in which government and local CSOs can productively work together to defeat this and similar pandemics. As of 2020 Tanzania had about 40,000 CSOs (of different types mentioned earlier) operating on the mainland and in Zanzibar according to a set of laws governing the sector in the two sides of URT.

COVID-19 being an emergence outbreak, caught CSOs by surprise and therefore unprepared to respond to it promptly. This also needs an earnest attention from different actors for the survival of this (CSS) sector at large. The CSOs' risk analysis did not look at a highly contagious global outbreak in relation to possibility of spreading to Tanzania. Therefore, CSOs did not have contingency plan to ensure continuity of their operations.

Finally, the government should adopt a joint anti-COVID 19 intervention strategies with large community of local CSOs spreading all over the country. A total of 75 (being 40%) of 182 CSOs participated in the online survey on control and prevention measures against COVID-19 proposed that CSOs in collaboration with Development Partners should come up with a joint plan on this pandemic. Some of the issues to be addressed in the joint plan were mentioned to be joint resource mobilization, awareness raising and mitigation of negative impacts.

The CSOs anticipate that, the coordination mechanisms by the government under the Ministry of Health and Prime Minister's Office will be reformed to holistically accommodate wider community of CSOs and other actors. This is due to the fact that, the control and prevention of this pandemic is multidimensional and that, there is a possibility of overwhelming government's coordination capacities if it has to do 'everything' alone. There are also some recommendations on modus operand of the approach taken so far; inputs to the national contingency and other plans; and, fiscal policy and legal reforms. A brief analysis on the Disaster Management Act of 2015 (Act No. 7/2015) has been reflected in this paper. The CSOs will come out with deeper policy and legal analysis on disaster management in a near future.

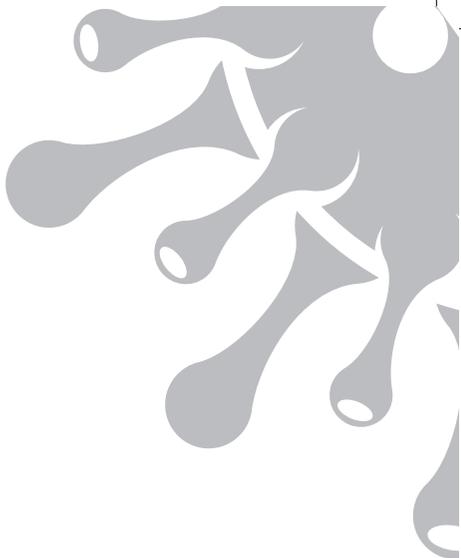
KEEP **S**OCIAL
DISTANCE





Chapter One

GENERAL INTRODUCTION



1.1 INTRODUCTION: JUSTIFICATION OF CSOs ENGAGEMENTS

An outbreak of the viral disease COVID-19 is now (since 11th March 2020) declared by the World Health Organization (WHO) to have reached a level of global pandemic.² Apparently, this is due to its alarming levels of its spread and severity.

Information Box 1.1: Trend of COVID-19 Infections and Deaths (Globally and Africa)

Globally, as of 5th April 2020, there was 1,174,652 cases of COVID-19 reported, including 64,400 deaths.³ The trend of the pandemic in Africa is also alarming. As of 7th April 2020, there were 7,933 confirmed cases; 334 deaths; and, 702 recoveries. Fifty (50) countries were affected by the virus and only four (4) were not. The unaffected countries were Comoros; Sao Tome and Principe; Lesotho; and, South Sudan. South Africa was leading with 1,505 cases, followed by Algeria 1,171 cases; Morocco 791 cases; Cameroon 509 cases; Tunisia 495 cases; Bukina Faso 302 cases; and, Ivory Coast 218 cases.⁴

The United Republic of Tanzania (URT) too, being part of the global village, has not been spared from the effects of this pandemic. As of 6th April 2020, there were reported twenty (24) cumulative cases of COVID-19 infections in the country. Seventeen (17) of them were reportedly in stable condition, two (2) are recovery cases and one (1) reported death case.⁵ A follow-up update on the same on 4th April 2020 indicated the same trend in Tanzania.

The rest of East African (EAC) countries have also recorded many cases of infections in their countries in which, Kenya leads with 158 cases, followed by Rwanda 105 cases, Uganda 52 cases, Burundi three (3) cases and South Sudan with least reported cases (only 1). Countries bordering Tanzania – Democratic Republic of Congo, Zambia and Malawi have 148, 39 and 3 reported cases respectively. An interaction of people within the EAC and SADC sub-regional blocks and continuous influx of visitors from other nations could pose eminent threats of the spread of infections. This

² Human Rights Watch (HRW), 'Human Rights Dimensions of COVID-19 Response,' Accessed on 2nd April 2020 from: <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>

³ ECDC, 'Situation Update Worldwide As of 5th April 2020.' Accessed on 5th April, 2020 from: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases> Note that, the European Centre for Disease Prevention and Control (ECDC) is an agency of the European Union).

⁴ African News, 'Coronavirus in Africa: Close to 8,000 Cases, 334 Deaths, 702 Recoveries.' Accessed on 5th April 2020 from: <https://www.africanews.com/2020/04/04/coronavirus-in-africa-breakdown-of-infected-virus-free-countries/>

⁵ URT, Taarifa kwa Vyombo vya Habari, Taarifa ya Mwenendo wa Ugonjwa wa CORONA (CORONA-19) Nchini.' Dar es Salaam, Aprili 06, 2020. Signed by Hon. Ummu Mwalimu, the Minister for Health. Also see: URT, Public Health Emergency Operation Centre-Tanzania COVID 19 Update, 6rd April 2020.

is particularly a case because the country, Tanzania, has not yet imposed a ban on in-coming of international flights, ships, train and vehicles. However, there are quite remarkable efforts by the government to 'control' and 'contain' the spread of infections as it is explained in this paper.

Information Box 1.2: Some of Initial Complimentary Efforts of COVID-19 by Non-State Actors

Apart from government's efforts to control and contain the spread of COVID-19 infections within the country, numerous actors (mostly being the international non-governmental organizations (INGOs)) too have already initiated a number of interventions mostly being public health awareness by publishing some safety health tips on social media platforms and their personal websites. A few of CSOs have also decided on electronic working styles to reduce physical contacts. Moreover, this being a multispectral issue, private sector too is being part of the public health awareness campaign and some of the actors have contributed monetary supports to the government through the Prime Minister's Office (PMO).

The international community, especially through WHO has called upon governments around the world to take 'urgent' and 'aggressive' actions to stop the spread of COVID-19. This directive is justified by the current and possible threats of the disease all over the world. However, it could have some implications – positive and adverse ones depending on the approach.

In the wake of this pressure for urgent and aggressive actions against the COVID-19, the role of CSOs becomes even more pronounced and imperative for four justifications: -

- (i) The actions to control and contain an outbreak of the viral disease COVID-19 are public concerns, human rights and governance issues that require an effective inclusion and participation of all the people. This is in accordance with Articles 8 and 9 of the Constitution of the United Republic of Tanzania of 1977.
- (ii) The actions to control and contain an outbreak of the viral disease COVID-19 such as are public, human rights and governance issues and concerns (altogether). Accordingly, a coordinated response including all people is a must. This is in accordance Articles 8 and 9 of the Constitution of the United Republic of Tanzania of 1977.
- (iii) An outbreak of the viral disease COVID-19 significantly demands for a lot of public financing, a situation which would overwhelm health and other related facilities. Being an emergency and multispectral pandemic, the government machineries will definitely require other actors to supplement its efforts. The civil society sector (CSS/ CSOs) have long and impeccable goodwill in this regard.
- (iv) The aftermath of the COVID-19 is also a space of action for CSOs to engage in. There are issues associated with social-healing including public awareness and sensitization on stigma, fear, anxiety and discrimination as well as loss of economic opportunities and means of survival due to some limitations of economic engagements. The CSOs could do all these better because of their wide network (broader outreach) down to the grassroots levels. The current public health care tips (which are predominantly issued through social media channels) would not be accessible in remote rural areas where level of education, internet coverage and use of smartphones are relatively low. The use of alternative methods like local CSOs' community mobilizers are viable especially for reaching out rural settings.

Concern I: Perceived Ineffectual Inclusion and Participation of Local CSOs in RCCE, etc

It is a good move that the Ministry of Health has staged up the Risk Communication and Community Engagement (RCCE) team, which involves State and non-state actors. However, there are some concerns from local CSOs that, RCCE and similar initiative do not offer enough and effective inclusion and participation of local partners apart from international and UN based stakeholders. The local CSOs are of the view that, their faces into RCCE and similar coordination mechanisms will add impetus especially because they have clear and wide understanding of the local context down to the grassroots levels. An effective engagement of local CSOs is also for sustainability of the processes and results.

1.2 ESSENCE OF THIS POSITION PAPER

As it is hinted at the outset above, an outbreak of the viral disease COVID-19 is a concern of everyone in which CSOs in Tanzania justifiably claim a large part of it. Moreover, as it is explained earlier, CSOs (mostly international and UN agencies) have already taken some space and steps to control and even prevent the pandemic.

Information Box 1.3: Analytical Framework Evoked

Note that, the CSOs' proposed standards of interventions and perceptions are supported and justified by the national and international human rights standards; economic and social context in Tanzania, consideration of an experience of other countries; and, own sense after gathering some opinions from more than 180 CSOs and other stakeholders between March and April 2020.

The government's current efforts are highly applauded. However, there is still a room for further improvement of the public-civil society working relationship during this outbreak and accommodating some recommendations from an analysis of the pandemic in human rights and socio-economic perspectives. This position paper presents such recommendations and perspectives for government's and other stakeholders' consideration.

1.3 OBJECTIVES OF POSITION PAPER

This position paper provides, albeit in highlight forms, some notable challenges, untapped opportunities as well as recommendations on a set of measures that will enable government and other stakeholders to respond to COVID-19 outbreak especially when such measures involves vulnerable community groups.

Moreover, the paper is intending to assess the adverse effects of this pandemic to the work of CSOs in Tanzania. Chapter three of the paper covers this analysis. Thirdly, in the same vein, the paper is also aimed at indicating and emphasizing on the importance of inclusion and participation of local CSOs in the control and prevention initiatives for the reasons stated earlier on. On this, the paper suggests some avenues in which government and local CSOs can productively work together in this and other public disasters.

There are also some recommendations on modus operand of the approach taken so far; inputs to the national contingency and other plans; and, fiscal policy and legal reforms. A brief analysis on the Disaster Management Act of 2015 (Act No. 7/2015) has been reflected in chapter four of this paper. The CSOs will come out with deeper policy and legal analysis on disaster management in the near future.

Information Box 1.4 The Context of Vulnerable Groups

In the context of this analysis, vulnerable groups include needy women, persons with disabilities (PWDs), the elderly people, children, refugees, asylum seekers, undocumented immigrants, remandees, prisoners, people who are generally weak (health wise) as well as marginalized communities do not only survive the pandemic but also not being resilient during the lockdowns and the aftermath of both.

1.4 FOCUS AND SOME OF MAIN CONCERNS ON ANTI-COVID 19 MOVE

The analysis for this position paper was guided by human rights based approach principles and basics of contemporary approaches to advocacy work. Therefore, the sensitivity of gender concerns (at broader perspectives) and evidence-based (data-driven) information from credible sources have been carefully considered. At gender sensitivity point of view, the position paper takes into consideration the reality of the current context that:

1.4.1 Perceived Gender Insensitivity

In many families in Tanzania, women are responsible for reproductive, economic and social roles which exclude them, to a large extent, from social opportunities including formal education and employment. As such, the situation compels them to engage in informal sector and unpaid work in urban and rural settings. Being in charge of multiple family roles, there are concerns that increased burden of care work to women due to corona pandemic may expose them to issues of physical burn out, physiological distress and prevent them from accessing economic and political opportunities. It is also an issue of concern when it comes to an ability to guide the children to comprehend well with their studies. This challenge is more substantial to children with disabilities and other children living in difficulty conditions.

Concern II: Social Barriers to Vulnerable Groups as an Issue of Concern in Pandemic Control

At large, PWDs particularly girls and women are more likely to be affected by the outbreak of diseases due to their strong reliance on the social services providers, their families or the community at large. There are also a lot of social barriers for PWDs and elderly in accessing social services in friendly manner. Affordability and proximity of specialized health care services; and, disability friendly information on health tips (e.g sign language interpretation services) are some of the key issues of concern.

1.4.2 Inadequate Reflection of the Reality on the Ground

It is the CSOs Forum's concern that, the current initiatives on COVID-19 are relatively gender insensitive and therefore, do not adequately reflect and accommodate the reality on the ground. This is particularly a case when it comes to specific needs of some of the gender groups including those working and earning their living from an informal sector.

Concern III: Some Concerns on Disability Friendly, Proximity and Feasibility of Initiatives

The health tips e.g on hygienic control are not disability friendly. There is also inadequate measures to control increase of prices for sanitizers and other hygienic items. A call for self-sponsoring quarantine could also be sighted as an illustration in this regard. Proximity to designated health care services could be a challenge to those living in remote areas. Moreover, when the government decides a total lock-out, that will definitely affect the actors in the informal sector. Therefore, there is a dire need to come out with some safeguards measures e.g emergence budgetary supports. This has to be foreseen and being reflected in the current anti-COVID-19 plans by the State.

1.4.3 Inadequate Consideration of the Possible 'Hit-Backs'

It is also a concern that, despite the fact that the current control measures by the State are relatively timely and seems to workout well so far (as of first week of April 2020), such measures such as an encouragement of self-quarantine and public arranged treatments of corona cases are more of 'management of crisis.' That is, the generality of country's COVID-19 control framework does not address the aftermath or hit-backs ('side effects') of the decided measures.

Concern IV: Absence of Adequate Measures to Address the Hit-Backs of the Current Initiatives

Issues of stigma, discrimination, fear, anxiety, increased economic disempowerment (income poverty), social-distancing (family disunity), closure of learning institutions, etc are not fully addressed. Moreover, the whole framework seems to be designed on the position that, COVID-19 spread would not be severe. Therefore, possibilities of total lock-down and therefore public supports if this happens so are generally not addressed at the moment. The CSOs will offer supportive initiatives in all these gaps including conducting a thorough impact assessment and putting down localized mitigation strategies on the same.

1.4.4 Insufficient State Attention on Crowded Places

There has not been special consideration of the places which mandatorily bring people in masses. Places of detentions, court rooms, hospitals, markets, places of worships, public transport and others are some of the examples. This particular point is extensively discussed in coming parts of the paper.

Concern V: Absence Special Measures to Address Overcrowding

The decongestion measures of inmates (rumandees and prisoners) are not effectively spelt out as yet e.g using available avenues such as community sentencing, possibility of paroles, etc. As for the judiciary, it is not certain as yet how it can invoke some measures such as preferring written submissions instead of physical contacts in the court rooms. In the same regards, it is not certain how the State is going to support financing of legal aid services by NGOs should it be necessary for judicial clients to transact their cases through written submissions or use of ICT. As for public transport especially commuter buses in Dar es Salaam and other large cities, it is not certain how the transport authorities are mobilising deployment of more vehicles and control of traffic jams in order to ease overcrowding in current limited number of commuter buses.

1.5 METHODOLOGY AND GOVERNING PRINCIPLES – ANALYTICAL FRAMEWORK

1.5.1 Methodological Approaches

The analysis largely relied on the secondary data from credible sources (some indicated in the reference section of the paper). The sources include updates of COVID-19 trends around the world, guidelines, rules, laws, regulations, policies and empirical studies especially on COVID-19's situations in China, Spain, Italy and the United States of America (USA).

Moreover, a total of 182 CSOs in Tanzania were interviewed through an online data collection method. Part, Two, Three and Four of this paper presents opinions and recommendations from the interviewed CSOs. The CSOs were from all regions of Tanzania Mainland and Zanzibar and they included the ones working on gender rights, disability, health, education, women, children, elderly, indigenous people, extractive industry, media, good governance, environment and economic development generally. This paper was validated by CDF's coordinating team and it is subject to further inputs where a need arises especially because the pandemic is very dynamic and its impact levels unfold differently every single day around the globe.

1.5.2 Analytical Framework – Overreaching Principles

The United Nations (UN) published on 31st March 2020 the 'Shared Responsibility, Global Solidarity: Response to the Socio-Economic Impacts of COVID-19' document. This poses as one of the key directives for addressing this pandemic. In page 13, UN lays down the Overreaching Principles to be observed in the coordination of COVID-19 initiatives. The principles are:-

- (i) Keeping all people, households and businesses afloat is the main objective: Focus should be on people – families, women, children, youth, persons with disabilities (PWDs) and the elderly, low-wage workers, small and medium enterprises and the informal sector. Important steps have already been taken in this direction. This must be scaled up.
- (ii) Extraordinary times require extraordinary measures: Economic policy should meet people's most immediate health, food and other basic needs, protect social cohesion and maintain political and economic stability. Since the crisis is evolving rapidly, careful monitoring of the direct and indirect effects of all interventions are crucial to ensure policy responses are, and stay, relevant. A sense of urgency must prevail.
- (iii) Specific measures are needed at different levels: National actions are perhaps the most crucial, but they are dependent on context, including geographic context, type of government and level of development.
- (iv) A whole-of-society approach is needed: An effective response needs to be multidimensional, coordinated, swift and decisive. It needs to foster public trust; be focused on human values; and supported by solid institutions, technical skills and financial resources. Everyone needs to play their part in the response. No individual country can do this alone.

This analysis at hand has subscribed and was guided by those principles to a large extent. The analysis also considered other directives of standards by WHO, UNICEF and other UN agencies as well as government's guidelines and laws including the URT's COVID-19 Contingency Plan of March – August 2020; and, the Disaster Management Act of 2015 (Act No. 7 of 2015) of Tanzania Mainland. Each of the thematic areas and recommendations were proposed by a number of local CSOs.



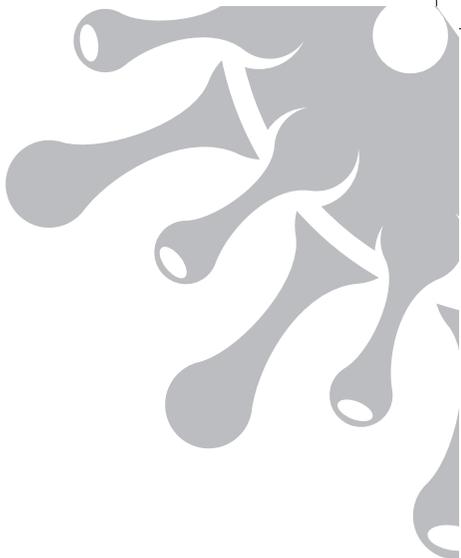
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Chapter two

ANALYSIS OF EFFECTS OF COVID-19 AND POSSIBLE MITIGATION STRATEGIES



2.1 INTRODUCTION

The CSOs recognize, appreciate and applaud the government of Tanzania, other State machineries and non-state actors for anti-COVID 19 initiatives that have been taken so far . In addition to the initiatives (mentioned earlier and below), CSOs are of the views that, much more efforts or rather innovative measures are needed to scale up the control and preventive processes of COVID-19 outbreak and the aftermath of the same should it be contained in the near future.

Information Box 2.1: Possible Mitigation Strategies are for Enhancing Further Control Measures

The additional and alternative measures proposed are for enhancing further the efficiency, effectiveness, relevancy and sustainability of the outbreak's initiatives. Moreover, as pointed out in the previous part of this paper, such measures are for ensuring that, all gender groups including vulnerable ones and every situation is contextually, proportionally and feasibly taken into consideration instead of having a 'one-size-fits-all' approach, which is currently perceived to be case at the moment.

The CSOs, like millions of other well-wishers in Tanzania and beyond, solemnly entreat for total control and prevention of the pandemic. But, the sector (CSOs) also warns a possibility of continuous spread of the outbreak beyond the current trend especially by considering the situation of other nations or continents around the globe. This is why it is important to start thinking of the potential impacts e.g that are likely to be fueled by scant health systems, meager social and economic infrastructures, inadequate capacity to handle the pandemic, etc if the situation worsens from now onwards.

Below are analyses of effects and proposed possible mitigation strategies for all key sectors (informal sector, education, health, trade, agriculture, fishery, extractive industry and economy generally); and, the gender groups (women, children, persons with disabilities, and elderly).⁶ It is not easy to cover all thematic issues and groups in this analysis. But, the generality of suggestions

6. Other gender groups such as refugees, indigenous people and inmates in place of detention have also been considered in the CSOs Action Plan.

could be considered and reflected on the rest of the areas or issues which have not been addressed under this section. It should also be noted that, this paper is read together with CSOs' Proposed Action Plan (attached separately), which elaborates further the strategies reflected in this part of the paper.

2.2 EDUCATION SECTOR

2.2.1 Observed Potential Impacts on the Education Sector

As of March 23, according to recent reports, more than 138 countries, including Tanzania have closed their learning institutions of different levels either in full or in specific regions following the outbreak of COVID-19. These measures have been taken to contain the spread of the Covid-19 pandemic. According to UNESCO over 80% of the world's student population (i.e 1.3 billion children and youth) have been affected by these measures.

Most students are at particular risk when school are closed including not learning, not passing exams, and dropping out. The government has set up a special committee under the Prime Minister (PM) to manage and control the spread of COVID-19 in the country. This is a welcome move.

Concern VI: Education

However, CSOs are of the view that education should be given earnest attention and should therefore have special space within the government's crisis planning. In this context, it is important that in all what is planned, a due consideration should be taken to accommodate the special needs of the most vulnerable children and youth. Considering an experience of West Africa during the Ebola crisis, school closures without special measures resulted into the loss of protection for children who are regarded as vulnerable, including girls and children with disabilities.

Below are some of the measures taken by the government on education sector (learning institutions), consequences of such measures and proposed CSOs' recommendations on possible actions that will address the immediate challenges:-

- (i) The government has cancelled the high school examinations, which were supposed to take place in May 2020. This disruption may require a creative strategy of supporting students to be ready for the examinations when schools are re-opened. In other words, a new timetable for the examination has to take into consideration variation of students' backgrounds. To some students' home environments and nature of disabilities can not cope with learning without continuous supports.
- (ii) Some parents and teachers are worried about the preparation of their children for the final national examinations such as standard VII, form IV and form VI. Learning from home is one of major options encouraged. However, students are not well prepared for self-learning at home and others do not have some supportive environments to make full use of this option as said above. In addition, of the most vulnerable students may be compelled to engage in economic activities and other household chores instead of learning.

- (iii) Tanzania Institute Education has made easy for public to access online textbooks from pre-primary to advanced secondary education to facilitate online and distance learning. However, this may be more applicable to children or students whose family are able to support internet facilities and having required facilities to access the online learning contents. The digital learning is not well developed and the school system are less prepared, and the majority of students in Tanzania cannot access the internet at home. In general, there is a limited access to the internet in most part of Tanzania and broadband costs are very high for everyone to afford .
- (iv) Low achievers and average students, may not be learning well online or by distance. They need a close guidance from teachers and facilitators. In this sense, online learning is not an adequate substitute for all classroom activities and students.
- (v) The online learning could also be disability unfriendly especially for children with visual impairments or low sight or other forms of sensory impairments. There are not designated learning tools for online learning as yet.
- (vi) Children are now in a higher risk of violence and abuse. There is a possibility of an increase in child pregnancy and marriage. During the Ebola crisis in West Africa, teenage pregnancies increased by 16% and rates of violence in the home also increased. The current Tanzanian national frameworks on child protection do not provide adequately on these kinds of (emergence) situations.

2.2.2 Possible Actions to Mitigate the Negative Impact

The CSOs understand that the decision by the government to close learning institutions (schools, colleges and universities) for 30 days is based on the assumption by then that the pandemic crisis will have been contained within stated number of days and this will be the best-case scenario. However, it is important as a nation to prepare for the worst-case scenario as that is likely also to happen – at least basing on the global trends. Other countries suggest closures may last upwards of three months (90 days). Below are some of the idea that could mitigate or minimize the negative impact emanation from the decision to close schools and academic institutions:-

- (i) There is a need to prepare and deliver lessons and broadcasting the same through national TV and radios. Since not everyone can get online, thus there is a need for the Ministry of Education to make lessons for all classes available daily on all national TV channels and community radios. This would allow for a broader reach and would help to ensure that every child, no matter his/her geographical location, would be able to access educational resources.
- (ii) The lessons on TV and radio channels should be disability sensitive in order to accommodate all forms of disabilities. Apart from the said channels, there should be special deliveries of print materials depending on type of disabilities if online contents could be regarded as unfriendly to some of children/ students.
- (iii) Parents need guidelines on how to help children learn at home. This is important because formal education is guide by curriculum. For instance, SMS support could help parents to guide their children in learning. Currently, about 81% of households own a mobile phone and some people use their mobile phones to listen to the radio.

- (iv) Pupils from public primary schools have little access to textbooks. They only use the printed textbooks during school hours. However, the ratio of textbook per pupil is not one to one, which makes it even challenging for home learning. If the situation is not contained in a short run, it is high time for the government to increase the availability of textbooks even through cost sharing arrangement. This could mitigate loss of learning.
- (v) This crisis can be used as an opportunity to put more emphasis on preparing students for self-learning. Homework assignments, learning materials and online guidance can be used to instill discipline and self-learning skills to students.
- (vi) Based on the CSOs' effectiveness in running campaigns, which have wider reach and impact, they should therefore be mobilized and coordinated in order to support the government in raising awareness among parents and citizens through appropriate media and communication channels.
- (vii) To enhance child protection at home, CSOs have a duty to raise community awareness of this challenge and support parents around parenting and child protection. Some few organizations e.g. HakiElimu have started using their networks (e.g. Friend of Education Movement) to mobilize friends of education to sensitise the community about protecting children from violence and abuse. However, there is more need to come on board and their efforts need to be coordinated.
- (viii) It is high time now to invest more on technology and prepare teachers to harness modern technology for teaching. Potential experience from Ubongo Kids and Shule Direct could be used in developing TV and radio contents.
- (ix) Special plan and consideration should be put in place to assist children with disabilities when schools open since they might not be able to adjust and benefit from measures currently taken. Measures such as having remedial class sessions are highly recommended.

2.3 IMPACTS ON THE INFORMAL SECTOR

2.3.1 Observed Potential Impacts on Informal Sector

As it is already stated in part one of this paper, the outbreak of COVID-19 has adverse implications to the informal sector as well. According to a mapping report cited by the International Labor Organization (ILO),⁷ about 4.3 million Tanzanians are engaged in the informal sector as their main economic activity which is equivalent to 22% of the total work force. Moreover, more than 96% of all entities that are called enterprises are in the informal economy, with 98% of them employing less than 2 persons. The informal sector provides approximately 90% of the jobs in Tanzania.

⁷ ILO, 'Decent Work for Sustainable Development in Tanzania.' Accessed on 5th April 2020 from: https://www.ilo.org/wcmsp5/groups/public/---africa/---ro-abidjan/---ilo-dar_es_salaam/documents/publication/wcms_617295.pdf

Information Box 2.2: Livelihoods and Economic Significances of Informal Sector

Informal sector's workforce includes small peasants (farmers), street vendors (hawkers), food vendors (suppliers), market traders and other service providers. The size of informal economy in Tanzania grew from 10% of gross domestic product (GDP) during the late 1960s, to 20% after the mid 1980s, 58.3% in 1999 and 2000, and around 52% to 61% of GDP in 2013-2015. Possibly, it growth could now (year 2020) be over and above 60% as majority of both rural and urban dwellers predominantly depend on this sector in Tanzania. This fact suggest a reality that, any shock in this sector will definitely have mega-impacts to the livelihood of millions of Tanzanians. It will also have some adverse effects to the country's national economy especially due to economic value chain which the informal sector feeds into mainstream macro-economy.

On the other hand, numerous facts show that there is an overrepresentation of women within this (informal) sector especially when it comes to economic benefits out of it. The reality on the ground shows that, women dominate in low-compensated sectors and precarious forms of employment such market trading and vending. As most of the Tanzania's economy is unorganized or rather not well coordinated, the informal sector workforce would definitely be hit hard by the COVID-19 pandemic, affecting even the small and medium enterprises. If that happens then, household incomes and the livelihoods of millions of families in Tanzania will be adversely affected.

Below are some of the measures taken or possibly should have been taken by the government to cushion the informal sector, consequences of such measures and proposed CSOs' recommendations on possible actions that will address the immediate challenges:-

- (i) Stay at home directive: The message being spread across the world to combat the spread of this virus is to #StayHome. The message calls for residents to shelter at home and limit movements outside of their homes beyond essential needs. The basic assumption is that if you stay at home you will not get virus or disseminate it to the others.

Concern VII: Informal Sector

It is CSOs concern that, the directive on 'stay at home' does not come with proposed alternative means of livelihood especially for the bread-to-mouth earners especially those working in the informal sector.. That is, any preventive measures that restrict mobility and overcrowding particularly in public spaces will definitely affect businesses in the informal sector as their survival depends on daily cash flows. The most prevalent trade hotspots areas in Tanzania are markets both physical and mobile, urban slums, bus stops, along high ways and main roads, public areas such as around hospitals and popular shopping centres. Informal workers such as traders and vendors make their living through roaming to the street looking for the customers to buy their goods. Staying at home will make millions of informal workers, including women and their families fail to earn living especially because there is inadequate social support systems.

- The CSOs suggest that, the social protection schemes such as the Tanzania Social Action Fund (TASAF III) – Productive Social Safety Net (PSSN) Programme could be brought into play during this time of emergency under special budgetary supports from emergency funds. Moreover, the emergency and disaster unit under the Office of Prime Minister should be adequately funded with supplementary budget in case of the worst case-scenario in order to mitigate the impacts of curfew or lockdowns for informal sector's actors.

- (ii) Coverage of social security schemes to informal sector's actors: Additionally, the 'staying home' directive has not yet sought to align with social security schemes e.g to have special packages or arrangements on how the informal sector's actors could be supported during the time of emergence.
 - The CSOs are of the view that, it would have been an appropriate move to initiate a special campaign for the actors in this sector to join the schemes now so that they could benefit at the time when the situation worsens. The current legal framework on social security is silent on this kind of scenario, a situation which calls for an immediate amendment of the law or formulation of regulations in this regard.
- (iii) Health insurance: Global and regional studies including those sub-Saharan Africa found that in the absence of health insurance or other forms of universal health coverage (majority of which are informal sector workers), responses to health shocks by people in poverty and nearly poverty line commonly included distress sales of assets and money lending. As of December 2019, National Health Insurance Fund (NHIF) coverage stood at 4,856,062 beneficiaries which is equivalent to 9% of the total Tanzanian population. Equality for Growth (EfG)'s survey in 2016 discovered that less 10% of women market traders were part of social protection schemes. Coronavirus pandemic will likely accelerate many into extreme poverty due to effects of health shocks on employment.
- (iv) Cash payment: The government has asked all traders to encourage its customers to use digital payments instead of cash payments as a precautionary measure to mitigate the spread of COVID-19. This is due to the fact that money circulation between hands has high probability of transmitting the virus.

Concern VIII: Cash Payment Schemes

The CSOs are of the view that, this directive is quite sensible but, it has not taken into consideration the costs associated with electronic or digital money transfers. The current tariffs and other costs associated with e-money transfers e.g using mobile phones are relatively high. This is a concern to some of the low income traders because such e-transfers would erode some of the earnings. Moreover, there has been inadequate initiatives to encourage the public to adopt and use digital payment methods such as mobile money and credit cards.

- As a solution to this, CSOs propose the government to instruct mobile phone companies and financial institutions especially the banks to reduce charges associated to e-transactions during this period. A win-win situation could be for the government to relieve such companies from some amount of taxes in order to protect their businesses from loss. This should also be a case for all text messages which are raising public awareness on COVID-19.
- (v) Burden of care: The impacts of COVID-19 such as economic disempowerment, stigma and discrimination are likely to be huge to women (and other vulnerable groups) than men. This is due to the prevalence of some of the harmful traditional norms (negative attitudes) mostly perpetuated patriarchal cultural system in almost all ethnic groups in Tanzania.

As stated earlier on, the current initiatives to control and prevent this pandemic do not provide adequate measures on the hit-backs or aftermath of COVID-19 spread. Due to low awareness of the disease, there is high possibility of stigma and discriminatory practices against the COVID-19 survivors.

- The CSOs suggest that, the current public plans should reflect the post-COVID 19 measures including a need for psycho-social supports and economic remedial measures especially for women engaging in the informal sector. Existing efforts like allocation of 10% for women, youth and PWDs by the district and municipal councils; economic empowerment schemes like the Mwananchi Empowerment Fund (MEF) under the National Economic Empowerment Council (NEEC); presence of soft loans managed by the agricultural banks, etc are highly recommended to accommodate some special windows for survivors or victims of COVID-19. All these initiatives are meant to ease the burden of COVID-19 on women depending on the informal sector, apart from other roles they have at the moment.

2.3.2 Possible Actions to Mitigate the Negative Impact

While the CSOs are aware and appreciate various efforts made by the government to control or prevent the spread of corona virus including the informal sector's actors, it is suggested that, the recommendations proposed above and below would add value on existing efforts in light of sustaining the livelihood through informal sector during and after COVID-19:-

- (i) Since it is impractical to implement the 'social distancing' directive especially due to the nature of Tanzanian social life (e.g extended families), the government should adopt rigorous interventions aimed at preventing further spread of the COVID-19 virus. In this case wide-scale testing of the general public is highly recommended and isolate only those infected with the deadly virus..
- (ii) Intensify and sustain public health education in public spaces including markets, commuter bus stops and in congested urban areas to curb the disease..Such educational programmes should be disability and child sensitive.
- (iii) Market infrastructure should be improved to ensure adequate access to water and ventilation
- (iv) LGAs should review and/or adopt adequate rules and regulations that promote public space safety in time of crisis and health emergencies
- (v) There is a need to adopt a social support system during and after the pandemic to provide a form of subsidy to informal workers or through special reforms of the current initiatives such as TASAF III (PSSN), MEF, etc as suggested earlier on.
- (vi) In relation to above suggestion, the government should explore possibility of providing humanitarian assistance to informal workers' vulnerable families particularly those in need of food, medicine, water and other necessities. The CSOs have noticed that, in other countries, the governments adopted cash subsidies. But, this could not be realistic in Tanzania unless it is only for very serious cases or annexed to TASAF III cash transfer schemes.

- (vii) Adopt measures aimed at addressing long-term economic impact to the majority of the population such as setting up a national economic response taskforce which brings together representatives from key public and private sectors and CSOs.
- (viii) The Government should closely work with the private sector to ensure that formal and informal jobs and businesses are protected during and after COVID-19 pandemic.
- (ix) Scarcity of goods, commodities and other basic amenities will likely trigger vandalism and theft particularly by young people. Law enforcement agents should ensure security and safety of people and their property is guaranteed while adhering to human rights standards.⁸
- (x) Other recommendations as indicated above. (I propose recommendations to maintain uniformity)

2.4 IMPACTS ON FARMERS, PASTORALISTS, HUNTERS, GATHERERS AND FISHING COMMUNITIES

2.4.1 Observed Potential Negative Impacts

The nature of life styles and livelihoods of indigenous pastoralists, hunters, gatherers and fisheries and farmers do also expose them to an imminent danger of being infected by COVID-19. For instance, the pastoralists, hunters, gatherers (such as the Maasai, Sukuma, Hadzabe, Barbaigi, Wadatoga and Iraqi); and, fishermen normally move and work in groups at all stages of fishing process. In most cases, people in these sectors do not use protective gears including face masks due to limited capital and low awareness of hygienic health tips. Moreover, those are traditional means of livelihood and not paid employments.

Information Box 2.3: Vitalities of Agriculture and Livestock Sectors in National Economic Thrust

The importance of agricultural (also pastoralism and fishery) sectors for Tanzania's economy can not be overemphasized. For instance, the agricultural sector alone contributes 30% of foreign currency generation and about 70% of the labour force. Moreover, the agricultural sector provides over 65% of raw materials needed by domestic industries. Smallholder farmers produces over 75% of food requirement in the country and for years, poor populations in rural settings provide labour force in farm estates (medium and large size) for horticultural sector. Therefore, these are very important contributors of national economy which emphatically demands a due attention against COVID-19 pandemic. The indigenous pastoralism, including the Maasai and Barbaig, who predominantly depend on traditional cattle rearing model, feeds at least 90% of the meat products supplies in Tanzania. In some societies livestock keeping, is taken as a social prestige among other cumulative benefits.

⁸ A special hotline service should be introduced or enhanced for reporting new cases and conduct regular police patrols in streets, villages, hamlet and around business centers. Security and safety measures should be widely communicated to the general public.

As almost all business ventures overseas, which provide retail markets e.g horticultural and livestock commodities from Tanzania come to a stand-still, and given that most international flights in some nations have been suspended, the foreign exchange has also dropped. Moreover:-

- (i) With the limited movements of goods and services in Tanzania due to COVID-19 all these sectors would suffer tremendously should this pandemic continue. Despite the government order urging traders not to increase prices of essential food items the supply of food and livestock products in the local markets is likely to suffer.
- (ii) Restriction of movements e.g total lockdown will definitely cause adverse effects for indigenous communities such as pastoralists, hunters and gatherers whose way of life totally depends on nature. For instance, without roaming around, pastoral, hunting and gathering communities would not get their food and make ends meet.
- (iii) The closure of learning institutions have to a certain extent, reduced agricultural value chains (e.g agripreneurs; agri-input dealers; etc). Apparently, this is putting a lot of economic pressure on low and medium income families in urban and rural areas. The level of productivity in most of these families, will almost certainly be reduced, consequently putting them on the verge of farming and hunger. It is the same line of argument for fishery and mining sector involving small scale producers.
- (iv) Furthermore, producers expecting to harvest in the near future will likely experience higher storage costs and an increase in post-harvest losses due to the nature of some agricultural products, especially horticulture, fisheries and dairy products.

There is no known measures taken by the government so far to address those possible setbacks especially if the COVID-19 pandemic continues to wreak havoc in the months to come. This is particularly serious because farmers cannot adequately make use of the on-going rains due to the emergency posed by COVID-19.

2.4.2 Possible Actions to Mitigate Negative Impacts

The CSOs understand that the outbreak of COVID-19 is an emergency issue. Therefore, the government did not have contingency plans for everything at once. However, owing to the importance of these three sectors to the economy, it is urged that the government should also pay a close attention on these sectors as proposed above and here-in-under:-

- (i) Families that entirely depend on agriculture, hunting, gathering and traditional livestock keeping (pastoralism) for food supplies and incomes may need a set of packages to help them cushion the impact of the virus. Such measures may include improved access to advisory services through ICTs (ICT for agricultural transformation). That is where movements are restricted, extension workers may need to develop relevant advisory packages, use mainstream and social media to send out information.
- (ii) The government needs to work closely with researchers and support market intelligence to ensure timely and accurate sharing of information related to commodity demands and players along with the value chain nodes, especially for food commodities.

- (iii) Considering that many players are operating on credit basis, financial institutions need to reconsider repayment period and where possible the government should order and facilitate suspension of the demand for payment for a certain period of time until the situation stabilizes.
- (iv) The government should consider impartial stimulus package to help, small, medium and large scale producers to re-establish and continue with agribusinesses during and after the COVID-19 pandemic. The Bank of Tanzania (BOT) in collaboration with other relevant authorities need to come up with a transparent approach in support of agribusinesses affected by the coronavirus pandemic.
- (v) In case of statutory taxes imposed on agricultural employers and companies, the government should review such taxes and come up with relief measures to help cushion the impacts.
- (vi) Beyond creating awareness, the CSOs should work closely with the government in promotion of use of ICT to inform producers on agronomic practices and market opportunities in various geographical areas.
- (vii) The government could consider available avenues within existing agro-plans including the Agricultural Sector Development Programme (ASDP) and presence of some schemes like agricultural development bank (TADB); National Agricultural Inputs Trust Fund (NAITF); and similar institutions to protect agro-activities against the corona effects.

2.5 IMPACTS ON THE EXTRACTIVE SECTOR

2.5.1 Observed Potential Negative Impacts

The extractive sector, in this context, is comprised of mining, oil and natural gas. As the COVID-19 virus continues to disrupt lives of millions of people around the world, the global economy is negatively affected since many countries have imposed lockdowns and travel bans..

Information Box 2.4: Hard Effects to Extractive Industry

As the fourth-largest producer of gold in Africa and the only place on earth where Tanzanite gemstone is mined, Tanzania is predominantly a mining country. Both small and large-scale mining operations are dominated by nine major mines: seven of which extract gold and one each for diamonds and tanzanite. The past few years have seen a big increase in activities for oil and gas exploration along the coast of Tanzania. The extractive sector (mining and quarrying) contributes to 5% of GDP and estimates show that it provides more than 7,000 jobs. However, as of recent the extractive industry is likely to be badly affected. For example as the crude oil prices have plunged the most for the past three years. As the global economy is contracting and the stock markets are crushing, the mining sector is also expected to feel the economic shocks. Therefore, investment in the mining and oil and gas sector will almost certainly continue to decline.

CSOs are of the opinion that, at the moment, there is policy or contractual arrangements in place to address arising challenges such as employment needs throughout the extractive sector value chain during and after the total lockdowns. The specific concerns on extractive industry are:-

- (i) Societal aspect: Despite having hand sanitizers and screening points around extractive operations, there is still a lot of miners who meet in groups (Mererani Wall). The same case is with Mineral markets centers i.e there is a lot of interaction going on.
- (ii) Poor ventilation in the mining shaft: Mix contamination is most likely to affect areas frequented by small scale miners thus increasing the risk for exposure to the deadly virus..
- (iii) Interaction: We fully understand that major companies in Tanzania have instructed their employees to stay and work from home while others have gone into total lockdown or in some cases working part time. Nonetheless, extractive companies and artisanal and small miners (ASM)'s activities are still very much operational.

While installing screening centers and quarantine (isolation centers) may be practically effective in large scale operation should there be any cases, there's still a lot of interaction within the ASM sector with little facilities to ensure safety and exposure.

- (iv) Sanitation and water scarcity: Tanzania still faces challenges around poor hygiene, sanitation and access to clean water for domestic use. This is a case particularly to communities around extractive operations. It becomes comparably difficult to ensure community members clean their hands on regular basis, given such scarcity of water. In many villages residents depend on a single water source which make it practically hard to enforce social distancing rule..
- (v) Access to health centers and good medical care: ASM are scattered across the country. In areas where they are established there are limited or no a healthy centers, let alone good medical care. In the case of high exposure, the communities within and around these operations are at greater risk of losing their lives than those in urban areas.
- (vi) Advocacy and engagement work: Most CSOs working around the extractive sector have laid off their activities and are instigating #WorkfromHome approach in order to minimize the risks of exposure. This therefore, slows the effort to push for advocacy in the sector.
- (vii) COVID19 awareness: There is inadequate information on the threats around the virus (Misinformation). For instance in places like Chunya, Kahama, Geita, Shinyanga and Arusha (mostly inside the Mererani wall, where there is a lot of interaction especially inside the mining shafts) miners believe that, COVID-19 cannot enter the designated mining area due to the fact that temperatures are too high for the virus to survive. This shows that, there is little information being provided by relevant authorities in ensuring that there is less interaction for the purpose of minimizing the spread.

2.5.2 Possible Actions to Mitigate Negative Impacts

The CSOs proposed the following as ways of mitigating stated challenges relating to the control and prevention of COVID-19 in extractive sector:-

- (i) The government should issue a circular to employers, addressing (protect) employment status in the case of total lockdown.
- (ii) Extractive related laws should provide for mechanisms to ensure safety and security beyond HIV/ AIDS, fires, natural disasters (earthquakes and flooding) but also pandemic illness.
- (iii) The government needs to subsidize on provision of hand sanitizers across the country as it is done with other diseases such as HIV/AIDS, in which condoms are provided for free. with provision of free condoms.
- (iv) The government must ensure setting up of relief health related centers around ASM operations.
- (v) Citizen education and campaign raising awareness on COVID19 is key especial in rural areas.

2.6 IMPACTS ON THE ECONOMY - GENERALLY

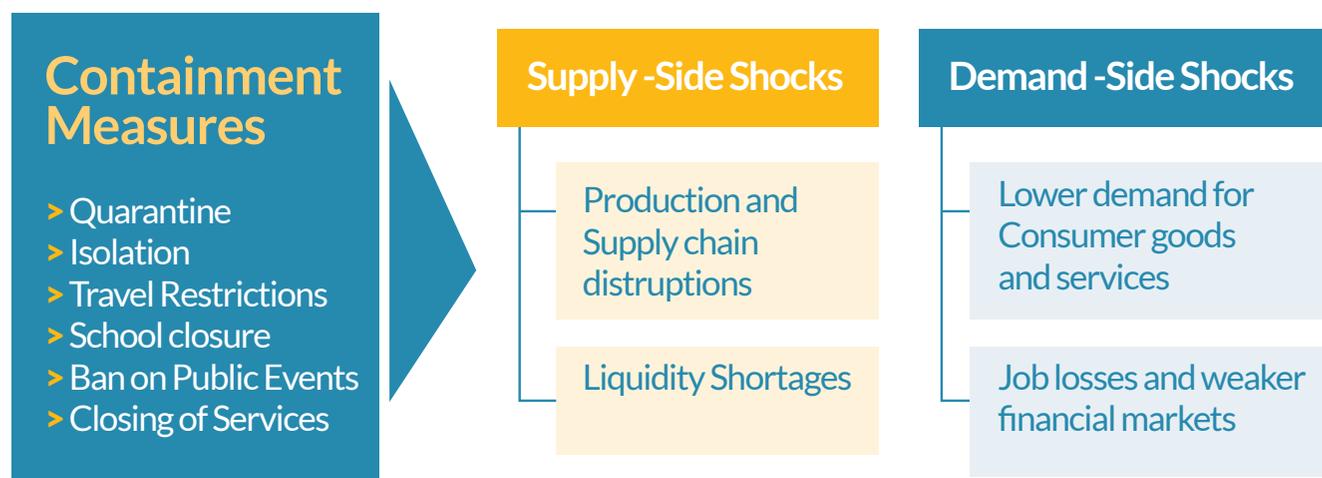
2.6.1 Observed Negative Impacts on the Economy

The COVID-19 has many and far-reaching social, political, business and economic impacts among other things. Based on the experiences of other countries, this pandemic has led to destructive disruptions in virtually all sectors of the economy in particular countries and, apparently, across the world, via the negative impacts of many business ecosystems.

Among others, it has crippled transportation via various modes of transport especially air thereby posing huge challenges to the aviation industry value chain and its many modes. It has disrupted tourism and the related hospitality industry and many more along that line. Some of the observed or possible impacts of the corona virus across the globe, which could also have the same occurrence in Tanzania are:-

- (a) The COVID-19 impacts economies through both local and foreign trade in goods and services. It is leading to negative impacts on sales volumes, revenues and profits and by extension negative impacts on dividends. Moreover, on the international trade frontier, decline in exports will affect a country's balance of payment in a negative way thereby reducing months of import support. There are also possibilities of shortage of supply of foreign currency due to reduced exports.

Figure 2.1: Supply-Side and Demand-Side Shocks due to COVID-19



Source: UN-Habitat, *The COVID-19 Outbreak: Socioeconomic*

Impact on Africa -Health, Economy and Planning. 1st April 2020.

- (b) The COVID-19 is a negative score on business environment and investment climate equation. It negatively affects the needed investment appetite and confidence of captains and titans of the industry, among other adverse impacts.
- (c) The COVID-19 is going to affect the aid industry. This will affect developing countries and organizations dependent on aid. Development Partners’ (DPs) ability and willingness to give aid to developing countries will be tested and constrained by many factors.

Information Box 2.5: Effects of COVID-19 to Aid Industry

The economies of the DPs are set to contract implying lower than targeted growth and GDP. Some DPs may be giving a fixed percentage of their GDP to the aid industry. Even if they keep on giving the same percentage, the absolute figures will decline. Secondly, DPs have been hit by the pandemic. As a result, they are coming up with stimulus packages as well as bail out plans. All these are costly and might not have been planned. This implies that the would-be funds from the DPs to recipient countries might no longer be available as are likely to be used directly and indirectly in responses to the pandemic in donor community. For donor dependent countries, this is a very serious mechanism of potential impacts. It can affect, among others, national budgets.

- (d) Remittances from a country’s citizens in the Diaspora form part of essential incomes and foreign currency in home countries of Diasporians. In the event the virus leads to reduced hours or work or loss of it by Diasporians, it will have negative impacts to home countries.
- (e) Lack of awareness and readiness to follow the directives due to hard economic realities in rural communities. Some people live in areas with little or no access to water, the government directive of washing hands regularly is good but maybe not realistic to the majority of people in rural areas where access to water is generally limited.

2.6.2 Possible Actions to Mitigate Negative Impacts

The CSOs suggest that, in order to address some or all of the anticipated economic challenges that would be attributed to COVID-19, it is very crucial that these proposed mechanisms of impacts are well noted and understood by key stakeholders at all levels, government being the primary responsible partner on this. The proposed solutions are:-

- (i) **Bailing out:** Among the strategies that governments have taken to intervene in times of economic crises include bail outs. These have focused on bailing out key, strategic and systemic sectors and firms with many, large and far-reaching linkages within global, regional or country economies. In some cases tax payers money have been used to bail out private sector and by extension to bail out the economy in the public interest.
- (ii) **Stimulus packages:** Stimulus packages can take the form of dishing out cash in circulation in order to make economies liquid and stimulate transactions. Specific sectors with huge inter-sectoral linkages can be used as points of entry to stimulate the rest of the economy. End result is reducing economic crises.
- (iii) **Fiscal policy:** A need to use various fiscal policy instruments including taxes and subsidies with the aim of raising revenues to finance public goods and services such as economic and social infrastructures. In such times as these of COVID – 19 what is needed should be expansionary fiscal policy and fiscal policy instruments.
- (iv) **Fewer number and lower rates of taxes:** The CSOs proposes that, in fighting the economic impacts of corona virus, it is very important to have fewer number of taxes that can be paid at lower rates .

Information Box 2.6: Importance of Lowering Taxes During COVID-19

This is important for both producers and consumers. For producers fewer number of taxes and lower rates are good for business environment and investment climate. This is also true for consumers other factors remaining constant. They are supposed to translate into more liquidity and disposable income. These increase money in circulation and stimulates aggregate demand.

- (v) **Tax exemptions:** Tax exemptions are also very important fiscal policy instrument response to COVID-19. They are likely to play out positively to producers as well as consumers. Reasonable tax exemptions will attract and retain more investments via the route of increased liquidity and disposable income.
- (vi) **Subsidies:** As said above, subsidies are part of the fiscal policy instrument. They make it possible for the government to bear part of a given cost for consumers and even producers e.g in agriculture sector.

2.7 IMPACTS ON CHILDREN

2.7.1 Observed Negative Impact to the Welfare of a Child

The COVID-19 pandemic has quickly changed the context in which children live. The quarantine measures such as school closures that was announced on the 17th of March 2020 by the Prime Minister of URT, Hon. Kassim Majaliwa, have obviously disrupted children's learning routines.

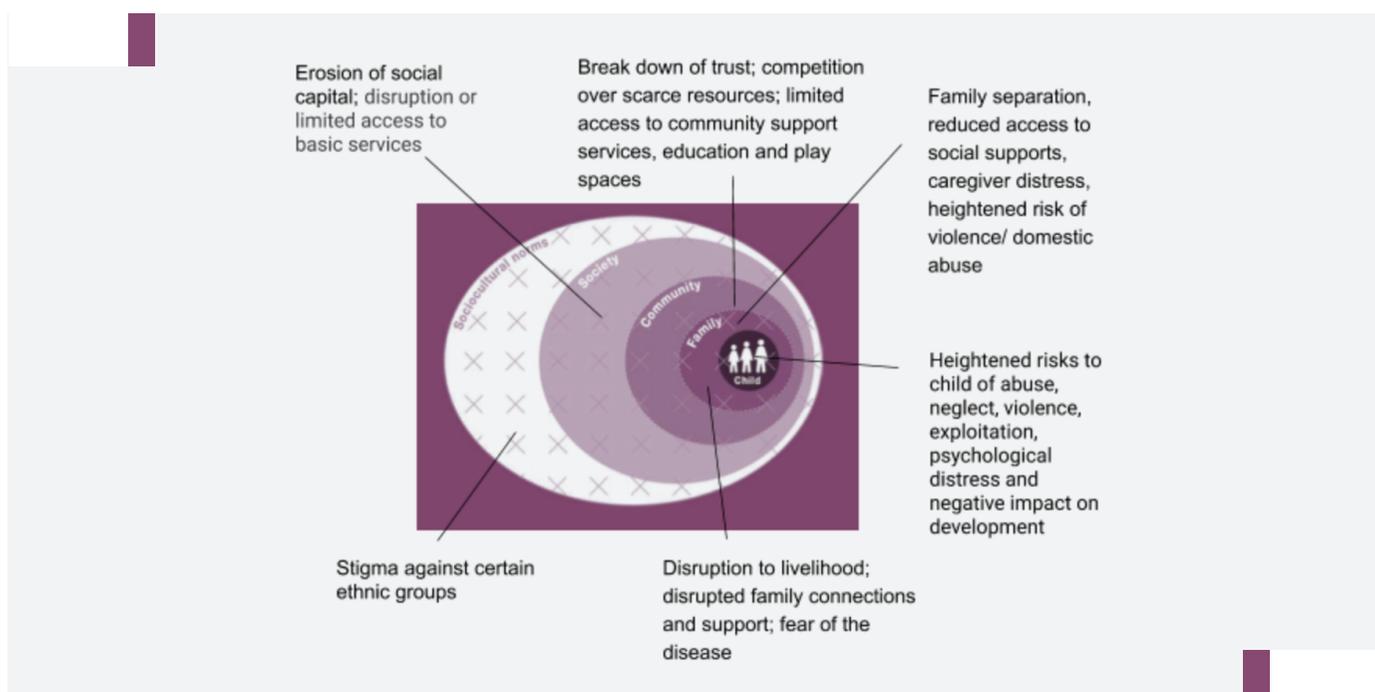
Moreover, owing to the circumstance which seemed to have rendered this option unavoidable, such measures have some impacts to parents and care givers too. For instance, some were unprepared to have alternative childcare options (e.g in lieu of already paid day care) or forgo work.

On the other hand, if stigma, discrimination, fear and anxiety related to this disease would not be handled properly as suggested earlier, it could result into violence or psycho-social distress to the most vulnerable children. Children with disabilities could face multiple distress.

The CSOs are of the view and would wish to bring into government’s attention that, other existing or possible challenges that would face children as a result COVID-19 pandemic are:-

- (i) Current COVID-19 control measures do not adequately consider the gender-specific needs and vulnerabilities of children (and other vulnerable gender groups mentioned in this paper). As such, if this situation will be left unaddressed, children and other vulnerable groups would increase possibility of risks and associated effects.
- (ii) Infectious diseases like COVID-19 can disrupt the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community can have negative consequences for children’s well-being, development and protection.
- (iii) Measures used to prevent and control the spread of COVID-19 can expose children to protection risks. Home-based, facility-based and zonal-based quarantine and isolation measures can all negatively impact children and their families.

Figure 2.2: Social-Ecological Impact of COVID-19 on Children



- (iv) Other adverse effects on health and education for children as highlighted elsewhere in this paper.

2.7.2 Possible Actions to Mitigate Negative Impacts

The CSOs are of the view and therefore suggest that, the effective prevention and control of COVID-19 outbreaks presupposes presence of a holistic approach. That is, there should be an effective coordination and collaboration between several sectors (multi-stakeholders).

Information Box 2.7: Advantages of Adopting Holistic Approach in Addressing COVID-19

This approach will (a) ensure that children and caregivers' needs are addressed holistically; and, (b) lead to better outcomes for children. Child protection actors should also consider collaborating with religious and traditional leaders.

The best approach in combating the COVID-19 pandemic's impact on children is to adopt a Multi-sectoral intervention which will prioritize the following approaches but not limited to:-

- (i) Develop standard procedures for documenting and referring children's cases that may need follow-up instead of generalizing with adults. Special attention should be given to children with disabilities – according to their types of disabilities.
- (ii) Establish clear protocols to prevent or reduce family separation and other forms of child protection risks.
- (iii) Reduce stigma, fear, anxiety and social exclusion that may result from the disease.
- (iv) Develop clear, coordinated, child and disability friendly community messaging on children's unique risks and vulnerabilities related to the outbreak.
- (v) Limit the impact of school interruption by using child and disability friendly distant education methods such as TV, radio or online learning.
- (vi) Advocate with government and private employers for flexible working arrangement for parents and caregivers who may have lost access to childcare to enable them to continue care and education of their children.
- (vii) Publicize country efforts to maintain the provision of inclusive education in different contexts.
- (viii) If schools are open, ensure that social distancing measures, hygiene and food safety and quality standards are followed.
- (ix) Other recommendations under the 'education' sub-section of this paper.

2.8 IMPACTS ON PERSONS WITH DISABILITIES

2.8.1 Observed Potential Challenges

The persons with disabilities (PWDs)' main concern is presence of social barriers, namely (i) attitudinal barriers; (ii) environmental barriers; and, (iii) institutional barriers. These are clearly addressed in the Convention on the Rights of Persons with Disabilities of 2006 (of the United Nations (UN)) and, the Persons with Disabilities Act of 2010 (Act No.9/2010) of Tanzania Mainland. Some of the disability principles directed under Section of the PWDs Act of 2010 are (a) inclusion and participation; (b) non-discrimination; and, (c) accessibility.

The level of awareness of these laws is relatively low amongst decision makers. Apparently, due to this reasons, most of the public and even private plans on disease control and preventions have continuously excluded PWDs (not disability sensitive). The initiatives on COVID-19 by the government are not exception.

Concern IX: COVID-19 Plans are Apparently Disability Insensitive

The CSOs' concern is that, the current initiatives on this outbreak have left behind PWDs. For instance, public health tips are issued in mainstream and social media without regards to universal accessibility of the information basing on various types of disability. The awareness materials by government and non-state actors consistently not reflecting the specific needs of blind and deaf person or blind-and-deaf persons. The sign language interpreters have not been oriented and deployed to translate the messages to and from the deaf communities. This situation fits clearly in the definition of 'discrimination' under the 2010 disability law of Tanzania.

As such PWDs face danger of being infected with COVID-19 unknowingly. Summary and other specific challenges which PWDs encounter or could encounter include:-

- (i) The deaf-blind community lack access to information (national Covid-19 announcements, prevention awareness campaigns etc.) due to absence of sign language interpreters and lack of translated information into braille format.
- (ii) The ICT materials such as fliers for awareness are inaccessible to those with low vision and visual impaired persons.
- (iii) Inaccessibility hand washing stations, but also people with disabilities who are crawling face significant challenges to access the hand-washing stations.
- (iv) Social distancing is difficult for those with severe disability, deaf-blind and visual disabilities because some of them need personal assistant. The concept of social distancing may create potential discrimination to people with disabilities who may need other people to support them i.e. mobility support, social care etc. It is difficult to maintain 1-meter distance and the community may have little knowledge on how best to manage the social distancing while taking care the people in needs.



- (v) As the COVID-19 is most serious to old persons, the elderly with disabilities are at higher risk of vulnerability and infections.
- (vi) Whereas COVID-19 impact the life of women and young girls, to women and young girls with disabilities its more serious and they are likely to encounter multiple consequences.
- (vii) The PWDs in rural areas with disease like HIV, TB etc are more vulnerable in this pandemic era.
- (viii) Under quarantine, access to daily living for PWDs who depend on subsistence earning will be at critical dilemma. There is also a need to prioritize the accessibility of health services when people with disabilities are kept under quarantine i.e. infrastructure accessibility, special care and accessible information.
- (ix) Unavailability of statistics/data on how many people with disabilities have been affected with Covid-19.
- (x) Inaccessible public transport for people with disabilities. It is difficult for people with disabilities to access public transport.

2.8.2 Possible Actions to Address the Challenges

The CSOs suggest that, the effective prevention and control of COVID-19 outbreaks are supposed to abide or comply with the legal framework on disability rights in Tanzania. In this regard, the CSOs propose:-

- (i) Inclusive Awareness campaign through online platforms and the use of mass media – with due consideration of disability friendly approach.
- (ii) Public awareness campaign on inclusive social distancing i.e. how to take care of people with disabilities while protecting against the spread of Covid-19.
- (iii) Printing of accessible materials such as fliers in accessible manners i.e. use of braille, large fonts etc.
- (iv) Supplying food and cash support to PWDs in need to sustain their daily living.
- (v) Provision of sanitizer/hand-washing equipment free of charges to PWDs.
- (vi) Inclusive strategy on fighting against COVID-19 which will enable PWDs to participate in the process.
- (vii) Accessibility in all places such as hand-washing stations etc.
- (viii) Provision of sign language interpreters, large font printing and braille printing.
- (ix) Rethink about access to education for children with disabilities who are at home. As suggested under ‘education’ sub-section, a need for having remedial classes when studies resume is highly recommended
- (x) Covid-19 reports and any national announcements to indicate if the person infected has a disability or not. If gender, age and location are mentioned as part of the report, there is a need to include whether a person has a disability or not in order to have statistics on number of people with disabilities who have been affected by Covid-19. This will enable the community and stakeholders to provide necessary support/assistance whenever needed.

- (xi) Awareness campaign through online platforms and the use of mass media – with due consideration of disability friendly approach.
- (xii) Printing of accessible materials such as fliers in accessible manners.
- (xiii) Supplying food and cash support to PWDs in need to sustain their daily living.
- (xiv) Provision of sanitizer free of charges to PWDs.
- (xv) Inclusive strategy on fighting against COVID-19 which will enable PWDs to participate in the process.
- (xvi) Accessibility in all places such as washing hands areas.
- (xvii) Provision of sign language interpreters, large font printing and braille printing.
- (xviii) Rethink about access to education for children with disabilities who are at home.
- (xix) As suggested under ‘education’ sub-section, the need for having remedial classes after resume of studies is highly recommended.

2.9 IMPACTS ON WOMEN AND GIRLS

2.9.1 Possibilities and Observed Negative Impact on Women and Girl

In any disaster women and children are impacted the most because of their social status in the community. Throughout Tanzania, women are less educated than men, men and women living in cities are more likely to have some education than rural residents. The reality which limits access to information to many women in our context. Majority of women are in informal sectors like markets where there is a large movement of people which exposes them to the risk of being infected with corona virus. Recognizing that women are the main providers to about 24.5 percent of families, these realities make them a vulnerable population. According to WHO COVID-19 updates, incidents of domestic violation and GBV have dramatically increased worldwide because of measures taken to prevent the spread of COVID-19 such as working from home and restricted gatherings.

Information Box 2.8: Possibilities of Stigma, Fear and Anxiety in COVID-19's Women Survivors/ Victims

Based on pieces of evidences, mainly from news articles and reports on the trends of the outbreak, there are possibilities of stigma, fear and anxiety among women and children some attached to practices of some cultural norms. For instance an anonymous commentator on one of the social media platform said that, 'naye alienda ulaya kufanya umalaya na hatimaye sasa katuletea corona ...!?' ('she went to Europe to hawk around (prostitution) and eventually now brought corona to us...!') when he was contributing his thoughts on the first case of corona reported in Arusha, which involved a lady allegedly coming from Europe.

As said earlier on, the possibility of stigma, discrimination, fear and anxiety are highly expected to face women and girls because of traditional norms and practices as well as absence of clear post-COVID 19's psychosocial support mechanisms.

As for concerns on evidence and data, CSOs are of the views that, there are some gaps from both the COVID-19 pandemic and other similar outbreaks include:-

- (i) Limited data on types, nature and trends of violence against women and children (VAWC) especially girls. The authoritative plans in operational at the moment such as the National Plan of Action to End Violence Against Women and Children of 2017/18 – 2021/22 (NPA-VAWC) do not specifically address and therefore tackle the same at pandemic points of views. Therefore, this looks to be unforeseen planning gap.
- (ii) Lack of disaggregated data particularly for vulnerable groups such as adolescent girls, older women, women and girls with disabilities, and refugee, asylum seekers and other migrant women (and others).
- (iii) Limited research on the pathways of violence and how outbreaks can exacerbate different forms of violence against women and girls (VAWG).
- (iv) Few documented examples of good practice in preventing and responding to violence against women and girls during an outbreak of COVID-19 nature.
- (v) Absence of policy framework on prevention and control of outbreaks at gender perspectives. The current gender, children and disability related national policies are generally silent on this.

Based on empirical studies or similar analysis, there is an emerging evidence suggests there are several ways in which the COVID-19 pandemic may impact on VAWG:-

- (i) Increased risk of domestic violence. Domestic violence organizations e.g in China have observed increased household tension and domestic violence due to forced coexistence, economic stress, and fears about the virus. The COVID-19 outbreak has also curtailed access to support services for survivors, particularly in the health, police and justice sector.
- (ii) Exposure to more violence and girls dropping out of school: due to government measures of closing schools, with evidence from cases reported through CSOs organizations, girls are prone to be subjected to forced marriages and drop out of school during this period of quarantine from not going to school.
- (iii) There is potential increase of gender based violence (GBV) and sexual violence due to the partial lockdown. Besides, there are no safe spaces for victims to get psychosocial support.
- (iv) Increased burden of unpaid care work to women: Many children are home because schools are closed. Based on our context the burden of care work is always left to women and girls (domestic workers).
- (v) Interrupted access to sexual and reproductive health: Evidence from past epidemics, including Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives, and exacerbate often already limited access to sexual and reproductive health services. Adolescents have particular needs in this regard.⁹

⁹ Furthermore, critical needs include access to clean and safe delivery, particularly for treatment in complications in pregnancy, treatment of STIs, availability of contraception, and provisions for clinical management of rape.

- (vi) There is also some evidence that authorities have converted women's shelters into homeless shelters.¹⁰
- (vii) Increased risk of workplace violence in the health sector due to the serious stress that the pandemic places on patients, their relatives and other healthcare workers.¹¹
- (viii) Increased risk of sexual harassment (both online and offline). In Delhi, for example, female students from northeast India were verbally harassed, had objects thrown at their private parts and their attackers shouted 'Aye, coronavirus!'
- (ix) Increased risk of abuse and exploitation for vulnerable female workers. In the United States, there have been reports of more coercive and violent behavior against street-based sex workers in Seattle since the COVID-outbreak began.¹²
- (x) Increased risk of VAWG in emergency settings, including refugee camps and internally displaced persons' settlements where women may be at increased risk of different forms of violence, including sexual exploitation and abuse.¹³
- (xi) Access to key social services including health care, water and energy are also issues of concern during this outbreak period.

According to WHO, social distancing measures that have been put in place that encouraged people to stay at home, have posed great risk of intimate partner violence at home as follows;

- (i) The disruption of livelihoods and ability to earn a living, including women (many of whom are informal wage workers), will decrease access to basic needs and services, increasing stress on families, with the potential to exacerbate conflicts and violence.
- (ii) As resources become more scarce, women may be at greater risk for experiencing economic abuse.
- (iii) Perpetrators of abuse may use restrictions due to COVID-19 to exercise power over their partners to further reduce access to services, legal aid, help and psychosocial support from both formal and informal networks.
- (iv) Women may have less contact with family and friends who many provide support and protection from violence

10 For instance, in Italy, similar concerns have been raised about rising levels of domestic violence. However, there are also examples of innovative practices to support survivors including through technological solutions in China and Italy.

11 In China, for instance, there have been reports of physical and verbal attacks against frontline healthcare workers. In Italy, the national healthcare workers union have raised concerns about attacks against doctors and nurses as COVID-19 overwhelms health resources and patients' families become increasingly anxious. In Singapore, uniformed healthcare workers have been harassed in public spaces and on transport.

12 For instance, in Hong Kong, the migrant workers association have warned that domestic workers (most of who are migrant women) are being made to work on their day off, since the government told people to stay inside.

13 For instance, in the Greek island of Lesbos, aid organizations report that women are at high risk of sexual violence and already have limited access to healthcare. Fears are growing that the situation for survivors is likely to deteriorate as health systems become overwhelmed with the first confirmed case of COVID-19 on the island. In Lesbos, some aid organizations have also suspended services due to harassment of aid workers from local anti-migrant groups.

- (v) Other services, such as hotlines, crisis centers, shelters, legal aid, and protection services may also be scaled back, further reducing access to the few sources of help that women in abusive relationships might have.
- (vi) Health workers, the majority of whom are women in many settings, may be at risk for violence in their homes or in the work place. The latter is a serious problem that may be exacerbated when health systems are under stress. Health managers or facility administrators need to have plans to address the safety of their health workers. Front-line providers dealing with COVID -19 might experience stigmatization, isolation and being socially ostracized. Providing psychosocial support, non-performance-based incentives, additional transport allowance, and child-care support should be planned.

2.9.2 Lessons from Other Similar Pandemics – On Women and Girls

(i) Support to survivors:

- In past epidemics, women and girls were at increased risk of various forms of violence, with the most common forms being intimate partner violence and sexual exploitation and abuse.
- Specialized support services for GBV survivors are in heavy demand during public health emergencies but remain limited in availability and funding is often deprioritized.

(ii) Health sector:

- Survivors of GBV can find it difficult to access healthcare due to restrictions on movement and closed clinics.
- Fear of violence and mistreatment can prevent women from seeking health services during an epidemic.
- Fear of infection can prevent people accessing health services during an outbreak, including life-saving care and support for GBV survivors.
- Epidemics can divert healthcare resources away from GBV services and sexual and reproductive health services.
- Concerns have been raised about sexual exploitation by health workers during epidemics.
- Lack of supervision when caregivers are hospitalized can put adolescent girls and children at risk of abuse and maltreatment.
- There are increased risks of abuse, intimidation and harassment of frontline health workers, particularly women nurses.

(iii) Security and justice:

- Communities report being intimidated by armed forces during outbreaks. In countries with recent memories of conflict-related sexual violence committed by armed forces, the deployment of security services during an outbreak can create fear and tension.

- There have also been reports of sexual exploitation by state officials and community members charged with enforcing community level quarantine.
- Police and justice systems can become overwhelmed during an epidemic, creating an 'atmosphere of impunity' where GBV increases.

(iv) Education and child protection responses:

- Quarantine measures and the stress associated with epidemics can create household tensions, leading to increased parental frustration and corporal punishment.
- School closures can increase the risks for adolescent girls of different forms of sexual exploitation and abuse, and early marriage.
- There are also increased risks of sexual exploitation and abuse associated with outsiders who transport goods into the community and provide services and who demand sex in return for assistance or take advantage of reduced caregiver supervision.
- Outbreaks can create and intensify child protection issues due to children being separated from caregivers, being stigmatized, and difficulties accessing services.

(v) Social protection and job creation:

- Epidemics have both large immediate economic effects, as well as potentially long-term effects on economic activity.
- There is little evidence specifically from epidemics of the impact of economic insecurity on VAWG. However, wider evidence shows that intimate partner violence and violence against children increase during times of economic stress.
- Promising practice from the Ebola epidemic includes cash transfer programmes which have integrated GBV elements, such as GBV and sexual exploitation training to mobile money agents and other distribution partners.

(vi) Humanitarian settings:

- There is little documented evidence on the specific impact of epidemics on VAWG in humanitarian settings; however, it is known that there are often increased risks, including sexual violence and intimate partner violence in humanitarian emergencies.
- However, there are lessons in how to provide remote GBV case management services safely, which may be applicable during the COVID-19 epidemic.

2.9.3 Possible Actions and Mitigations Strategies

The CSOs suggest that, the effective prevention and control of COVID-19 outbreaks are supposed to take into consideration specific needs and realities on the ground of the situation within which women and girls are experiencing. In this regard, the CSOs propose:-

- (i) Government and stakeholders should design relief packages (food or money) to support needy women to continue surviving and support their families during and after the outbreak of COVID-19 in Tanzania.
- (ii) The government should partner with the private sector to rollout water and sanitation infrastructures in areas with acute need to cure the problem.

- (iii) A full review of access to COVID-19 information in official languages (including disability friendly) and vernacular is paramount. The use of technology at this juncture is also crucial to ensure we are able to reach many at once.
- (iv) The 116 hotline needs to be publicized vigorously and on a wide scale for community members to use in case they see any act of violence so response can be done in a timely manner. Authorities should ensure home remain safe for women and children amidst all necessary response strategy.
- (v) It is crucial to lift the burden experienced by women by insisting on men to take on the care work role as well.
- (vi) Apply a gender sensitive response strategy which recognizes the rights of women. For instance, when going through social distancing or partial lockdown, authorities e.g through local government authorities (LGAs) structures, should ensure there is a stimulus package for groups of women who depend on hand to mouth jobs to feed their families. Relief packages can include food packages, money, shelter etc.
- (vii) Pregnant women and women who are incarcerated can be given special parole and therefore be released from jail so that their need can be met. Adopt human rights-oriented protocols to reduce spreading of the virus in places of detentions.
- (viii) Discourage the use of force in effecting any response measure. The government should employ friendly methodologies when effecting response measures to the community especially women in informal sectors, women with disability and other vulnerable groups to avoid falling into the pit of violating human rights.¹⁴
- (ix) Ensure the availability of sex-disaggregated data and gender analysis, including differentiated infection and mortality rates.
- (x) Budget allocation for crisis intervention should have a gender lens to allow for gender specific needs to be responded to.
- (xi) Updating GBV referral pathways so as not to overwhelm tertiary hospitals.
- (xii) CSOs, UNHCR and other stakeholders should raise awareness on the COVID-19 pandemic to refugees and asylum seekers in the refugee camps and urban areas. The plan should be in place to reach the undocumented migrants in-refugee-like situation.
- (xiii) Women who are experiencing violence may find it helpful to reach out to supportive family and friends, seek support from a hotline, or seek out local services for survivors. They may also find it useful to have a safety plan in case violence escalates. This includes having a neighbor, friend or relative or shelter identified to go to in the event they need to leave the house immediately for safety.

¹⁴ Stages in response measures should be participatory and inclusive in a manner which will allow for vulnerable groups to have their needs met before robust measures like total lock down are implemented in the country.

- (xiv) CSOs must ensure that community members are made aware of the increased risk of violence against women during this pandemic and the need to keep in touch and support women subjected to violence, and to have information about where help for survivors is available. It is important to ensure that it is safe to connect with women when the abuser is present in the home.
- (xv) Health facilities should identify information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details and whether these can be offered remotely, and establish referral linkages.

Women and girls must have a face in the response

- Collect sex-disaggregated data to ensure that the crisis does not disproportionately burden woman.
- Ensure gender expertise in national, regional and global level response teams and task forces.
- Ensure that social protection plans and emergency economic schemes takes a gender perspective and takes into account unpaid care by woman, specific constraints for woman entrepreneurs and woman in the informal sector.
- Attention to continued delivery of sexual reproductive health services, such as access to contraceptives without prescription during the crisis.
- Ensure that special services are available to prevent and respond to gender-based violence, such as special hotline, police units and new protocols for shelters.
- Support woman's organizations on the frontline and ensure woman's leadership and participation in response plans in the short and long term.

Source: UN, 'Shared Responsibility, Global Solidarity: Response to the Socio-Economic Impacts of COVID-19' 31st March 2020. Page 17.



- (xvi) Provide psychosocial support to GBV survivors who are also affected by the outbreak.
- (xvii) Publishing directives e.g online manuals on how women and girls can protect themselves from domestic violence during the epidemic, including directing them to (online) legal aid.
- (xviii) Develop targeted women's economic empowerment strategies or explore cash transfer programming as suggested above e.g through TASAF III/ PSSP initiatives, to mitigate the impact of the outbreak and its containment measures including supporting them to recover and build resilience for future shocks.

2.10 IMPACTS ON ELDERLY (OLDER) PEOPLE

2.10.1 Observed Possible Impacts on Elderly

The WHO's reports on COVID-19 show that around 78% of patients who contracted this disease were in the groups between 30 and 69. Furthermore, it has been reported that the median age range for people who died of the disease was 75 years and the mortality rate in those aged 80 and over is nearly 18%. The data and information emerging from countries like Italy, Spain, Iran and USA which currently reporting high number of infections suggests that, older people are more likely to become seriously ill, than other age groups, and are facing higher mortality rates.

Information Box 2.9: Vulnerability to COVID-19 of the Elderly/ Older People

Co-morbidities among the elderly, which is compounded by having multiple health complications including cardiovascular disease like heart-attack and stroke, cancer, chronic respiratory diseases such as chronic obstructive pulmonary disease and asthma and diabetes, appear to raise the risks of dying from kinds of this virus. This evidences that, older people are more likely to be infected than other groups and their mortality rate due to COVID-19 is higher than other age groups.

The present government partial lockdown which may extensively be a total lockdown as the situation worsens, will have severe impact to the survival and welfare of elderly. As it is well known majority of elderly people are poorer, living alone within comorbidity of ill health. Their survival depends on the community social support structure around to provide them with some necessities to include food and non-food support.

The CSOs are of the view that, the scenario in China, Italy, Spain, Iran and others countries in this regard is likely to even be worse for elderly in Tanzania, where for people 60 years and above, the overall Proportional Mortality Ratio (PMR)¹⁵ is close to 60% in some districts, with poor NCD surveillance and monitoring. Majority of older people are poor; we have poor functioning referral systems; and absence of multi-sectoral responses to diseases outbreak.

Information Box 2.10: Elderly Patients Have Numerous Health Complications

A study done in Muhimbili National Hospital (MNH) and Jakaya Kikwete Cardiac Institute (JKCI) shows that 78% of elderly patients admitted at the facilities had comorbidities, 16 mobility challenges, total body frail, lonely, majority are living far from health facilities and in most cases were abandoned or left alone. This coupled with limited health system capacity to handle severe cases, nutritional challenges among elderly, non-existence of previous experience of managing a coronavirus outbreak; and poor event-based and community surveillance, means the ultimate risk of COVID-19 outbreak in Tanzania will be very high and the risks to the elderly will be significant, if concrete and focused preparedness responses and actions are not well planned and taken off.

Based on those realities, with the total lockdown, traditional community support would not be possible should this outbreak continues. But the fact that elderly need sanitary equipment to

¹⁵ The number of deaths from NCDs/ Total number of deaths.

¹⁶ Basil Tumaini, Patricia Munseri, Kisali Pallangyo, 'Disease Spectrum and Outcomes among Elderly Patients in Two Tertiary Hospitals in Dar es Salaam, Tanzania (Undated).

include water, soaps, hand sanitizers all those need support and money which majority do not have at the moment. Furthermore, the need to boost immune among older people is paramount so they need balanced food with necessary nutrients and vitamins so they can stand the threat.

Likewise, as the lock down measure is going to be tightened there is likelihood that the elderly may be left unattended in their isolation houses as there will be no one to care about their ill health updates. This has been observed in Spain where older people care houses were abandoned by the workers and older carers were left to die alone.

2.10.2 Possible Actions and Mitigations

The above socio-medical and economic impacts will have direct negative implications to survival and wellbeing of the elderly. It is out of these realizations we propose the following measures to be considered by the government and other stakeholders during and after the COVID-19 outbreak:-

- (i) Government and other stakeholders to prepare COVID-19 synthesized messages which incorporate impact on elderly and its link with pre-existing conditions in an age friendly posters and brochures, audio-visual and radio program.
- (ii) Government and other stakeholders to prepare messages for community radios on importance of early reporting for cases detected and coordinate with local CSOs' partners.
- (iii) Government to design and integrate a focused topic on COVID-19 impact on elderly and its link with pre-existing conditions in their ongoing coaching and mentorship sessions of Primary Health Workers (PHWs) for the identified isolation health facilities in the high-risk regions.
- (iv) The CSOs to adopt and contextualize the government's standard case definitions and case management protocol of COVID-19 to reflect needs of the elderly and other vulnerable groups and disseminate them to all health facilities in the identified high-risk districts or regions.
- (v) Government to develop programme in districts where chronic conditions case management for bed-ridden elderly will be on-going before and after the total lockdown.
- (vi) Government, private sector and development partners to support the procurement of home-based care kits which may support 8 hospitals and self-isolated persons in their homes and identifies quarantine areas.
- (vii) Government to provide direct support to older people who are self-isolating through cash transfers, food and transport to move to market to get supplies as will be agreed with the government.
- (viii) Support isolation units that are already identified to provide them with clinical care and other supports to suspected or confirmed COVID-19 cases that include addressing their existing comorbidities and geriatric condition.
- (ix) Orient religious institutions to support the elderly and other vulnerable victims so they can provide them with psychosocial support services at home or at the designated community areas.

- (x) Strengthening the capacity of elderly's structures (that HelpAge International (Tanzania) has successfully developed country wise) to address the information gaps on COVID-19, including promotion of the referral linkages of suspected cases; and address isolation, psychosocial trauma and fear among older people.

2.11 IMPACTS ON ACCESS TO AND ADMINISTRATION OF JUSTICE

2.11.1 Observed Possible Impacts

The justice sector is administered by a number of actors including the line ministries (Ministry of Home Affairs (MoHA) and Ministry of Constitutional and Legal Affairs (MoCLA); judiciary; and, legal aid service providers (LASPs) most of whom being CSOs and paralegals' community based organizations (CBOs).

The justice sector is one of the key or essential services in the context that its services could not be wholly suspended regardless of the pandemic because some of the issues such as crime management could not be postponed even in a wake of lockdown orders. Moreover, justice delayed for any reasons is generally regarded as justice 'denied.' This implies that the justice machineries such as the police, social welfare officers, one stop centers (OSC), state attorneys, LASPs, private advocates, judiciary and places of detentions should be operational all the time. The critical challenge remains on how such machineries could operate in a lock-down state of affairs or where some quarantine measures including decongestion of public places (e.g stay-at-home) have to be ordered as it is the case at the moment.

Information Box 2.11: Observed Judicial Innovation of Working During COVID-19 Outbreak

The CSOs have observed some measures taken by the judiciary of Tanzania to continue offering judicial services during this period. For instance, the High Court of Tanzania Labour Division where Advocates and LASPs are advised to lodge cases online and not appear in court rooms physically during mere mention of case. The lawyers have also been advised to engage with their clients electronically. All these are welcomed initiatives, much more is desired as it is suggested below.

Some of the critical dilemmas that would face the justice sector in Tanzania during this period of COVID-19's outbreak are:-

- (i) The LASPs face limited resources including technologies and funds to facilitate their clients to work electronically; and offering shelter to the clients in need of the same (e.g victims of GBV) in conformity with required health care standards of COVID-19 outbreak.¹⁷
- (ii) Most of LASPs operate their clinics with support of other projects of advocacy, legal empowerment, capacity building and training that are not allowed with the current situation. If these activities are not implemented at the end, donors might change the terms and re-direct funding to their home countries since it is the crisis of the world. Hence both LASPs, their clients and even justice machineries will face the impact.

¹⁷ For instance, most of the LASPs did not have specific budget for diseases outbreaks to purchase required items such as sanitizers and offering of medical supports to their workers who would have to be committed to quarantine or designated medical treatments.

- (iii) There is no compacted approach on COVID-19 between the justice machineries e.g in criminal justice chain. Therefore, there is a possibility of frustrating the flow of a case if the handling of the same is not systemized and standardized during this period of the outbreak. There is a need for a common standard operating procedures for handling cases involving multiple agencies in legal sector.
- (iv) There have not been sufficient initiative to decongest the places of detention especially maximum security and remand prisons.

2.11.2 Possible Actions to Mitigate Negative Impact

Owing to the above stated possible challenges, the CSOs proposes to all justice machineries to consider the following recommendations during the COVID-19 outbreak:-

- (i) A best practice could be learnt from Zanzibar where, judicial administration (specifically the High Court of Zanzibar) has suspended hearing of cases but, the judicial officers are required to continue going to work. There is also a directive from the Chief Justice that, detainees withailable offences should be granted bails without unnecessary restrictions.
- (ii) Another best practice could be borrowed from other overseas jurisdictions e.g Brazil where the Public Defender's Office has suspended physical contacts in judicial matters and in lieu thereof the office has created Remote Service Centres and provide legal advice and legal aid by phone, WhatsApp and email from home. Further in each district, there is a public defender or member of his/ her team who responds to clients in need of emergency legal assistance. If the case is really urgent, the public defender requests the sending of documents by email or WhatsApp and prepares the case to take it to court. In Brazil Courts are working from home but there is a rotation, so that every day each region has a judge on duty to respond and analyze urgent cases. Physical papers and hearing are stopped.
- (iii) Regarding the situation in places of detentions especially prisons and police stations, the government of Tanzania ensure presence of rigorous sanitary procedures and use of appropriate personal protective gears by all cleaning and maintenance staff; health screening processes; and segregation of new detainees and people who fall ill.
- (iv) Government should direct the law enforcement agents and prosecutors to immediately halt all new arrests and prosecution of minor criminal offenses. They should advocate for prosecutors to drop pending prosecutions of minor, non-violent offenses, and all cases in which the evidence against the accused is not strong.
- (v) The law enforcement agencies should not apply corporal 'punishments' as a way of enforcing a stay-at-home order as it has been observed in other countries like India, Uganda and Kenya. Instead, other forms of punishments could suffice e.g fining.
- (vi) The government should offer public funding to LASPs especially during this period for them to supplement the work of other justice machinery actors.
- (vii) Law enforcement agencies should call for and use an expansive use of existing diversion laws in order to reduce the arrest, detention and prosecution of suspects of crimes from the earliest point of contact with the criminal justice system.

- (viii) LASPs should make applications for the immediate release of children from overcrowded juvenile detention centers or similar custodial facilities. The LASPs should also advocate for family reunification of the juvenile in order to ensure their health and safety.
- (ix) The responsible justice machineries should devise a common strategy of decongesting the places of detentions especially the remand prisons. Possible ways could be to release inmates on bail. Moreover, convicted inmates can be committed to alternative sentences including the community sentence. The parole schemes could be brought into play. The local CSOs can help on social reintegration (post incarceration) programmes.

2.12 IMPACT OF COVID-19 ON REFUGEES, ASYLUM SEEKERS, AND OTHER VULNERABLE MIGRANTS

2.12.1 Observed and Potential Negative Impacts

Refugees, asylum seekers and other vulnerable migrants (such as undocumented migrants) are at heightened risk because they are disproportionately exposed to COVID-19 due to their status and living conditions. About 244,629 out of the 287,160 registered refugees live in refugee camps, depending solely on humanitarian assistance. The remaining number live in the settlements, villages and urban areas. According to UNHCR, 160,382 of all registered refugees are children, and over 7,745 are elderly above 60 years.

The ongoing security concerns in the neighboring countries, especially the DRC and Burundi is likely to push asylum seekers to seek refuge in Tanzania despite the COVID-19 pandemic.

While the law strictly requires refugees to reside in camps the few who have to live elsewhere must obtain a permit to do so, numerous reasons, including difficulties in obtaining permits to leave camps have pushed a number of refugees to abandon camps and live in villages and urban areas without permits. These and other, mainly, forcibly displaced migrants who, for various reasons, are not documented form part of an invisible population in cities and villages.

The Government of Tanzania acted decisively and quickly to prevent further spread and the transmission of COVID-19 by coming up with response plans. For the Kigoma region where all three designated areas (camps) are located, the Regional Administration and Local Government came up with Kigoma Region, Corona Virus Disease (COVID-19) Contingency Plan (KCP) which was adopted in March 2020. This plan includes refugees and asylum seekers within the region. Despite that commendable action to include refugees in the KCP there are possible challenges that affect this group given its peculiarity as follows:

(i) Awareness-Raising Challenges

Unlike refugees and asylum seekers in the camps who receive reliable information on COVID-19 and the preventive measures from the Government and humanitarian actors in the camps, undocumented migrants and some refugees and asylum seekers in urban areas have no reliable source of information regarding COVID-19. CSOs are of the opinion that, due to their living conditions and language barrier, many lack access to formal channels of information and remain at risk of being misinformed; hence more likely to be exposed to the risk of catching COVID-19. Undocumented migrants are in a precarious situation since only a few CSOs can reach them because of the clandestine nature of their stay.

(ii) Health Practices and Access to WASH facilities

Refugees in camps depend solely on humanitarian assistance; thus can only have as much of these facilities as the humanitarian actors can offer them. In response to the COVID-19 pandemic, UNHCR and partners have doubled the distribution of soaps and water in refugee camps. Refugees are now receiving 20 liters of water per person per day to ensure that they can wash their hands frequently. This is a good start, but in reality, that amount of water is still not enough to guarantee proper hygiene measures as required by WHO.

For urban refugees, only a few have been supplied with sanitizers by humanitarian actors. As a result, they are at risk of being exposed to COVID-19 because majority of them cannot afford such sanitation and hygiene items as they have no source of income. Undocumented migrants are also in a similar or even worse situation.

(iii) Social Distancing and Border Closure

Congestion in refugee camps makes it hard to maintain this social distancing as per WHO guidance. This puts refugees in camps at a higher risk if the virus gets in the camps as it can easily be transmitted to other camp dwellers. Also, unauthorized refugees' movements between the camps and villages to work in host community's farms (caused by refugees need to be self-reliant with limited options to do so legally) puts the entire camp population at risk.

Social distancing for urban refugees means suspension of some activities that kept refugees and asylum seekers occupied and brought them together, and let them take part in various classes offered by CSOs. These activities gave refugees a space to interact and socialize, which had a positive impact on their mental health, considering the traumatic experiences they experienced in their country of origin and the marginalization they face in urban areas.

The COVID-19 pandemic came amidst the ongoing voluntary repatriation of refugees back to Burundi, but it has not yet prompted the decision to suspend the same. Although Tanzanian borders are not yet officially closed, continuing with the cross-border movement of refugees who return is likely to heighten the risk of transmitting the new coronavirus. In as much as voluntary repatriation is a durable solution to the refugee situation, with the current pandemic, it would be wise to suspend it to protect refugees and service providers involved.

Conversely, restrictions on the borders may result in denying entry to new asylum seekers, if border officials are not well informed on what to do with people seeking asylum. Until now, there are no guidelines on how to handle asylum seekers at the border. It is assumed that officials at the border would use measures applied to other individuals seeking entry in the country. However, given the fact that asylum seekers are a special category that often does not meet the usual immigration entry requirements, they are at the risk of being denied entry hence remain in territories where their lives are in danger. If Tanzania follows suit in closing its borders, asylum seekers' ability to access the country will be compromised further. Many will sneak into the country through unauthorized entry points thus, countering measures to curb the spread of the virus.

(iv) Money Transactions

Health workers and the Government urges people to use cashless transactions such as mobile money and credit cards to prevent the transmission of the virus through bank notes

and coins. However, apart from the restrictions related to high charges, many refugees have their SIMCARD locked because they have not been able to secure identity cards. This method of reducing transmission is also out of reach of refugees, both registered and unregistered. For those in camps, this may not affect them much as they may not have many needs requiring cash transactions. Still, the lines facilitate receiving monetary assistance from relatives and friends outside camps to help them supplement the often insufficient food and non-food item assistance they received from humanitarian actors. For those in urban areas, lack of access to this option increases their risk of contracting the virus.

(v) Increase in Anti-Refugee Sentiments

Because of the general negative perception of refugees in the country, if COVID-19 happens to reach the camps, and owing to the factors mentioned above, if it spreads quickly within the camp, this may add up to already existing anti-refugee sentiments among citizens. Refugees would be blamed for the spread of COVID-19 to the local population, which will further endanger their lives.

2.12.2 Possible Actions to Mitigate the Negative Challenges

- i. CSOs, UN agencies, and the Government should strive to raise awareness of refugees and asylum seekers in urban areas and support them to acquire enough hygiene facilities. Psychosocial support should also be readily available to help those already overwhelmed with the ongoing additional stress in their tough life.
- ii. CSOs and other Stakeholders working with undocumented migrants should be supported to increase their reach and support to that population to provide them with necessary information and tools to protect themselves and others from the COVID-19 virus.
- iii. CSO and UN agencies to support the Government to strengthen the health system in refugee camps by providing medical equipment, and equipping health care workers with the supplies and training they need for hospitals.
- iv. The Government should suspend the voluntary repatriation to Burundi for a while to minimize the transmission and protect everyone involved in the process.
- v. The Government and other stakeholders should create guidelines for the frontline officers at the entry points on how to handle asylum seekers in a manner that will not constitute non-refoulement but also ensure that no cross-border transmission of COVID-19 happens.
- vi. The Government and other Stakeholders should sensitize communities near refugee camps early enough about COVID-19 to prevent the potential stigma against refugees.
- vii. The Government (NIDA) and other stakeholders should facilitate the issuance of National IDs to refugees to allow them have access to their mobile phones for various purposes, including the reduction of cash transactions. TCRA should consider suspending the blocking of SIMCARDS for those who have not yet obtained IDs.

Chapter Three

IMPACTS OF COVID-19 ON CIVIL SOCIETY ORGANIZATIONS IN TANZANIA

3.1 INTRODUCTION - RATIONALE

The outbreak of COVID-19 as pointed out earlier has multiple effects to the existence, operation and sustainability of the CSOs¹⁸ in Tanzania. Its effects could be manifested by considering the nature of the work of CSOs; and, their means of survival.

Despite the fact that health rights are core functions of some of the actors within the civil society sector (CSS) or CSOs, the outbreak corona diseases took CSOs and other stakeholders to a different focus due to its urgency and adverse impacts. Most of what CSOs' are doing or plan to do in a desperate attempt control and prevention of COVID-19 were not fore-planned. Therefore, such intruding intervention have resource implications. Apparently, only a few large CSOs and INGOs could have budgetary flexibility to fit into an emerging situation.

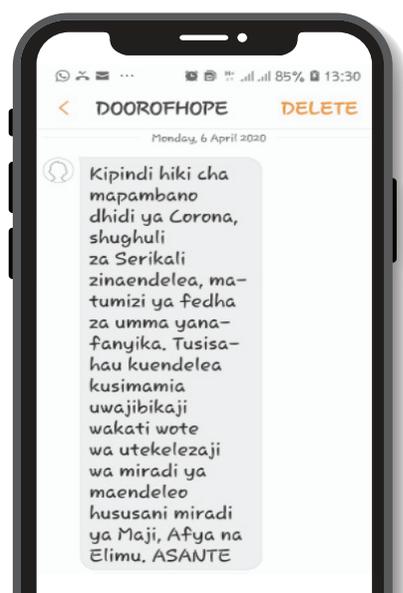


Photo: One of the interventions by local NGOs on COVID-19. This is a push/group SMS by Door of Hope Organization of Tanzania calling the general public to continue monitoring public expenditures even during this period of an outbreak.

¹⁸ In the context of this analysis, the CSS means all non-market and non-state organizations in which people organize themselves to pursue shared interests in the public domain. Those include CSOs; NGOs; trustees; Community Based Organizations (CBOs); FBOs; National NGOs Council (NACONGO); Trade Unions (of all sub-sectors); co-operatives; employers' associations; farmers' associations; chambers of commerce; independent research institutes; all forms of media (mainstream community, social and alternative media); professional associations; and, academic institutions. It includes also INGOs operating in Tanzania (Reference: UNDP 'NGOs and CSOs: A Note On Terminology' at: <https://www.undp.org/content/dam/china/docs/Publications/UNDP-CH03%20Annexes.pdf>, re-accessed on 4th April 2020.)

On the other hand, the pandemic is a threat to the sustainability of CSOs in many ways. For instance, due to their high dependence on foreign funding (absence of locally arranged public funding and insufficient local philanthropist – such as the Late Dr. Reginald Mengi), there is high probability that flow of donor funds will be limited as donor countries such as the USA, UK, France and the European Union (EU) are highly affected by the novel virus, COVID-19. Therefore, even if the pandemic is contained soon, donor countries would be focusing on restoring the situation and may not easily diversify resources to other dependents.

Thirdly, it is important to focus on the implication of this pandemic to CSOs due to their importance in countries development, such as contributing to resolve the outbreaks like COVID-19. The importance of CSOs to country's development cannot be overemphasized.

Information Box 3.1: CSOs Contribution to Country's Development¹⁹

According to the Foundation for Civil Society (FCS)'s CSOs Week Report of November 2019, the contribution of CSOs to the country's revenue and development is huge. For instance, only 16 CSOs sampled for an analysis received a total of TZS 236 billion (as foreign funds) between 2016 and 2018 in Tanzania. Out of those, TZS 19 billion was paid as government taxes; TZS 169 billion spent for beneficiaries and service providers; TZS 45 billion for salaries and other recurrent expenditures; and, TZS 3 billion as saving for institutional development and sustainability. According to the analysis, the said TZS 236 billion received by 16 CSOs during that time (2016 and 2018) was equivalent to the value of 2,181 kilograms of exported gold or 247 million liters of oil or 42,316 tourists from overseas who would have stayed and spent in Tanzania for seven (7) days. Moreover, a total of TZS 19 billion was paid by the trio as taxes to the government during the same period. That amount of taxes paid to the government was the same as all revenues would have collected by the government from the drinks in 2018/19 FY or taxes collected by five regions (Rukwa, Lindi, Simiyu, Songwe and Katavi) together.

Fourthly and directly to COVID-19, CSOs have been engaged in promotion and protection of human rights related issues including health care services, which include disease control. Moreover, CSOs act as 'oversight' and 'watchdogs' in amplifying communities' concerns and voices, shaping strategies, enforce accountability and influence legal and policy reforms. Therefore, COVID-19 pandemic can have adverse impacts to their work in the same way as it affects the national economy and service provision.

3.2 OBSERVED POTENTIAL IMPACTS OF COVID-19 TO CSOS OPERATIONS

As of 2020 Tanzania had about 40,000 CSOs (of different types mentioned earlier) operating in Tanzania Mainland and Zanzibar according to the set of laws governing the sector in the two sides of URT. As it is hinted at the outset of this part of the paper above, almost all (at least 90%) of the CSOs (NGOs) depend on foreign aid from the countries which are currently severely affected by the outbreak of COVID-19.

Zeroing down to implications of COVID-19 in relation to CSOs' existence and operation, it is observed that, there are several issues of concern in this regard, which also need an earnest attention from different actors - for the survival of this (CSS) sector at large:-

¹⁹ Copied from: THRDC, 'An Analysis of the Laws, Regulations, Policies and Practices Affecting CSOs in Tanzania.' Draft Report, 30th March 2020. Analysis by Adv. Clarence Kipobota, same analyst of this work at hand.

- (i) COVID-19 being an emergence outbreak, caught CSOs unexpectedly and therefore unprepared to respond to it promptly. The CSOs' risk analysis did not look at a global outbreak in relation to possibility of spreading to Tanzania.

Therefore, CSOs did not have contingency plan to ensure continuity of their operations. Whilst big international CSOs (INGOs) with sufficient budgets have begun to develop the business continuity plans, this is not the case for majority of local CSOs.

- (ii) Implementing programs on the ground in an environment of social distancing or other forms of quarantine is likely to become a challenge especially for those working in remote areas. Due to this outbreak, the organizations have been compelled by circumstances to change their operation modalities and practices (modus operandi).

The new mode of operation preferred by some CSOs is to work from home. However, this could not be practical to all CSOs as most of them do face communications infrastructure challenges. For instance, those with challenges do not have the resources to work online nor the capability to manage remote workers. Some organizations like CBOs have limited working tools like laptop and internet connections.

- (iii) CSO staff will face challenges coping as they will have to balance between taking care of their families (right at homesteads) and responding to official duties. As such a lot of CSOs' work will be sacrificed as people will begin to look inwards for self-preservation.
- (iv) The challenge for CSOs will be on how to access the hard to reach communities with information to assist them in self-organizing without putting employees and volunteers at risk. There will be difficult and unavoidable decisions about how scarce resources should be allocated.
- (v) CSOs exist to complement government and the exclusive government responses has caused a lot of uncertainty among CSOs on how to respond in other countries. Even in Tanzania, there is no clear communication and joint plans between wider community of CSOs and the government on COVID-19.
- (vi) CSOs have no budgets to respond to the pandemic yet the communities they serve will need new services and some donors might not be flexible. We learned from the 2008 recession that when the stock market declines and people lose jobs, charitable giving is expected to decline and put CSOs under financial distress at the very time when their services are needed most.
- (vii) CSOs working on livelihoods will be affected the most because the disease will destroy the informal sector and CSOs will not have deep pockets to support the recovery process.
- (viii) Limited resources to support response due to restricted funding received for programs implementation.
- (ix) Suspension of many of field activities and those which were directed to pupils and students in schools. Community mobilization work halted at the moment because of inability to gather a large number of people. However, mobilization with small group of people while observing health hygienic rules is possible.

- (x) Isolation of wider community of local CSOs from the current government oriented plans to combat spread and impacts of COVID-19. Some are already in some groups but not adequate compared to the number of available CSOs from across the country.
- (xi) CSOs stands to lose their sources of income because some of their donors have are coming from those mostly affected countries with corona virus

3.3 POSSIBLE ACTIONS TO MITIGATE NEGATIVE IMPACTS

Owing to the current situation especially the way in which the outbreak is being controlled or contained also, based on the nature of funding (terms and conditions), moreover, taking into consideration the fact that the pandemic is an emergence issue which caught CSOs unprepared (this being CSOs' first experience in Tanzania); and, also, taking to account the contribution of CSOs into the public work as explained in part one of this paper, it is therefore recommended by CSOs that:-

- (i) The government should adopt a joint anti-COVID 19 intervention strategy with the existing large community of local CSOs spreading all over the country.

Information Box 3.2: Forty Percent (40%) of CSOs Proposes a Joint Anti-COVID 19 Plan

A total of 75 (being 40%) of 182 CSOs participated in the online survey on control and prevention measures against COVID-19 proposed that CSOs in collaboration with Development Partners should come up with a joint plan on this pandemic. Some of the issues to be addressed in the joint plan were mentioned to be joint resource mobilization and awareness raising. 'This approach will help to have a systemized and standardized intervention strategies while at the same time, ensuring that resources are fairly and equitably spent according to specific needs...', said one of the respondent in that survey which ended on 3rd April 2020.

- (ii) The government should, albeit in small amount, finance some of the CSOs' interventions e.g provision of legal aid services through proposed judicial modalities during this period.
- (iii) The government should relieve CSOs from certain tax obligations by granting special charitable status so that they (CSOs) could easily mobilize resources and channel the same to COVID 19's interventions.
- (iv) The government should waive some of statutory obligations (compliances) at this time when CSOs would possibly face some limitations of fundraising from the traditional donors (overseas philanthropists).
- (v) Development partners (donors) should design a flexible funding mechanism to allow for ease adaptation and flexibility of CSOs' programming and response to the issue.
- (vi) The CSOs need to be flexible and innovative to cope with the situation and adapt new ways of e.g working by strengthening community based champions who can easily reach out to the community without gathering everyone.

Information Box 3.2: Also, 40% of CSOs Adherence of Health Tips Protocols on COVID-19

Similarly (like it is a case proposed joint plan), 40 of the CSOs responded to the online survey on control and prevention of COVID-19, proposed strict adherence of measures as advised by the authoritative health practitioners in order to avoid confusion and misleading information. 'Specialty on this matter is imperative because it is very sensitive', said one of the respondent CSOs. The CSOs advised that, much as this matter is multidimensional and therefore calling for a holistic approach to tackle it, yet, there is a need to observe professional guidelines on the same. This suggestion comes with concern that, despite the fact that there is already a directive that only Ministry of Health or Prime Minister or Vice President or President are sanctioned to speak on the pandemic trend and decisive control and prevention measures, a number of other public leaders including regional commissioners have been heard giving out their own 'instruction' and 'sentiments.' For instance, while it is generally advised to 'stay at home', one of the regional commissioner 'instructing' people to go out and work. This is why CSOs proposes for 'specialty' in handling information related to the pandemic.

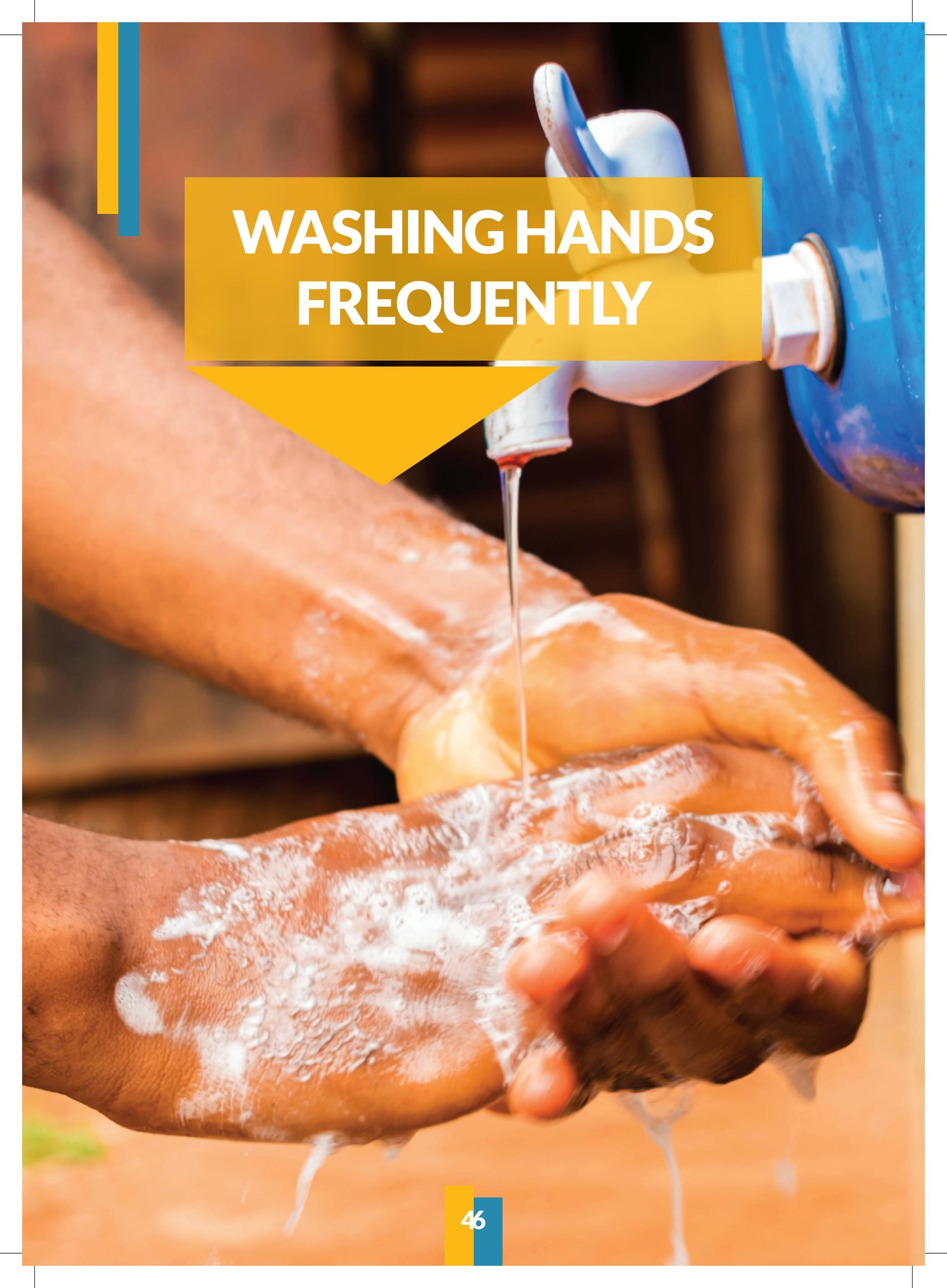
- (vii) The development partners should also allow flexibilities in complying with funding terms for projects or programmes which were ongoing but halted due to the pandemic.
- (viii) There is a need for proper and effective capacity building on WASH systems and prevention methods especially through local CSOs which have wide coverage down to the grassroots levels. A total of forty (40) out of 182 CSOs (this being 22%) of the CSOs responded to the online survey on control and prevention of COVID-19 proposed that, the specialized capacity building programme should immediately been rolled out now. 'There is a need to have national manual on COVID-19 control and prevention ... this will help to get reliable knowledge and not rumors on best ways to handle the outbreak in Tanzania', suggested one of the respondent CSOs.

3.4 SPECIFIC AREAS WHICH CSOs CAN CHIP-IN ON COVID-19

Apart from what have already been suggested on the role of CSOs e.g part four of this paper, the responses from the said online survey showed that, there are a number of entry points which local CSOs can actually chip-in and effectively engage in anti-COVID 19 initiatives. Below are summary of the findings:-

- (i) Mass communication: An effective use of community radios and community leaders. Moreover, the use of social media outlets was repeatedly mentioned to be 'effective' way especially in urban areas. At least 98% (177 out of 182) of the CSOs responded to this had same line of opinion.
- (ii) Targeted sensitization campaign: The CSOs suggested to have target-based sensitization programmes on this pandemic targeting most vulnerable gender groups especially women, children, PWDs, elderly and prisoners. A considerable number of 23% of the respondent CSOs had this opinion or related one.

- (iii) Subsidizing or free distribution of essential materials: Nearly 40% (39.7%) of the CSOs responded to the survey question on recommended actions suggested that, there is a need to supply free of charge sanitary items, medical equipment and food for persons who could not afford such as prisoners and other inmates, poor families e.g which are already identified for TASAF III/ PSSN and others.
- (iv) Closure of borders: Almost 80% of the respondents, suggested to the government to immediate closure of all borders in Tanzania (Both Zanzibar and Mainland)
- (v) Adequate facilities: Nearly 80% of the CSOs advised that there should be sufficient COVID-19's detection facilities in the borders if it is necessary that such entrances should remain open. Moreover, the places designated for quarantine should be clean, affordable and user friendly (for all gender groups).
- (vi) Economic activities/ lock-down: Only 7% of the respondent CSOs suggested that the government should not ban all public gatherings. 'This is because, some of such gatherings are actually relating to the spread of message and awareness of COVID-19', suggested one of the respondents. However, this advice should be considered with a lot of precautions. More emphasis should be directed to other alternative ways of spreading the message including the use of social media.

A close-up photograph of a person's hands being washed under a blue faucet. The hands are covered in white soap suds, and a stream of water is running from the faucet. The background is blurred, showing a wooden wall. A yellow and blue graphic element is in the top left corner.

WASHING HANDS FREQUENTLY



Chapter Four



CONCEIVABLE CSOs' STRATEGIC INTERVENTIONS ON COVID-19

4.1 INTRODUCTION

Despite significant challenges that local CSOs are facing in relation to COVID-19 outbreak as explained in previous part of this paper, still there are possibilities and opportunities for this sector (CSS) support the government and other stakeholders' initiatives to control and contain the pandemic in Tanzania. The CSOs anticipate that, the coordination mechanisms by the government under the Ministry of Health and Prime Minister's Office will be reformed to holistically accommodate wider community of CSOs and other actors. This is due to the fact that, the control and prevention of this pandemic is multidimensional and that, there is a possibility of overwhelming government's coordination capacities if it has to do 'everything' alone.

Basing on the inherent and core functions of CSOs, the broad strategic areas which CSOs seek to engage with the government are:

- (i) Advocacy which include community mobilization, system or policy reforms, public awareness (Behavior change) and sensitization on effective prevention and control measures of the pandemic.
- (ii) Service provisions (monetary and non-monetary ones such as provision of legal aid, psychosocial, researches and impact assessments).
- (iii) Impact assessment and mitigation strategies on negative impacts of current and potential measures against COVID-19.

4.2 CSOS' STRATEGIC PRIORITIES ON COVID-19

The CSOs subscribes to global strategies by adopting some strategies relevant to Tanzania contexts in order to ensure that (i) they align with ongoing government's efforts; and, (ii) shaping and contribute to the ongoing efforts where a need arises as it is extensively suggested in the paper. Below are areas or entry points which CSOs plan to engage in strategically.

4.2.1 Strategic Area I: Control and Contain of Spread of COVID-19 Pandemic in Tanzania

This important strategy is aimed to prevent the scale of the outbreak and therefore, reducing adverse effects of the same (on health, economy and society generally). Through this engagement, the CSOs are expecting to achieve the following objectives and deliverables:-

- (i) 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).
- (ii) Hygiene promotion by establishing hygiene promotion centers or specific strategy for specific community group including the use social media and minimized physical contacts.
- (iii) Contact tracing and detection of possible corona virus 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 sensitivity concerns) as it has been proposed in this paper.
- (v) Contributing to the provision of effective clinical care of individuals who are at the highest risk inflection.
- (vi) Research on and share data driven analysis with view of improving handling of COVID-19 cases in a more innovative way.
- (vii) Advocating for the reforms of the policies, rules, guidelines and operating procedures in order to mainstream human rights concerns including specific needs of segregated gender groups.
- (viii) Working with the government and other non-state actors to improve the coordination mechanisms designated by the Prime Minister for managing corona virus crisis.
- (ix) 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 supports.
- (x) Managing (e.g self regulating) relevant intra and inter networks of CSOs which address this pandemic in different forms including legal aid services.
- (xi) Mobilize resources from trusted and legal sources in order to intensify the engagements on this outbreak.

4.2.2 Strategic Area II: Addressing the Hit-Backs of Interventions on COVID-19 Pandemic in Tanzania

As it is explained earlier on, there are a lot of consequences ('hit-backs') which are likely to occur as a result of measures taken or to be taken to prevent the spread of COVID-19 or the way in which this disease is being handled by the government and other stakeholders. The consequences anticipated include economic distress (disempowerment), deterioration of social services, declining of social cohesion, increased income poverty (poor livelihood), possibilities of human rights abuses or violations, stigma, discrimination, fear and anxiety. The current anti-COVID 19 approaches by the government do not adequately address the aftermath of the interventions. As for this strategy, the expected deliverable results or objectives are:-

- (i) Offering professional psychosocial supports to survivors and victims of COVID-19 including counseling and guidance.
- (ii) Supporting relevant government authorities especially the LGAs functionality in family or social reunification survivors and victims of COVID-19.
- (iii) Linking the survivors and victims of COVID-19 with available economic opportunities and ensuring the same are easily accessible to needy survivor and victims.
- (iv) Offering technical support on accessing learning materials for students during lockdown or other forms of quarantine.
- (v) Advocating for availability of special humanitarian supports to all needy families affected by this outbreak. As suggested earlier on, social protection schemes such TASAF III/ PSSN are highly recommended to reform in order to accommodate needy people during this time.
- (vi) Ensure the continuity and safety from risks of infection of essential services including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic.

4.2.3 Strategic Area III: Enhancement of Coordination of COVID-19's Interventions Between Government, Local Government, Development Partners and Non-State Actors

Effective coordination of planned initiatives is crucial for attaining bigger results. The CSOs are cognizant and applaud the government for establishing special emergency committee(s) apparently in accordance with the contingency plan and the Disaster Act of 2015 mentioned below.

Information Box 4.1: Relevant Contingency Plan and Legal Framework – Tanzania Mainland

The government's COVID-19 Contingency Plan of March – August 2020 states at page 12 that, COVID-19 is a public health emergency international concern where by its response is guided like any other health related emergencies with full mandate being given to Ministry responsible for Health as the lead sector according to the Disaster Management Act of 2015 (Act No. 7 of 2015). The Ministry responsible for coordination of Disaster Management at the Prime Minister's Office is responsible for national coordination in case of event escalation and is a lead of the multisectoral National Task Force (NTF) at all levels. The Disaster Management Department (DMD) is responsible for coordination of higher-level meetings and will convene the Tanzania Disaster Management Council (TADMAC) to discuss events so that, the decision and deliberation achieved feed in to the National Task force for implementation.

Despite the fact that the Disaster Management Act of 2015 does not offer a room for inclusion of CSOs e.g in the TADMAC (governed under Section 7 of this law), still the interplay of local CSOs could be welcomed through administrative procedures as the government has, so far, done for INGOs and UN-based institutions through the Risk Communication and Community Engagement (RCCE). The rationale or justification for local CSOs' inclusion and effective participation in anti-COVID 19's initiatives is already explained earlier in this paper.

Moreover, apart from the COVID-19 Contingence Plan of March – August 2020, there is a need to develop the National Emergency Preparedness and Response Plan (if not yet available). The emergency plan should take into consideration the suggestions made in the CSOs' paper. This proposal is supported by Section 26 of the Disaster Management Act of 2015.

4.3 CSOS STRATEGIC AND ACTION PLANS ON COVID-19

In order to systemize and standardize coordination, implementation, monitoring, evaluation and re-conceptualization of the interventions on this pandemic, many CSOs have developed the Strategic and Action (Operational) Plans. The salient features or characteristic of the plans are:-

- (i) An alignment of the identified strategic areas and objectives with the international and national efforts including the plans by the WHO and the government of Tanzania.
- (ii) Multisectoral, multidimensional and multistakeholders approaches due to the nature of this outbreak.
- (iii) Logical connections between strategic objectives, key results areas, outputs and inputs.
- (iv) Embodying the monitoring and evaluation components plus performance indicators in the plans.
- (v) Consider both control measures, prevention initiatives and hit-backs or 'side-effects' of COVID-19's related interventions.

The strategic and operational plans are attached herewith.



Chapter Five



CONCLUSION AND GENERAL RECOMMENDATIONS

5.1 CONCLUSION

The UN states that (reference: UN, 'Shared Responsibility, Global Solidarity: Response to the Socio-Economic Impacts of COVID-19.' 31st March 2020. Page 22), this crisis requires all of us to make hard choices. 'These choices will be easier to explain and easier to bear if we make them together. Governments taking action in lock step will find that their public will trust their responses and adhere to the onerous asks made of them.' The CSOs subscribe to this position and spirit. Therefore, call for holistic approach in terms of working together and allowing free flow of ideas as this paper ventures to do.

On the other hand, CSOs are advised to remain vigilant of the situation including periodical mapping and assessment of the trend of outbreak.

5.2 GENERAL RECOMMENDATIONS

Specific recommendations have already been presented in each section of this paper. Below are set of recommendations to the government and other stakeholders. Some of the specific recommendations have been reiterated here as a way of putting emphasis on the same.

5.2.1 Recommendations to the Government

5.2.1.1 Central Government

- (i) Dedicating substantial resources to public health control measures and clinical management (case of China) - especially sufficient budget to the National Disaster Management Fund (established under Section 29 of the Disaster Management Act of 2015 (Act No. 7 of 2015); or/and, commit special budget to the Ministry of Health in order to implement the anti-COVID 19 interventions. Moreover, the emergency and disaster unit under the Office of Prime Minister should be adequately funded with supplementary budget in case of the worse-scenario in order to mitigate the impacts of curfew or lockdowns for informal sector's actors.
- (ii) Enhance coordination and management of this pandemic per the international standards (WHO) and the Disaster Management Act of 2015. One of the proposed approach is decentralization of the management down to the regional or district levels; and effective operationalization of the Tanzania Disaster Management Agency (TDMA).
- (iii) Moreover, apart from the COVID-19 Contingence Plan of March – August 2020, there is a need to develop the National Emergency Preparedness and Response Plan (if not yet available). The emergency plan should take into consideration the suggestions made in the CSOs' paper. It is supposed to be made under Section 26 of the Disaster Management Act of 2015.

- (iv) Preparing and publishing some guidelines on education for all levels of learning institutions which will guide on learning under different forms of quarantines.
- (v) The government needs to subsidize on provision of hand sanitizers across the country as it is in other diseases such as HIV/AIDS with provision of free condoms.
- (vi) Ensuring that gender and disability mainstreaming guidelines are formulated and used to guide the plans and implementation as well as monitoring and evaluations of the COVID-19's related initiatives.
- (vii) Enforcing the legal directive that, all lessons on TV and radio channels should be disability sensitive in order to accommodate all forms of disabilities. Apart from the said channels, there should be special deliveries of print materials depending on type of disabilities if online contents are deemed unfriendly to children/ students.
- (viii) Adopt and implement innovative social protection schemes such as the TASAF III (PSSN) by reforming them in such a way that they can be brought into play during this time of emergency e.g to have special budgetary supports from emergency funds.
- (ix) Bailing out key, strategic and systemic sectors and firms with many, large and far-reaching linkages within global, regional or country economies.
- (x) Offering stimulus packages in different forms including dishing out cash in circulation in order to make economies liquid and stimulate transactions.
- (xi) The government should issue a circular to direct protection of employment status in the case of total lockdown.
- (xii) Mobilizing and holistically work with other stakeholders including CSOs.
- (xiii) Continue to put strict measures especially on measures such as social distancing and avoidance of larger gatherings

5.2.1.2 Local Government (LGAs)

- (i) Awareness campaign through community radios, online platforms and the use of mainstream media – with due consideration of disability friendly approach.
- (ii) Collaborating with other stakeholders to design relief packages to support needy persons who are victims or survivors of COVID-19 in their (LGAs') areas of jurisdictions.
- (iii) Partnering with corporate sector e.g through corporate social responsibility avenue to roll out water and sanitation infrastructures in areas with acute shortage
- (iv) In collaboration with CSOs and other stakeholders, devising and implementing prevention and control plans which suit the specific contexts of their (LGAs') areas of jurisdiction.
- (v) Review and enforce relevant by-laws e.g on trade, environment, public health and community health fund in order to ensure that COVID-19 and its related effects are adequately addressed in legal perspectives.
- (vi) Monitoring and ensuring availability of learning and health care resources which are accessible even during the period of total lockdowns.
- (vii) Ensuring that, community health workers are insourced trained and supported to manage the outbreak of COVID-19.

- (viii) Ensure that, there is special or emergency budget allocated from own sources in case the funds from the central government budget would not be sufficient or its disbursement being delayed.
- (ix) Develop localized joint strategies with grassroots CSOs and community groups.

5.2.2 Recommendations to the Legal Sector

- (i) Learning from other jurisdictions on the best practices on handling cases during emergencies.
- (ii) Need to mobilize other justice machinery actors especially in the criminal justice chain to have a common standard operating procedure on managing cases and referrals from one stage to the other during the COVID-19 outbreak.
- (iii) Liaise with the government to offer public funding to LASPs especially during this period for them to supplement the work of other justice machinery actors.
- (iv) Decongest remand prisons and other places of detention.
- (v) Make bail conditions flexible and minimize list of new remandees in prisons.

5.2.3 Recommendations to the Funding Partners

- (i) Development partners (donors) should design a flexible funding to allow for ease adaptation of CSOs' programming and response to the issue.
- (ii) The development partners should also allow flexibilities in complying with funding terms for projects or programmes which were ongoing but halted due to the pandemic which is now declared as global concern since mid March 2020.
- (iii) The Aftermath is very unpredictable since we mostly depend on donor funds from those countries that are also affected. So kindly advise partners to communicate with CSOs any possible cut of funds because of economic impacts of COVID-19.
- (iv) It is time for CSOs to start thinking of alternative ways of survival because the aftermath of COVID-19 must pose a huge threats to the civil sector globally.

5.2.4 Recommendations to the CSOs

- (i) Mobilizing and coordinating themselves in order to support the government in creating awareness among parents and citizen through appropriate media and communication channels.
- (ii) Despite the fact that the Disaster Management Act of 2015 does not offer a room for inclusion of CSOs e.g in the TADMAC (governed under Section 7 of this law), still the interplay of local CSOs could be pursued through administrative procedures.
- (iii) The CSOs should advocate for an amendment of the Disaster Management Act of 2015 and related laws, rules and regulations in order for those frameworks to reflect all what have been recommended in this paper so that can always been statutorily enforced in future.
- (iv) Shaping the ongoing public efforts on COVID-19 by advocating for better ways of managing and preventing the crisis.
- (v) Offering services to the communities – based on particular mandates of CSOs.

- (vi) Undertaking a post COVID19 analysis to assess the level of impact generated across the economy, children, informal workers, women and marginalized group and recommend means of preparedness in other arising cases. For instance, there is a need to have a post analysis to assess the extent to which COVID19 has impacted production from the extractives and extent that has affected revenue collection.
- (vii) CSOs providing humanitarian assistance, UN agencies, and the government of Tanzania to ensure that refugees and asylum seekers get proper meals and supplements to increase their immunity system. The government should allow refugees to resume kitchen gardening to help them complement the food given to them by the World Food Program (WFP) to build their immunity against COVID-19.
- (viii) CSO and UN agencies to support the government to strengthen the health system in refugee camps by providing medical equipment, and equipping health care workers with the supplies and training, they need for hospitals.

5.2.5 Recommendations to the Private Sector's Actors

- (i) Providing financial and technical support to governments by contributing to the COVID-19 Solidarity Response Fund. For instance, supporting the government financially or in procurement of essential health care materials including the home-based care kits.
- (ii) Supporting the government in different ways according to the needs to provide support to vulnerable groups who are self-isolating.
- (iii) For the purpose of making revolution, an analysis to rethinking institutional working behavior is key. This will assist in documenting lessons whether the approach of #workingfromHome or #WorkinOffice is sufficient enough. Or whether employees would be able to work from a distance and still deliver as per targets.
- (iv) Adhering to health, safety guidelines and provide economic cushions to workers, including through ensuring worker safety and social distancing and secure wages for those working from home.
- (v) Repurposing their facilities and business plans to focus on meeting the needs of this crisis.

5.2.6 Recommendations to Other Stakeholders and General Public

- (i) Supporting the government and other stakeholders in prevention and control initiatives including contact tracing and compliance of required protocols.
- (ii) Offering social supports to needy gender groups especially the older people and PWDs.
- (iii) Guiding the students in their homes to comprehend with studies in a manner that the government would direct.
- (iv) Support care and treatment as well as social reunification of the victims and survivors of COVID-19.
- (v) UNHCR and other stakeholders should raise awareness on the COVID-19 pandemic to refugees and asylum seekers in the refugee camps and urban areas. The plan should be in place to reach the undocumented migrants in-refugee-like situation.
- (vi) Suspend voluntary repatriation to Burundi for a while to minimize the transmission and protect everyone involved in the process.
- (vii) Follow issued health guideline accordingly



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APPENDICES

Annex I: CSOs' COVID-19 Action Plan (Plan of Action)

Enclosed herewith as a separate document.

Annex II: Names of Organizations Participated in this process including the Online Survey on the Impacts and Interventions Relating to COVID-19 (Survey of 28th March to 3rd April 2020)

S/NO	NAME OF THE ORGANIZATION	CONTACT	REGION	DISTRICT
1	Action Aid	Phone Number: +255767751616	Dar es Salaam	
2	Action For Rural Women Empowerment (ARUWE)	Email: directoraruwe@gmail.com Phone Number: +255713662898	Pwani	Chalinze
3	Actions For Democracy And Local Governance (ADLG)	Email: jimmy.luhende@gmail.com ceo@adlg.or.tz Phone Number: +255754388882	Mwanza	Ilemela
4	African Institute For Comparative And International Law (AICIL)	Email: aicilngotz@gmail.com Phone Number: +255 655 248 298	Ruvuma	Songea Urban
5	Agape Aids Control Program	Email: agapeshy07@yahoo.com Phone Number: +255757516965	Shinyanga	Shinyanga Municipal
6	Agriculture Non-State Actors Forum (ANSAF)	Email: arukonge@yahoo.com	Dar es Salaam	
7	All Together Against Human Rights Abuse	Email: alltahrabuse@gmail.com Phone Number: +255714220524	Dar es Salaam	Temeke
8	Alpha And Omega Reconciliation And Peace Building (AREPEB)	Email: mosesmuganga@arepeb.or.tz Phone Number: +255752309897	Dar es Salaam	Ilala
9	Arusha NGO Network (ANGONET)	Email: info@angonet.or.tz Phone Number: + 255 754 440096	Arusha	Arusha
10	Association of NGOs of Zanzibar (ANGOZA)	Email: angozanz@yahoo.co.uk Phone Number: +255242239325	Urban West	West B
11	Base For Education Dissemination (BED)	Email: careyouthfoundation@gmail.com Phone Number: +255768155273 / +255655879932	Mwanza	Ilemela
12	Better Life	Email: lifebetter53@gmail.com Phone Number: +255713181464	Dodoma	Dodoma Urban
13	Biharamulo Friends of Education Network (BIFENET)	Email: bifenet2011@gmail.com Phone Number: +255753096360	Kagera	Biharamulo

14	Biharamulo Originating Socio Economic Development Association (BOSEDA)	Email: bosedata2005@yahoo.com/ bosedata2005@gmail.com Phone Number: +255756581897 / +255719010078	Kagera	Biharamulo
15	Building Inclusive Society Tanzania Organization (BISTO)	Email: bistotanzania2019@gmail.com Phone Number: +255765 906 286	Dar es Salaam	Temeke
16	Business And Human Rights		Dar es Salaam	
17	Care Youth Foundation	Email: careyouthfoundation@gmail.com Phone Number: +255768155273 / +255655879932	Morogoro	Morogoro Municipal
18	Caritas Tabora	Email: timothychombo@yahoo.com Phone Number: +255759608090	Tabora	Tabora
19	CBM Tanzania	Email: nesia.mahenge@cbm.org Phone Number: +255699758227	Dar es Salaam	Kinondoni
20	Center Against Gender Based Violence	Email: ca.gbv2011@gmail.com Phone Number: +255 782578411	Dar es Salaam	Ubungo
21	Central Zone Universities Rights	Email: mwamlangala@gmail.com Phone Number: +255789009283	Dodoma	Dodoma Urban
22	Centre For Widows & Children Assistance (CWCA)	Email: childrenwidows@yahoo.co.in Phone Number: +255 716809372	Dar es Salaam	Ilala
23	Certified Community Relief Foundation	Email: magweselafocus@gmail.com Phone Number: +255673611949	Tabora	Urambo
24	Child Watch	Email: childwatchtz@gmail.com Phone Number: +255766158450	Singida	Singida Municipal
25	Children's Dignity Forum (CDF)	Email: mtenetikoshuma@cdf.or.tz Phone Number: +255743902858	Dar es Salaam	Ubungo
26	Christian Education And Development Organization (CEDO)	Email: cedo44@yahoo.com Phone Number: +255755565893	Tabora	Nzegu
27	Civic And Legal Aid Organization (CILAO)	Email: cilaoorganization@gmail.com Phone Number: +255624020207	Arusha	Arusha
28	Community Development Trust Fund Of Tanzania	Email: tzcdtf@yahoo.com Phone Number: +255 22 2131472	Dar es Salaam	Ilala
29	Community Support Initiatives Tanzania (COSITA)	Email: patrick.gwasma@gmail.com Phone Number: +255784649025	Babati	Manyara
30	Crisis Resolving Centre	Email: crisisresolvingcenter@gmail.com Phone Number: +255754285701	Dar es Salaam	Ubungo
31	C-SEMA	Email: michael.kehongoh@sematazania.org Phone Number: +255764842764	Dar es Salaam	Ilala
32	DIGNITY KWANZA – COMMUNITY SOLUTIONS (DIGNITY Kwanza)	Email: janemaryruhundwa@dignitykwanza.org Phone Number: +255769914591	Dar es Salaam	Kinondoni

33	Door of Hope To Women and Youth Tanzania (DHWYT)	Email: doorofhopetanzania@gmail.com Phone Number: +255 765863329	Mtwara	Mtwara
34	Elimisha	Email:elimisha2010@gmail.com Phone Number: +255742667880	Mbeya	Mbeya
35	Elimu Mwangaza Tanzania	Email:michaelreuben15@gmail.com Phone Number: +255712526730	Kilimanjaro	Moshi
36	Environmental Management And Economic Development Organization (EMEDO)	Email:elukanga@gmail.com Phone Number: +255767437285	Mwanza	Nyamagana
37	Equality For Growth	Email: equalityforgrowth@gmail.com Phone Number: +255739477539	Dar es Salaam	Temeke
38	Fadhili Teens Tanzania	Email:fadhiliteens@yahoo.com info@fadhiliteenstanzania.go.tz Phone Number: +255 784 441 385	Mwanza	Ilemela
39	Faidika Wote Pamoja (FAWOPA) Tanzania	Email:faidikawotepamoja@gmail.com Phone Number: +255786821744	Mtwara	Mtwara
40	Forum for African Women Educationalists Tanzania (FAWETZ)	Email:nemsoki@yahoo.com Phone Number: +255 713 326 273	Dar es Salaam	Ilala
41	Foundation For Community Involvement	Email: fcitanzania02@gmail.com Phone Number: +255764851557	Mtwara	Mtwara Municipal
42	Gospel Communication Network Of Tanzania	Email: gcntanzania01@gmail.com Phone Number: +255754246001	Kagera	Ngara
43	Governance And Forest Initiatives	Email: gfitanzania@gmail.com Phone Number: +255719922557	Morogoro	Morogoro
44	Hakielimu	Phone Number: +255 787655000	Dar es Salaam	Ilala
45	Hakikazi Catalyst	Email: akibona@hakikazicatalyst.or.tz Phone Number: +255754251390	Arusha	Arusha City
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48	Happy Children Tanzania Organization	Email: happychildrens66@gmail.com Phone Number: +255762147240	Dar es Salaam	Ubungo
49	HelpAge International	Email: joseph.mbasha@helpage.org Phone Number: +255 784 883 539	Dar es Salaam	Kinondoni
50	Hope 4 Young Girls Tanzania	Email: skikudo@hope4younggirlstz.or.tz Phone Number: +255 772 255 222	Dar es Salaam	Kinondoni
51	Humanity Aid For Development Organization (HADO)	Email: hadoorg@ymail.com Phone Number: +255719359966 / +255693749218	Tanga	Tanga
52	Investing In Children And Their Societies (ICS)	Email: kudely.sokoine@icsafrica.org Phone Number: +255786624092	Shinyanga	Shinyanga

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55	Jumuiya ya Kulinda na Kutetea Na Haki za Wanawake Na Watoto wilaya ya Mkoani Pemba (JUKUWAM Mkoani)	Email: jukuwamkoani@yahoo.com Rizikimohd11@gmail.com Phone Number: +255 773 419 744 / +255656 039 842	South Pemba	Mkoani
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Protective measures against the new coronavirus

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