



COMMUNITY ENGAGEMENT AND ACCOUNTABILITY ANNUAL REPORT

APRIL 2020 – MARCH 2021

Abstract

This document reflects Tanzania Red Cross Society's interventions on Community Engagement and Accountability. It highlights the efforts taken largely by the National Society in institutionalizing CEA in its programs and operations. CEA has taken high strides in Tanzania Red Cross and shall continue with time.

PREPARED BY: TRCS CEA TEAM

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A: INTRODUCTION

Since 2018, Tanzania Red Cross Society (TRCS) has been gradually working towards the institutionalization of Community Engagement and Accountability (CEA) within the National Society. However, in 2019/2020 pivotal steps have been taken to cement CEA as part and parcel of the National Society. Such commendable efforts can be directed to senior leadership and governance members for understanding the importance of CEA for greater programme delivery and as a bridging tool to enhance trust between the recipients and the providers of humanitarian assistance.

The International Federation of Red Cross and Red Crescent (IFRC) provided mutual supports towards achieving such recommendable step through coaching, training and technical support and on mechanisms for better community participation and accountability across programmes and operations. This systemic approach has helped to improve programme quality by increasing its reach, acceptability, impacts and levels of accountability to communities. The recognition that CEA has been enshrined in wider National Society Undertakings, prompted the integration of its activities at the organizational level and programmatic level.

In lieu of this, this report shall illustrate the vast activities undertaken to integrate CEA within the National Society.

B. OBJECTIVE

The streamlining and integration of CEA is the main agenda behind this programme.

TRCS as a national society specifically looked at the following:

- Ensuring leadership buy-in of CEA approach
- Development of supporting documents
- Dissemination and trainings of CEA
- Capacity building at HQ and branch level
- Establishment and operation of feedback mechanism

C. CEA AT THE ORGANIZATIONAL LEVEL

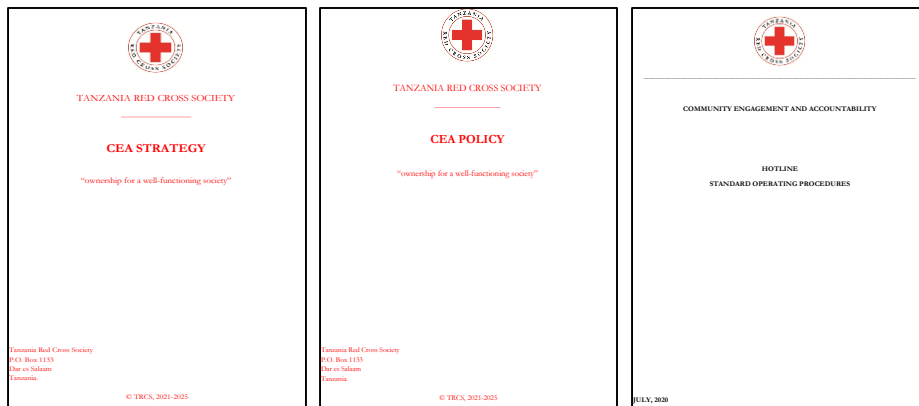
1. Integration the National Society Strategic Plan (5 Years SDP, 2021 – 2025)

TRCS has developed its five years SDP (2021 – 2025) in September 2020. CEA has been integrated in all program and operations undertaking. During the SDP review meeting, the CEA components were well elaborated to the management and governance team involving National Executive Committee (NEC), Regional Chairperson, Youth council and TRCS headquarter management for their buy in. For instance, mainstreaming CEA into operations which in 5 years is expected to position the National Society as a leading partner society in the cluster. The need for CEA training was raised for the new governance and management team.

2. Developing CEA Policy and Guideline

TRCS has developed its CEA policy and Guideline to support the integration of CEA in all undertakings and programs. The CEA policy directive is to aid staff and volunteers on the importance and need of institutionalizing CEA practices into operational activities. Whereas, the CEA Guideline steers staff and volunteers into the “know-how” of identifying CEA minimum actions at each program stage. Doing so, increases accountability to the communities we serve. Additionally, as part of an effort to strengthen feedback

mechanisms, TRCS developed standard operating procedures for the ‘hotline’ number which set the path for feedback collection throughout the course of the year. In these developments, TRCS further engaged ‘Baraza la Kiswahili Tanzania’ to review and approve the translated CEA documents. By reducing the language barrier, it provides more room for volunteers to learn, understand and disseminate CEA. *Annexes*



3. The launch of National Society Hotline number

As part of streamlining feedback mechanism, in July 2020 TRCS established and launched its **hotline number**. The hotline number has disseminated across all branches so as to reach a wider majority of the population. As a result of this, the hotline number receives feedback across the various programmes carried out by TRCS. They

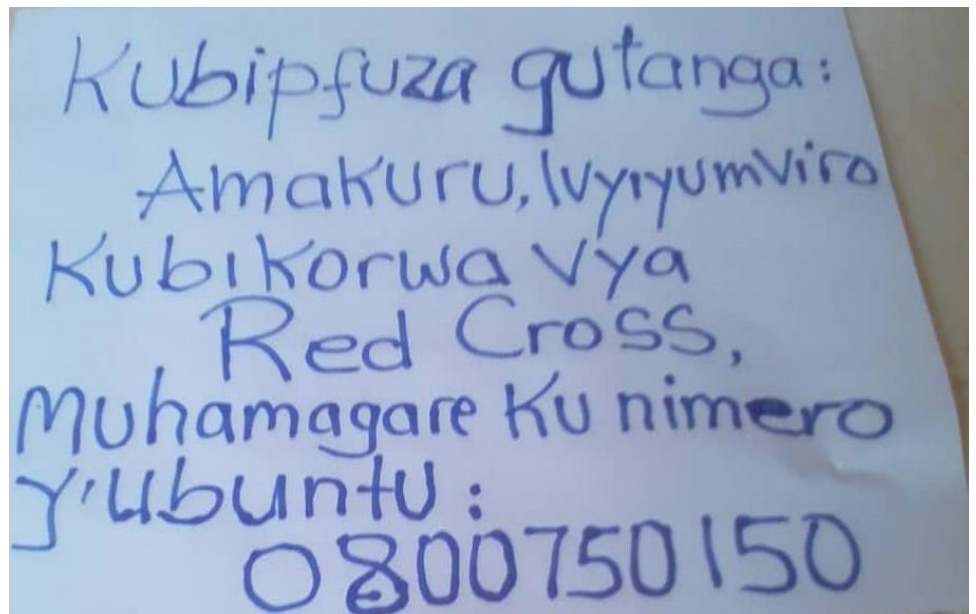
may include WASH, OVC, RRO, RFL to mention a few all of which are in different regions of Tanzania. The number facilitated free calls and ensured, privacy, confidentiality and fostered referrals when sending and responding to feedback.



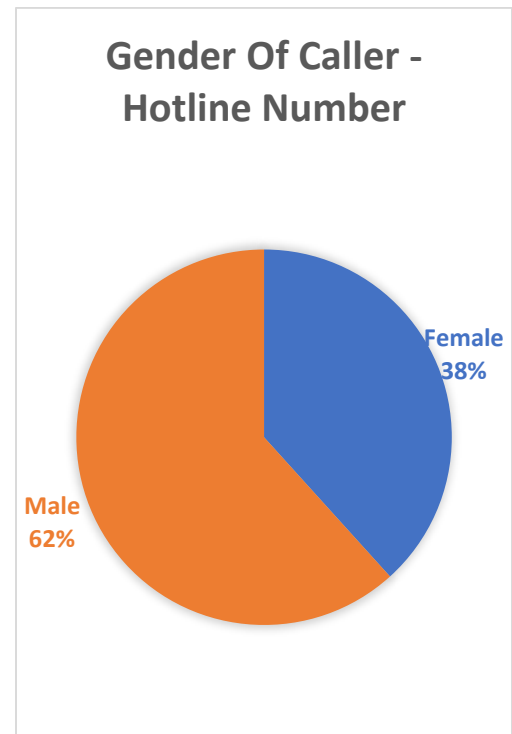
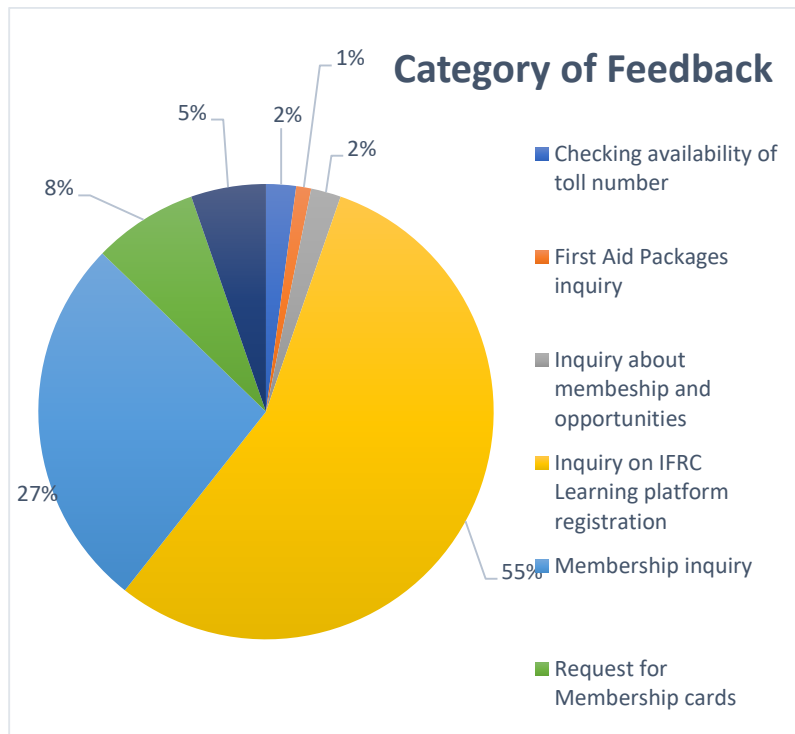
TRCS has been disseminating this number through different platforms i.e. (social media, printed PVC CEA stickers, placement of a number in all TRS vehicles, offices, volunteer and staff ID, Calendar, brochures, banners and posters which were displayed in all TRCS events.

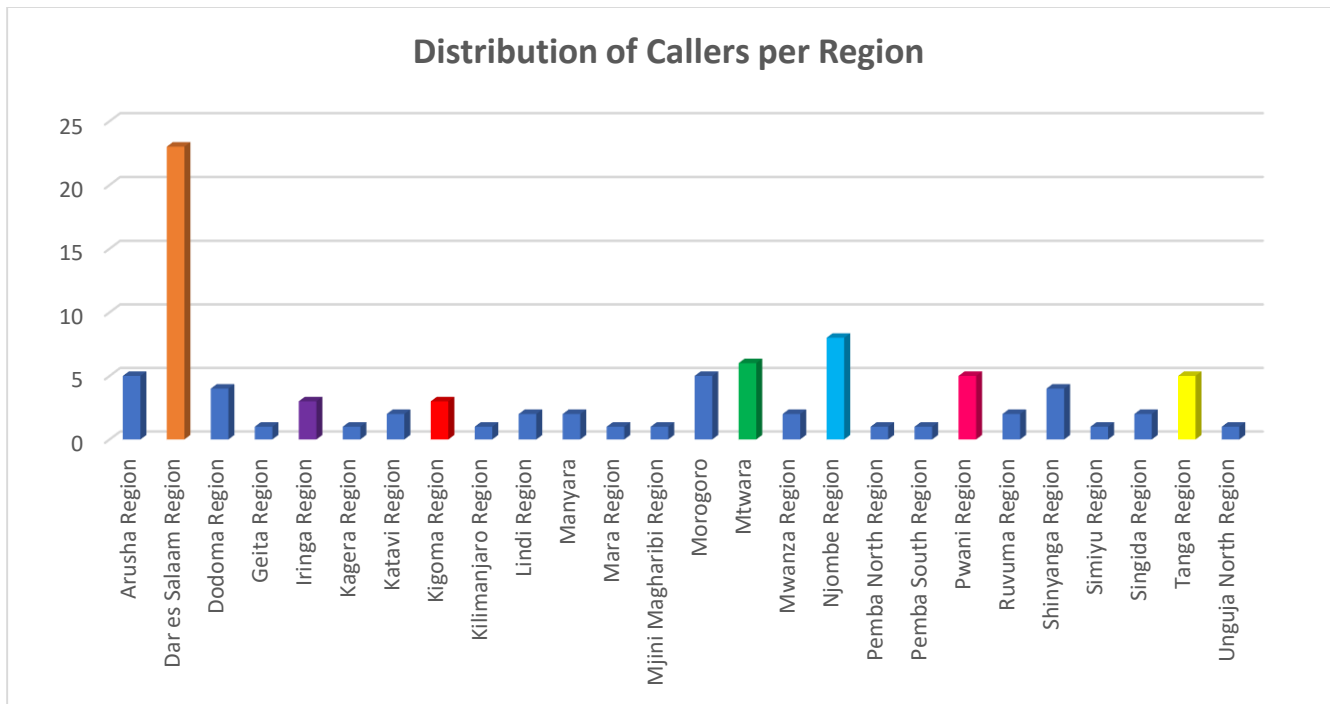
In the refugee camps, the printed CEA materials were availed in Kirundi, Swahili and English languages.

TRCS has assigned 2 volunteers at HQ to manage the hotline and assist in the management of feedback from branches. All calls are collected and recorded in a call log, which is then shared to respective unit for response. The team also supported in the development of SoP's and conducted CEA training to staff and volunteers.



Based on the sensitivity of feedback the feedback log maintains caller's ID and the information shared by them and later coded for action. Once the feedback is shared and acted on, then the loop is closed, otherwise for feedback which require other organization support then the referral is made to respective organization. The Hotline has also supported the NS to strengthen information needs to communities and volunteers within the organization as it serves beyond including orientation to volunteers to the IFRC learning platforms and volunteer wellbeing. *Annex feedback log, Report.*





4. Training to staff and volunteers

Bringing the CEA specialization to the organization also needs knowledge and skills. TRCS has prioritized building capacity of staff and volunteers since 2018 to-date. This started by training management staff at HQ and refugee operations in Kigoma 2018 which was facilitated by IFRC EA cluster. In 2018, 2 NS staff (1 certified as CEA surge, 1 ToT) . A total of 117 volunteers and staff were trained from Mbeya, Kigoma, Shinyanga and Zanzibar regions, these trainings were facilitated by CEA project focal person. *See attached training reports*

| Location | Male | Female | Total |
|-----------------------------------|-----------|-----------|------------|
| Kigoma Nyarugusu Camp | 14 | 6 | 20 |
| Kigoma Mtendeli Camp | 10 | 16 | 26 |
| Mbeya, DP 3 project | 12 | 3 | 15 |
| Shinyanga, Kizazi Kiyppya Project | 10 | 10 | 20 |
| Zanzibar, Covid 19 RCCE | 14 | 6 | 20 |
| Kiteto, Food security project | 17 | 9 | 26 |
| Total | 77 | 50 | 117 |

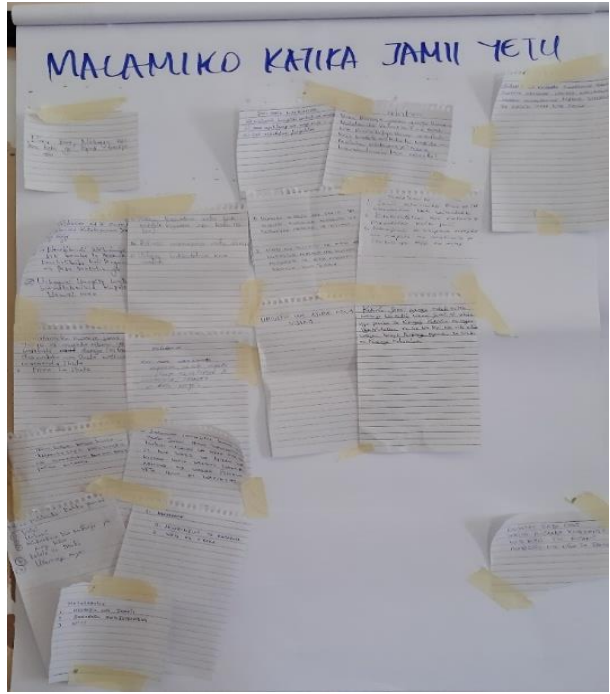


Top: CEA focal person amidst training session
Bottom: volunteers in group work during training

Volunteers collecting feedback as practical session during the training in Zanzibar



Staff and Volunteers training refugee operations



The above pictures display the use of flipcharts and sticky notes to engage volunteers during training sessions. On the left was the daily evaluation whilst on the right, volunteers list some of the challenges and complaints they witness within their communities

CEA AS INTEGRATED TO PROGRAMS AND EMERGENCE OPERATION

1. CEA during COVID-19

Tanzania like other country in the world, experienced COVID 19 pandemic and declared its first case for COVID 19 on 16th March, 2020. TRCS as first responder participated in the response under the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) in the National coordination meeting and allocated to the RCCE pillar. From the beginning, TRCS was assigned to implement community awareness activities in 31 regions to communicate key messages using mobile vans, megaphone, Bluetooth speakers, IEC materials and distribution of flash disks with key COVID 19 prevention prerecorded messages. Within the RCCE pillar the priority areas were identified basing on the case reports and other risks factors including point of entries along the borders, regions spotted to have high interactions. In all the 31 regions TRCS spotted the hotspots and deployed more than 3,000 community volunteers from respective areas to participate in awareness campaigns in collaboration with regional medical officer and health promotion units.



TRCS Volunteer in Dar in a launch session listening to the MOHCDGEC Director for preventive services,



A TRCS Volunteer in Zanzibar disseminating prerecorded Audio messages COVID 19 messages using megaphone and motorbike



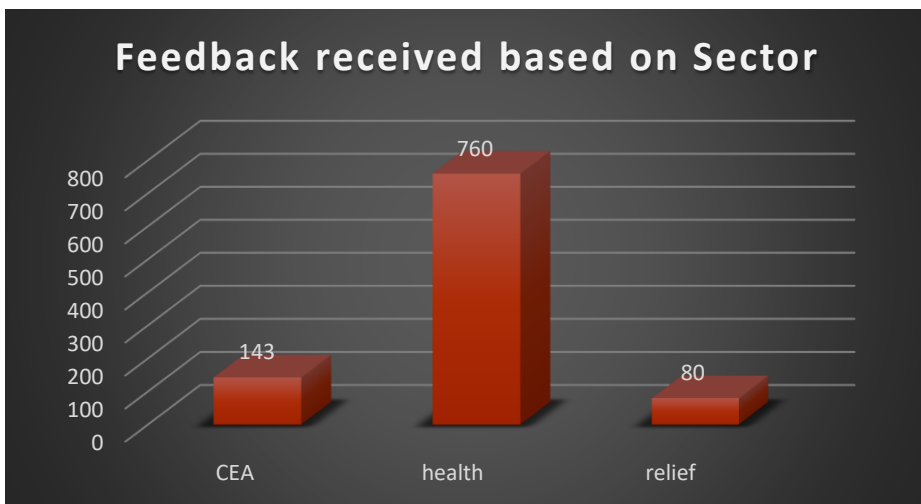
Volunteers disseminating COVID-19 message at mnada area where communities were engaged in dialogue

a. Community Feedback and Rumors Tracking

In implementation of COVID-19 response and preparedness activities, TRCS deployed CEA tools in collecting feedback, tracking myths, misconceptions and rumors. Volunteers from respective communities worked closely with community to track out myths, rumors and misinformation’s on COVID-19, as well as collecting feedback which in-turn informed the message development team, on type the of communication required to be shared through different media. Questions were asked during community dialogues, rumors tracked and reported for integrating in message development. TRCS was also among the team engaged in message development with other partners in the RCCE pillar, coordinated by MOHCDGEC.

Our engagement was mostly on Covid 19, thus more than 77% of the feedback were health related in COVID 19. Communities had many questions on the newly emerged pandemic. In reference to awareness methodology, of raising awareness using mobile vans and reaching out to communities in the hotspots, most of these events met with men, or when women were met they shy out to asking questions, thus most of the recorded questions were raised by men. Regions managed to record most of the questions include Dar es Salaam, Arusha and Zanzibar. Initially it was not easy to document the feedback due to restrictions for documenting COVID 19 issues.

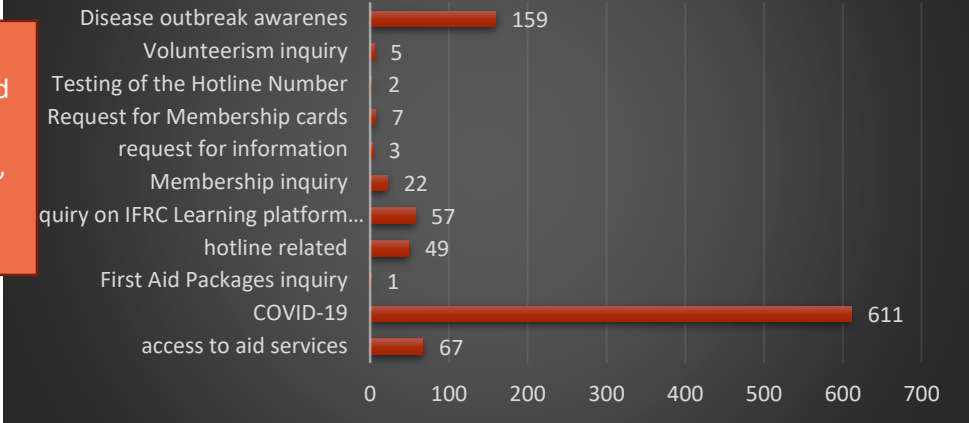
Graphic Feedback Analysis Summary



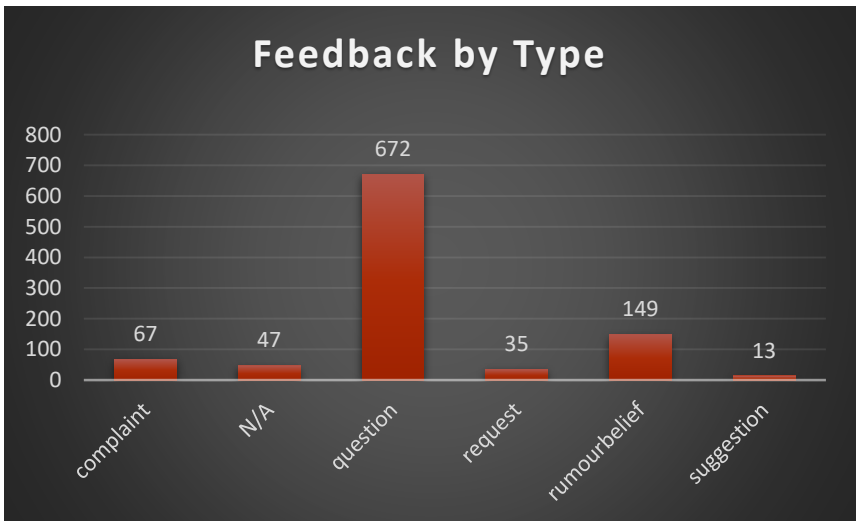
The graph above illustrates the **sectors** identified through the total number of feedback received.

Common Topics based on Feedback

Based on the feedback provided, the topics identified are as illustrated such as feedback based on COVID-19, Red Cross membership and access to aid services.



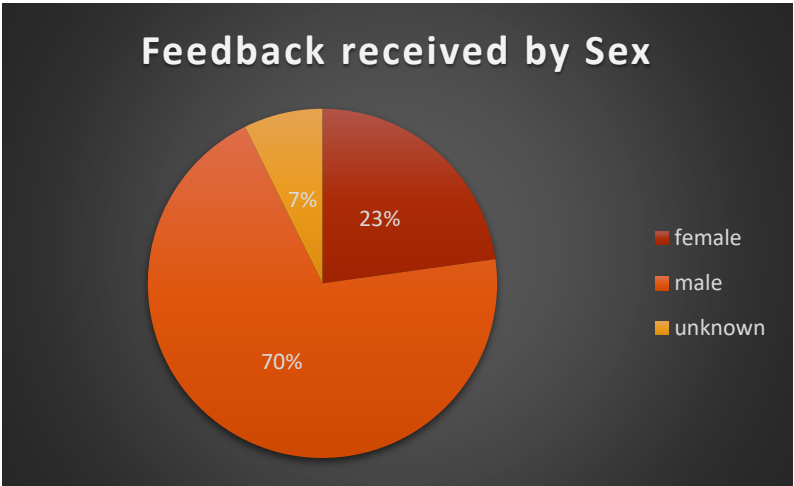
Feedback by Type

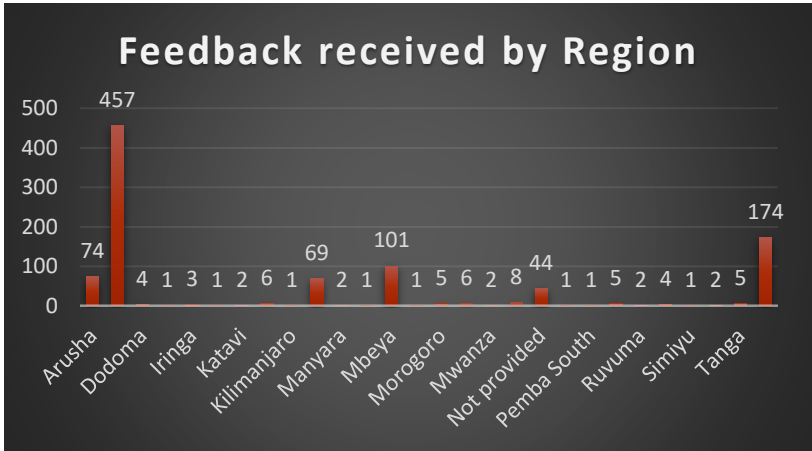


Based on the total number of feedback received, the feedback identified were categories into six feedback categories namely complaints, questions, requests, rumour/belief, suggestions and non-applicable feedback.

The graph above illustrates the sex distribution through the total number of feedback received. The graph above illustrates the sex distribution through the total number of feedback received.

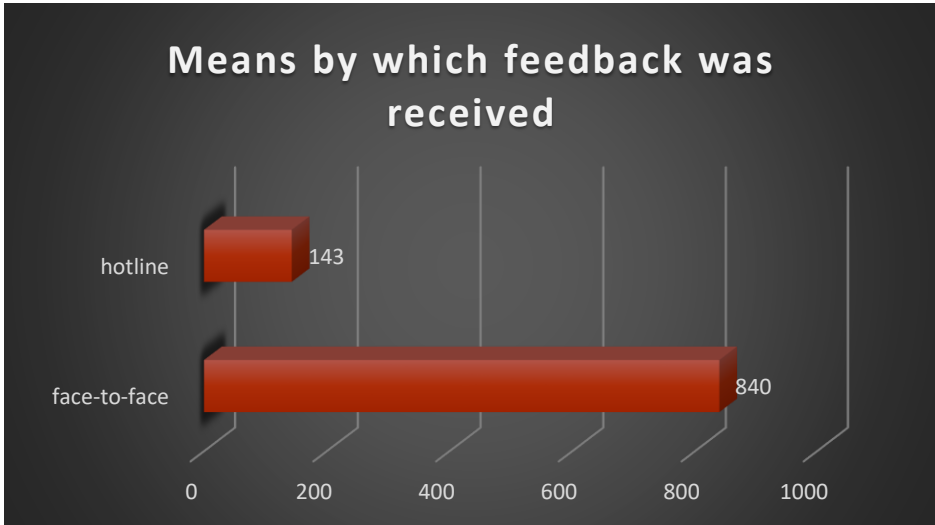
Feedback received by Sex





The graph above illustrates the regional distribution through the total number of feedback received..

The graph displays that the feedback received was either collected through the hotline number but largely through face-to-face volunteer interactions during program field activities.



b. Distribution of IEC Materials

TRCS used information as aid during project implementation; the Information Education and Communication (IEC) materials for sharing key COVID-19 messages were developed to ensure community takes effective preventive measures to combat COVID-19. Posters were portrayed in public open spaces; brochures were also distributed to individuals during awareness and placed in the public places and hotels.

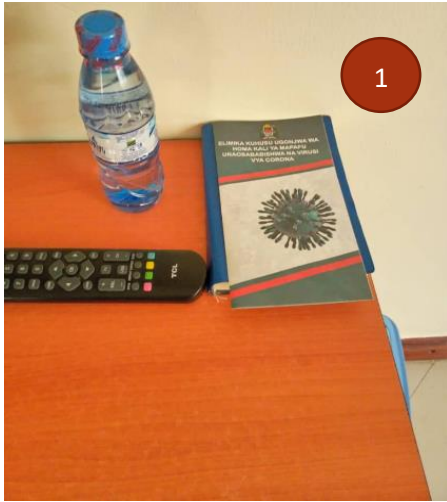


Display Of Posters In Public Open Spaces And Distribution Of Brochures With COVID 19 Key Messages.



c. Engagement of community structures in COVID-19 awareness

The active community structures during the peak period were also engaged in disseminating key messages through their existing platforms like faith houses, markets, Mnadani, community groups, hotels, public transporters, few to mention. These also participated in distribution of IEC materials and dissemination of pre-recorded key messages through the flash disks. The structures also give room for health promotion officers and volunteers to attend in their areas and disseminate the COVID 19 key messages. Nevertheless, key influential people were also engaged to communicate risk through different media.



1. COVID 19 brochure placed in Hotel room in Arusha
2. Sharing COVID 19 key message and distribution of IEC materials in public transport
3. Volunteers disseminating COVID 19 Key messages at boda boda waiting posts
4. Volunteers and health promotion officers disseminating COVID 19 messages in one of the churches.



d. Social and Behavior change practices in COVID-19

Major preventive measures for COVID-19 required personal or social actions irregular to the normal social life especially for Tanzanian culture. The awareness teams worked hard to effectively foster positive behaviors. These include frequent hand washing, with flowing water and soap or sanitizer, avoiding gatherings by keeping 1meter distance to one another, wearing of masks, isolation of suspected cases and constant temperature test in public places. This had to be communicated frequently for adherence.



Minister for health, Director for preventive services MOH, demonstrating social distancing to volunteers in the launch of awareness campaigns.



Children with disabilities practicing social distancing and proper hand cleaning using sanitizer in Bukoba, following all the steps, led by the HPO and volunteer.

e. Tele-Counseling Services

Trauma is amongst the Impact of COVID-19, taking this to consideration, TRCS established tele counseling services where staff, volunteers and affected people could call in and access psychosocial services. Given the nature of the pandemic, surveillance measures included social distancing and isolation, may rise to mental issues as an unintended consequence. Safety of volunteers was also among the issues considered. With limited societal awareness of addressing mental issues, the tele-counseling service was particularly important. The desk was operated by PSS RDRT and other volunteers trained in several operations to support the interventions at community level including flood response, elections campaigns and in the refugee operation.

| Participants | Males | Females | Total |
|---------------|-------|---------|-------|
| Pemba Island | 21 | 22 | 43 |
| Unguja Island | 25 | 35 | 60 |
| Lindi | 17 | 13 | 25 |

Volunteers kept records for all the service rendered, and follow ups made. In total more than 3000 individuals accessed services and 12 groups of workers who lost jobs in COVID 19 pandemic (such as porters in Kilimanjaro and hotel attendants) were around 3000. Most of the reasons for trauma was fear of pandemic, loss of the loved ones, contacting COVID 19, loss of job, lack of protection to service providers.

The health care workers were among the people who lost hope during COVID 19, due to contradicting guides, and restrictions over the COVID 19 measures. They accessed this service and were following up with the PSS services for some sessions till when they convalesced.

Telecounselling log.

| SN | Personal Details | | | Mobile Number | Disability | | If yes, describe | SocioEconomic Activity | Marital Status | | FBS Case Ctl | | | Cause of Need FBS | | For how long? | FBS Case Ctl Status | | Remarks |
|----|-----------------------|-----|-----|---------------|------------|----|---------------------|------------------------|----------------|----------|--------------|-------|---------------------|-------------------|-------------------|---------------|---------------------|-------------|------------------------|
| | Gender | Age | Age | | Yes | No | | | Married | Divorced | Single | Widow | New Case | Out Case | Type of Complaint | | Start Date | Closed Case | |
| 1 | GODWIN MIBARAO | M | 60 | 75843380 | | | | HOTELIER | V | | V | | CHRONIC DISEASES | 1st JANUARY | TEN MONTHS | | | | On-going |
| 2 | BRETHELA LIGHTWAGO | F | 33 | 68118008 | | | | WIDOW | | | V | | GRIEF | 1st JULY | THREE YEARS | | | | On-going |
| 3 | ANITHA MIBARAO | F | 49 | 82462584 | | | | TEACHER | | V | | | FEAR OF THE UNKNOWN | 1st JANUARY | THREE MONTHS | | | | In progress |
| 4 | STELINA LIGHTWAGO | F | 56 | 82462584 | | | | VOLUNTEER | V | | V | | HARD LIFE | 1st JULY | TWO YEARS | | | | on-going |
| 5 | ESTER JENEDY | F | 29 | 74726340 | | | | FARMER | V | | V | | STRESS | 1st JULY | EIGHTEEN MONTHS | | | | In place |
| 6 | SARAHU MIBARAO | F | 43 | 68626340 | | | | FARMER | V | | V | | UNEMPLOYMENT | 1st JULY | TWELVE MONTHS | | | | In place |
| 7 | BILGARETH MANTON | F | 42 | 68571002 | | | | VOLUNTEER | V | | V | | FAMILY MATTERS | 1st JULY | NINE MONTHS | | | | on-going |
| 8 | VICTORIA MATHAYO | F | 56 | 71259334 | | | | TEACHER | V | | V | | WORK PLACE CONFLICT | 1st JULY | ONE YEAR | | V | V | on-going |
| 9 | DIIONEIA ROMAN | F | 33 | 78200738 | | | | EMPLOYEE | V | | V | | STRESS | 1st JULY | CONTINUING | | V | V | Good progress |
| 10 | NOVEMBER ROMAN | M | 47 | 75843384 | | | | MIT-VOLUNTEER | V | | V | | STRESS | 1st JULY | CONTINUING | | | | Good progress |
| 11 | ASHURA RUMCHANI | F | 40 | 75843384 | | | | MIT-VOLUNTEER | V | | V | | STRESS | 1st JULY | CONTINUING | | | | Proceeding case |
| 12 | BEN LUDO | M | 32 | 74299311 | | | | MIT-VOLUNTEER | V | | V | | STRESS | 1st JULY | CONTINUING | | | | Proceeding case |
| 13 | TYNENAYE OLIVER | F | 30 | 75214006 | | | | MIT-VOLUNTEER | V | | V | | STRESS | 1st JULY | CONTINUING | | | | Good progress so far |
| 14 | NINTINJAE OLIVER | F | 28 | 74899177 | | | | MIT-VOLUNTEER | V | | V | | STRESS | 1st JULY | CONTINUING | V | | | Successful counselling |
| 15 | INABARIANA ELILE | F | 31 | 74944656 | | | | MIT-VOLUNTEER | V | | V | | STRESS | 1st AUG | CONTINUING | | | | Proceeding case |
| 16 | ROSE JEROME | F | 29 | 75094657 | | | | EMPLOYEE | V | | V | | STRESS & ANXIETY | 1st AUG | THREE MONTHS | | | | Proceeding case |
| 17 | BERNINA BULIBURI | F | 33 | 75741008 | | | | ENTREPRENEUR | V | | V | | FAMILY AFFAIRS | 1st AUG | THREE MONTHS | | | | Good progress so far |
| 18 | ULIANA ROMANUS | F | 34 | 71623634 | | | | TEACHER | V | | V | | MARRIAGE CHALLENGES | 1st AUG | THREE MONTHS | | | | Proceeding case |
| 19 | INDRO MOSES | M | 37 | 75284649 | | | | PHYSION | V | | V | | RELIGION CONFLICT | 1st AUG | TWO MONTHS | | | | On-going case |
| 20 | MARIBANDA PAUL | M | 47 | 71007868 | | | | PASTOR | V | | V | | MARRIAGE MATTERS | 1st AUG | THREE YEARS | | | | On-going case |
| 21 | VALENTI MALOA | M | 48 | 85501222 | | | | JOURNALIST | V | | V | | WORK PLACE WORK | 1st AUG | TWO YEARS | | | | On-going case |
| 22 | ALFRED SALISON | M | 28 | 71314533 | | | | HOTELIER | V | | V | | ANXIETY | 1st AUG | ONE YEAR | | | | Continuing in place |
| 23 | ULIANA P. MATHAYO | M | 22 | 74998344 | | | | STUDENT | V | | V | | STRESS | 1st AUG | 8 MONTHS | | | | Continuing in place |
| 24 | JANETH ALMASI | F | 29 | 74550273 | | | | NURSE | V | | V | | DEPRESSION | 1st AUG | THREE MONTHS | | | | Proceeding case |
| 25 | DOROTHEA PALIRA | F | 68 | 76417741 | | | | PADME | V | | V | | RECURRING SICKNESS | 1st AUG | 7 MONTHS | | | | On-going |
| 26 | EVA ELIAS | F | 58 | 87028790 | | | | PASTOR | V | | V | | CHRONIC DISEASES | 1st AUG | TWO YEARS | | | | On-going case |
| 27 | LIANY PANTEL | F | 44 | 67233613 | | | Physical disability | ENTREPRENEUR | V | | V | | FAMILY BREAUP | 1st JULY | THREE MONTHS | | | | On-going case |
| 28 | THELINA BENJAMINE | F | 21 | 76284124 | | | Blind | HOUSE WIFE | V | | V | | LOWELINESS | 1st AUG | THREE WEEKS | | | | On-going case |
| 29 | IMADI NURDIDI MOSEEN | M | 25 | 76244602 | | | | GROCCER | V | | V | | REFLECTION | 1st JULY | FIVE WEEKS | | | | Continuing |
| 30 | RAJASRANI ETOGOTA | M | 43 | 74454509 | | | | DIETICIAN | V | | V | | DEPRESSION | 1st AUG | ONE MONTH | | | | In Progress |
| 31 | PILBERT SEVERIN MINJA | M | 36 | 73434662 | | | | CARE GIVER | V | | V | | DEBTS | 1st JULY | FOUR MONTHS | | | | Proceeding case |
| 32 | ULIANA ROMANUS | F | 42 | 78718997 | | | | SOCIAL WORKER | V | | V | | BETRAYAL | 1st JULY | TWO MONTHS | | | | Continuing |
| 33 | INDIRA MOSEEN | M | 21 | 74233636 | | | | ENTREPRENEUR | V | | V | | DEBTS | 1st JULY | TWO MONTHS | | | | Proceeding case |
| 34 | LILE GODFREY AMPANDO | M | 21 | 74231543 | | | | MIT AIDS | V | | V | | STIGMATIZATION | 1st AUG | FOUR YEARS | | | | On-going |
| 35 | HASHAM H. MOSEEN | M | 20 | 78297862 | | | | ENTREPRENEUR | V | | V | | DEBTS | 1st JULY | ONE YEAR | | | | on-going |

2. CEA in Flood Response

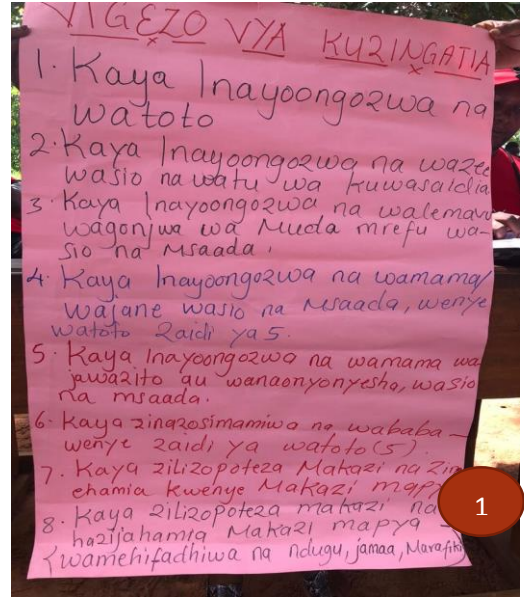
In 2020, Tanzania experienced several flash floods in more than 9 regions, major being in Lindi region where the entire village was swept off leading to devastating effects leaving thousands of people homeless and displaced. Other regions being Mara, Kagera, Kilimanjaro, Kigoma, Mwanza, Tanga, Manyara and Arusha. In response, TRCS provided humanitarian relief assistance such as cash transfer, shelter toolkit, non-food items, orientation on hygiene promotion, GBV, and PSS. As part of community engagement and accountability (CEA) affected population fully participated in all stages of response from assessment stage, planning response mechanism, beneficiary identification, distribution, feedback collection and addressing, monitoring and lesson learnt.

The feedback mechanisms were identified by communities themselves which in most cases were help desks and suggestion boxes placed in areas of their preference. Help desks were set in distribution sites and in the isolation centers accessed by majority. Additionally, the community committees were formed to coordinate the response, including beneficiary selection. The selection criteria were set in the community meeting, the identified beneficiary lists were pasted in community notice board for community review and comments. Community members were also consulted during the assessment phases before relief items were provided but also during the selection of beneficiaries. The response mechanism deployed was in kind, cash, and vouchers.

Capacity building was done to community volunteers selected from effected population basing on different knowledge and experience. In health-related training, community health workers of respective areas led the team of other volunteers in hygiene promotion, epidemic control and other health related interventions. In PSS and GBV related interventions, para social workers and teachers participated in training and provided the service to affected population. TRCS also engaged community masons and volunteers with carpentry experience in orientation and shelter constructions. The team engaged affected communities. During assessments volunteers with knowledge in the use of android mobile phones were prioritized for deployment. To mention a few, but this reflects community participation which in turn established Red Cross branches in all response areas where we had no branches, and more members joined in areas where branches existed before. Nevertheless, other communities participated in the work which were performed by volunteers.



2



1



3

1. Beneficiary selection criteria in Lindi flood response as displayed during community meeting
2. Beneficiaries observing beneficiary list as shared by community committee
3. Community committee working for beneficiary identification, represented by different groups from community.



4

4. Community engagement activities for hygiene promotion in Lindi, drama groups
5. Cinema show



5



Help desk located at the new settlements for easy access by the flood affected community in Njinjo village Lindi



Volunteers capturing stories from children during PSS services after floods disaster Njinjo village Lindi.

3. CEA in Food Security Project

In Kiteto food security project aiming at climate change adaptation and improving food security by providing livestock pastures, maize seeds and livestock fodder. As part of CEA, 24 volunteers and village leaders participated in CEA training aiming at integration in program implementation. This include participation in baseline survey, beneficiaries identified by the community committees which was appointed by communities. After identification of the beneficiaries, the names were returned to the community to verify if the beneficiaries meet selection criteria set by communities. A final beneficiaries list was then created after the verification process. This improved accountability of the project and also increased acceptance of the project which is among of the outcomes of community engagement and accountability (CEA).



1. The Maasai community committees in Kiteto established to represent community in decision making meeting
2. Community participation in drawing community Maps for EVCA

4. CEA in Water, Sanitation and Hygiene (WASH)

In Simanjiro, Tanzania Red Cross Society in collaboration with Spanish Red Cross Society implemented WASH project working to improve access to water for human consumption and sanitation. The WASH project was implemented in five villages namely Endonyongijape, Irkujit, Orikrungu'rung', Narosoito and Lormorijoi. CEA activities that were carried out during this operation included community participation in meetings, focused group meeting, door-to-door feedback collection, presentation of proper hand-washing by local Red Cross volunteers as well as the use of village representatives to advocate for the concerns of the pastoralist Maasai people. The project indicated that the CEA process contributed to the project objective by ensuring sustainability and ownership by the targeted. Additionally, it enabled challenges and complaints to be addressed easily and simultaneously as the project is on-going leading to better programme improvement of the planned activities and results.

Moreover, WASH project in both Buhigwe and Uvinza districts in Kigoma with financial and technical support from Belgium Red Cross-Flanders incorporated CEA approach. The project team developed CEA components into WASH standard operating procedure with technical support from the CEA desk. The WASH project ensured community participation by including WASH software like Community-Led total sanitation, WASH in schools (SWASH) and San-Marketing (sanitation in markets). This necessitated the involvement of targeted communities in the area of health and sanitation and this created active participation during project implementation.

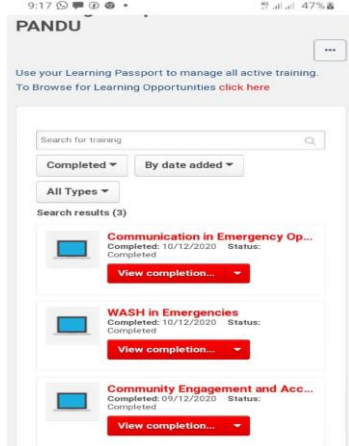


Local volunteers monitoring of hand-washing practices that were shared in communities and the local innovative tools to change such behavioral change.



Focused Group Discussions held after the completion of project with local volunteers in order to learn the best practices of the programme and areas of improvement.

CEA ONLINE LEARNING



TRCS promoted online learning as part of the training session. At least 50 volunteers completed the CEA in Disaster and CEA during times of COVID 19 online courses. However, this was not only limited to CEA, but also other topics as well.

OVERVIEW OF CEA AT TRCS

1. SWOT Analysis

In so far, TRCS has achieved the institutionalization of CEA within the National Society. But an objective self-evaluation also assists us to understand where our strengths lie and where more effort needs to be placed.

| Strength | Area of improvement |
|---|--|
| <ul style="list-style-type: none"> • Development of CEA guiding documents • In cooperation of CEA in National society plans (strategic development plan) • Training of staffs in HQ and programs areas as well volunteers in few branches. • Assimilation of CEA and some of the national society's ongoing programs. • Printing of CEA IEC materials (stickers and banners) • The NS has strong decentralized structures at all levels • The NS has a large network of volunteers who can facilitate the dissemination of information. • The leadership of the NS is committed to implementing the CEA approach • Presence of a system to track broadcast information | <ul style="list-style-type: none"> • Few IEC materials • Inadequate branch training across the country • Increase integration of CEA activities across all nation society's programs and operations. • Inconsistent translation of the CEA documents • Some projects/programs have little participatory approach in their planning and implementation • CEA is not popularized at all levels of the NS • Knowledge gap for volunteers collecting feedback from community • |
| Opportunities | Threats |
| <ul style="list-style-type: none"> • Nation-wide network of trained volunteers in CEA. | <ul style="list-style-type: none"> • Insufficient funds limit the operationalization of CEA activities. |

| | |
|--|--|
| <ul style="list-style-type: none"> • Opportunity to become an example to other National Societies, Partner Agencies as well as the Government once TRCS' illustrates its ability to integrate CEA in its activities. • Good collaboration with governments and other humanitarian actors. • CEA recognized by other partners being RCRC idea worldwide, and request for reference/expertise | <ul style="list-style-type: none"> • Lack of capacity building will result in half-baked CEA results. • Low adherence of some actors and the community due to the fear of disclosure of mistreatments. • Other donors who may not be willing to support the integration CEA into the donor plans. |
|--|--|

2. Recommendations

The integration of CEA at TRCS has achieved a great mileage so far with the top management supporting it and CEA being integrated into the ongoing programs and operations as well trainings at branch levels but however still there is a great work to be done in order to cement CEA and it to become an identity of the national society. The following below are some of the recommendations

- Continuing Supporting NS and programs in CEA integration
- Increase training at branch level from three to all branches across the country
- Include CEA in donor funding documents so it can have a specific budget in a program/project
- Partnering with other organization working in community as part of learning and research
- Having a consistent translation of the CEA and other organization communication materials and tools to local languages.

3. Way Forward

- Establishment of coordinated NS Community Engagement and Accountability working group
- Improve feedback collection from paper based to automated system
- Continue with staff and volunteer's engagement in CEA including training.

4. Financial status:

- The budget has been fully utilized, despite the pending payment for printing of CEA policy and guideline.

| Expenditure Description | Budget Amount (Tshs) | Payments Amount (Tshs) | Balance | Payments % |
|--|----------------------|------------------------|--------------|------------|
| CEA TRAINING | 26,500,000.00 | 26,551,776.00 | - 51,776.00 | 100.20 |
| CEA Volunteer allowances | 12,625,000.00 | 12,600,000.00 | 25,000.00 | 99.80 |
| Translation and printing of CEA guide and tool kits into Swahili | 8,580,212.00 | 1,850,000.00 | 6,730,212.00 | 21.56 |
| Toll Free Number Sep 2020-March 2021 | 500,000.00 | 520,523.24 | - 20,523.24 | 104.10 |
| | 48,205,212.00 | 41,522,299.24 | 6,682,912.76 | |
| Balance C/D | | | 6,682,912.76 | 86% |