**the civil society fund**

**citizen participation intervention**

**COVID-19 related urgent response for the deaf in Tanzania**

*This application is drafted on the basis of an COVID-19 emergency request from CHAVITA, the Tanzania Association of the Deaf. We are aware that certain parts of the application could be more elaborated, however, urgent response is what matters now. Thus, we hope that a positive fast-track assessment of the application is possible.*

1. **Objective and relevance**

The objective of this emergency intervention is to assist that as many deaf people as possible in Tanzania take necessary precautions against the risks related to COVID-19. Local organizations and clubs for the deaf as well as local health centres in five municipalities will be engaged in urgent development and dissemination of sign language based COVID-19 related information materials for the deaf.

COVID-19 is now also in Tanzania. So far only a few cases have been registered (13 imported cases, 26th March 2020/WHO), however, as everywhere else in Africa national governments, health authorities as well as the WHO are deeply concerned about a massive outbreak of COVID-19 in countries with health systems heavily ill-equipped to handle a pandemic.

Striving to contain the COVID-19 the Tanzanian government has shut down schools and universities and banned religious gatherings and public party meetings for 30 days. Like the rest of the East African region Tanzania has cancelled all sporting events also for 30 days. At border crossings suspected infected travelers are subject to surveillance although no mass testing is yet put in place.

Regardless of quite immediate actions by the Tanzanian government after the registration of the country’s first COVID-19 case the deaf population is compared to the hearing members of society in increased risk of being left out from the COVID-19 information, awareness and sensitization efforts undertaken by national and local authorities. According to a rapid situation analysis by the deaf organization CHAVITA, children in Tanzania lack access to even the most basic information about the disease. Further, there is near total absence of trained COVID-19 workers, counsellors, and educators to offer COVID information, education, and counselling support and services to the Deaf. There is also a lack of well- trained sign language personnel with medical background in public hospitals, and counselling centres. The Deaf people in Tanzania, being among the poorest people in the country, have been left behind. While social care and support system is disintegrating around them, they are also cannot afford COVID-19 prevention materials such as Musk, sanitizer, and groves which are quite expensive.

Tanzania, ranking 159 of 189 on the UNDP human development index, has a population of approximately 60 million people of which around 1 million people are deaf or hearing impaired. (Data reliability is not easily evaluated, and some estimates indicate 1,8 million deaf and hearing impaired).

Sign language, the language of the deaf, is not yet standardized nor is it easily available in communication between the deaf and e.g. public authorities. Access to sign language interpretation is scarce. TASLI, the national organisation of sign languages interpreters, has less than 50 members. Thus, despite a parliament act from 2010 stating that ​all television stations should provide a sign language inset or subtitles in all newscasts, educational programs and other programs covering national events​ the deaf are still widely left without proper information and education, not least in a situation of crisis where timely and correct information is very critical to the wellbeing of the deaf.

While the current ‘emergency’ intervention is designed to reach only relatively few deaf in Tanzania (approximately 2,000 out of nearly 1 million) it will provide CHAVITA, the deaf people’s organization, with valuable experience about how to engage with national and local authorities in cases of emergencies, and it will provide those authorities with experience about how to communicate and reach out to the deaf under conditions requiring urgent response capabilities.

1. **Partnership/partners**

**Partners**

**The Tanzania Association of the Deaf (CHAVITA)** is a non- governmental organization registered in 1984. The Organization is dedicated to the advancement of Deaf people in the United Republic of Tanzania. CHAVITA was established to address the problems experienced by Deaf people in Tanzania and to improve their life standard, as they are more vulnerable socially and economically compared to people without disabilities. Deaf people are more likely to have lower education and poor health, and to be poorly nourished. They are often outside the social security, segregated, discriminated against and denied the right to use their own language. These are some of the challenges that CHAVITA in their work address.

For the past 25 years CHAVITA has been engaging in Sign Language training and advocacy work being coordinated by full time employed staffs at its Headquarters in Dar es Salaam with extension in 17 regions of Tanzania mainland.

The structure of CHAVITA includes of The National Executive Board who bears the role as the sole decision-making organ. The board consists of 8 people. Delegates elect members democratically from grass-root branches. The board appoints the Executive Director who is charged with the responsibility of managing the day-to-day activities of the organization, in collaboration with the board. The Director appoints staff with the necessary skills to manage specific project like the one here. CHAVITA now has 11 staff members employed ​[il5] ​and consists of 1947 members (1013 male and 934 female) who are spread out over the whole of Tanzania mainland.

The organization has an office in Dar es Salaam, from where the day-to-day management is organized. The office was built in 1993 and was funded by the Finnish Association of the Deaf. At the CHAVITA office a member of TASLI is employed as their in-house interpreter.

**Community for International Cooperation in Education and Development/CICED** was established 18th November 2010. CICED has, however, under the name Centre for International Cooperation in Educational Development (a centre under Danmarks Lærerhøjskole, now part of Aarhus University, CVU København & Nordsjælland, now University College UCC) more than 28 years of experience as a main partner to DANIDA providing technical assistance and program management in education in Afghanistan, Eritrea, Kenya, Mongolia, Nepal, Uganda, Tanzania and Zambia. Engagements in Eritrea, Kenya, Mongolia, Nepal and Uganda included extensive support to special needs education, including activities benefitting deaf and hard-of-hearing communities in the respective countries.

Currently, CICED has 119 members, and a proven record in project design, management and implementation. The board of CICED currently consists of 8 members and four alternates, each with their own background and experience level, including 2 certified sign language interpreters.

CICED is a member of CISU, Global Focus, Globale Skolepartnerskaber and Verdens Bedste Nyheder.

**Previous cooperation**

Following a CICED-TASLI partnership intervention 2014-2015, CHAVITA and CICED – together with TASLI – implemented in 2017-2018 another partnership intervention, i.e. ‘capacity building for inclusion of the deaf in Tanzania’. The project focused on organizational and technical capacity building and advocacy. During this project CHAVITA’s – as well as TASLI’s – managerial capacities improved alongside their advocacy abilities and their resources to train sign language and (for TASLI) sign language interpretation. It is very much these newly acquired capacities and skills that will benefit the present projected intervention.

**Roles of partners**

**Role of CICED -** CICED will provide financial and technical support to the project. The project coordinator will liaise with CHAVITA to assure project activities are implemented accordingly so to achieve the objectives and expected outcomes of the project. CICED will monitor the project outcomes based upon monthly reports.

**Role of CHAVITA -** CHAVITA will be responsible for the day-to-day management of the project, including the communication and collaboration with health centres in the six pilot municipalities and the sign language training and development for the deaf project at University of Dar es Salaam involved in providing technical assistance to the project.

CHAVITA will carry out project monitoring, progress and financial reporting in Tanzania in accordance with the CISU guidelines and formats. These will be submitted through CICED, who will perform quality assurance and further submit all regular and final reports to CISU.

This emergency intervention will add to the already existing sound collaboration between CICED and CHAVITA and it undoubtedly provide both partners with useful experience and knowledge related to collaboration with national and local authorities to the benefit of the deaf in Tanzania. The partners are in the process of preparing an application for a large-scale project intervention strengthening the deaf’s access to and use of sign language and sign language interpretation. A project where advocacy and collaboration with public authorities is very much in the focus.

1. **The actual intervention**
* Describe step by step what will happen, setting out a preliminary timetable for the activities so that the intervention leads to the desired outputs and fulfils the objective.
	+ Describe, if relevant, what new, innovative and experimental methods and approaches will be tried out as part of the intervention.
* Who make up the target group of the intervention? Specify number of persons disaggregated by gender, social group and, if relevant, ethnic or other affiliation.
* What are the plans for systematisation of experiences both along the way and at the end of the intervention?

In the light for the COVIED-19 crisis the project is an *emergency* citizenship participation intervention aiming to support COVID-19 related information to urgently reach the deaf in Tanzania, and thus the intervention is scheduled to last only 2 months:

1. Week 1: Preparation of the intervention making the necessary agreements with the ministry of health, the five pilot municipalities and the University of Dar es Salaam/Sign Language Training and Development Project;
2. Week 2-5: intensive project implementation and monitoring in the five pilot municipalities;
3. Week 6-7: collating and analysing experiences and communicating recommendations to the ministry of health and other municipalities for further COVID-19 interventions targeting the deaf;
4. Week 8: project and finance reporting.

Ad.1: Project kick-off within the first week will be a three days meeting in the capital Dodoma with 10 representatives from the Ministry of Health, the five pilot municipalities, CHAVITA and UDSM to establish a national platform and strategy for coordination and propagation of COVID-19 prevention information targeting the deaf in Tanzania, with particular emphasis on reaching out to those living in remote rural areas.

Ad 2: In the following three-four weeks CHAVITA and USDM will develop materials and efficient dissemination models for the five pilot municipalities to reach out to approximately 2,000 deaf living in remote areas.

Further, a group of ICT experts will develop information and didactical sound models for communication about the COVID-19 via social media. This activity is also the basis for a further outreach to all deaf in Tanzania with access to social media platforms and TV.

25 health workers in the 5 pilot municipalities will be receive basic training in sign language enabling them to conduct most basic communication with deaf submitted to the health centres.

Ad. 3: During the final two weeks key stakeholders from the ministry of health, the health centres of the six pilot municipalities, CHAVITA and USDM evaluate the experiences and draft recommendations for further actions to be taken on a national scale.

Ad. 4: The final week will be used for project and finance reporting.

The primary target groups are

* approximately 2000 deaf living in remote villages of five pilot municipalities in the regions of Arusha, Dar es Salaam, Mbeya, Mwanza and Dodoma;
* 25 health workers of health centres in the five pilot municipalities;
* key decision makers of ministry of health and of the five pilot municipalities

The secondary target groups are

* potentially all deaf persons in Tanzania with access to social media platforms like Twitter, Facebook, WhatsApp as well as TV
* other municipalities learning from the five pilot municipalities.

Experiences from this urgent response intervention will be monitored carefully, analyzed and disseminated through two coordination meetings and an end-of-intervention workshop with CHAVITA, the University of Dar es Salaam, the ministry of health and the 5 municipalities. While CHAVITA will disseminate experiences and recommendations to the deaf community organizations and local clubs across Tanzania, the ministry of health will be in charge sharing experiences with relevant public authorities at national and local levels.

1. **Intervention-related information work in Denmark**

Considering the general interest in the COVID-19 outbreak CICED will communicate the project activities and outcomes through its CICED NYT, blog-updates on [www.ciced.dk](http://www.ciced.dk) and via CICEDs Facebook account.

The purpose of the information work will be to inform the public in general and CICED supporters in particular about the outcomes and lessons learnt from this unusual intervention.

No funds apply. All information work done on a voluntary basis by CICED board members.

1. **Supplementary financing**

CICED covers supplementary funding for providing anti-infection means to 2000 deaf people and for the auditing in Denmark.