

Impact Report

The faces of community resilience

The Covid-19 response in East and Central Africa



tearfund

Our Work in East and Central Africa

Tearfund is a Christian International organisation that partners with churches in more than 50 countries.

We tackle poverty and injustice through sustainable development by responding to disasters and challenging injustice. Thousands of people needlessly suffer and die every day because of poverty. But that's not God's plan for the world. We believe that we can all play a part in ending extreme poverty and injustice by reaching out to people in need.

Our **vision** is to see people freed from poverty, living transformed lives and reaching their God-given potential.

Our **mission** is to follow Jesus where the need is greatest, responding to crises and partnering with local churches to bring restoration to people living in poverty.



Church and Community Transformation (CCT): unlocking the potential of local churches and communities, to see change happening in even the most remote areas in a cost-effective, holistic and sustainable way.

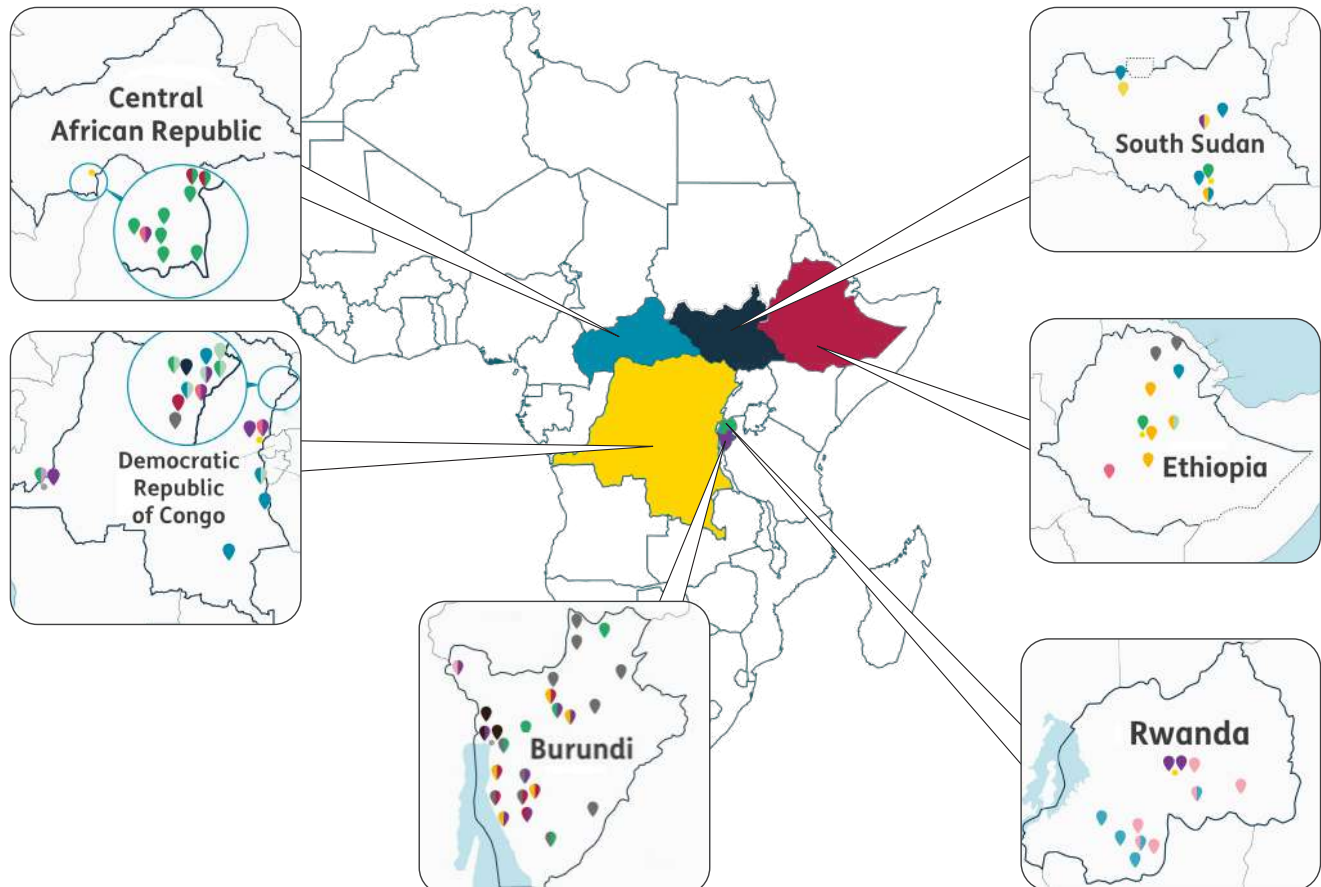


Environmental and Economic Sustainability (EES): committing to relief and development that is environmentally and economically sustainable and reduces exposure to and the impact of risk. We are called to take care of the whole of God's creation.



Fragile States: committing to places of protracted crisis and conflict for the long haul, to see communities thrive as peace, hope and relationships are restored.

Where we work



Contents

Acronyms.....	4
Foreword.....	6
Executive Summary.....	7
1. The health surprise of the 21st century-How Covid-19 affected communities in East and Central Africa.....	8
Comparative data on Covid-19 in the countries supported by Tearfund in the ECA Region.....	9
2. Our shared humanity-Tearfund’s Covid-19 response in East and Central Africa.....	10
Tearfund’s Covid-19 response in East and Central Africa.....	10
2.1 The role of the church and Christian organisations in responding to Covid-19.....	10
2.1.1. The power of local partnership.....	12
2.1.2. Raising awareness and fighting misinformation about the pandemic.....	13
2.1.3 Responding to basic needs first.....	15
2.1.4. Spiritual and Emotional Support	16
2.2. Empathy – our motto: designing programmes centred around community needs.....	18
2.3. Sharing the light - Responding to Covid-19 in fragile contexts.....	20
3. Impact Dashboard.....	22
4. Lessons learned.....	23
5. Together we are strong	25
6. Working hand in hand	26
6.1 A thank you note	26
6.2 Our partners	26
6.2 Budget Allocation.....	27

Acronyms

AEC: Alliance des Évangéliques en Centrafrique

AMU: Association Mwana Ukundwa

CAR: Central African Republic

CCT: church and community transformation

DRC: Democratic Republic of Congo

EASS: The Evangelical Alliance of South Sudan

ECA: East and Central Africa

EKHC: Ethiopian Kale Heywet Church

FSA: Friendship Support Association

IDPs: Internally Displaced People

NFI: non-food items

PPE: personal protective equipment

RCCE: Risk Communication and Community Engagement

RECOs: relais communautaires (community health workers)

SHG: Self-help group

SMS: Short Message Service

UN: United Nations

WASH: water, sanitation and hygiene

WHO: World Health Organisation

WKHC TDA: Wolaita Kale Heywet Church Terpeza Development Association

‘Loving one another and working together using God-given resources, and having the ability to give to the poor, is a way to transformation.’



Foreword

The East and Central Africa (ECA) regional office works to support countries through our corporate priorities: church and community transformation, economic and environmental sustainability, and fragile states. For over 50 years, Tearfund has been responding to local crises, emergencies and disasters in different countries. However, nobody anticipated a global-scale disaster such as the Covid-19 pandemic.

As an organisation that works in fragile contexts, the pandemic had a strong impact on the communities we work with. It became extremely difficult to travel to our intervention sites to reach and serve remote communities, and we had staff members stuck in different locations. Global and country-specific restrictions slowed down the movement of people and goods. As the pandemic paralysed the globe, problems that countries in the ECA region were already facing did not change. For instance, the war in the Democratic Republic of Congo (DRC), the drought and locust outbreak in Ethiopia, and flooding in South Sudan did not stop. Covid-19 was an additional challenge on top of the multiple issues and crises people in the region had to address.

In the early days, no one knew exactly what was happening, how to respond effectively, or why some countries had higher cases than others. As an organisation, we continued to provide relief to communities across several countries. In ECA, we reached out to communities who were already in our programmes and also went beyond. At the beginning of the pandemic, we focused on providing personal protective equipment (PPE) such as masks. We developed a number of Covid-19 awareness campaigns to inform people about the pandemic and how to protect themselves and their families.

Because countries were affected differently, we decided to customise our interventions to their contexts. We redefined how we work and found new ways of responding to difficult and complicated situations. We collaborated with local governments and church leaders to channel support to the communities. We raised awareness of the pandemic through social media, online platforms and other channels that would allow us to reach as many people as possible.



A lot has been achieved in fighting Covid-19, and many lessons have been learned. Tomorrow remains uncertain, but we continue to support the most vulnerable wherever we work.

One of our biggest wins during our Covid-19 response interventions was seeing the effect of our early work, where we had already built resilience. Some of the participants in our programmes were able to help others in their communities and protect their own assets and businesses. Also, our established partnership with churches and local Christian organisations was extremely useful. They were already working within the communities, so channelling Covid-19 awareness messaging and support through them proved effective.

We are grateful to our supporters and funders, who quickly mobilised resources to support communities across the ECA region. I am proud of our staff, who, when people didn't really know what was happening, worked tirelessly over that period to help others in need. And I thank God who gave us the strength and means to face this pandemic.

**Douwe Dijkstra - Regional Director,
East and Central Africa.**

Executive Summary

On 11 March 2020, Covid-19 was declared a global pandemic by the World Health Organisation (WHO). Across continents, most countries were affected by an increasing number of cases, and even established health systems were overwhelmed.

In addition to human losses and immediate health repercussions, Covid-19 had a negative socio-economic impact on the world. Many people lost their jobs and sources of income, and the food chain was disrupted, which caused food insecurity in many countries. As the world was focused on Covid-19, other health issues were neglected. In low-income countries, inadequate welfare and social protection schemes, limited health-care infrastructures, unstable employment and food shortages compounded the impact of Covid-19.

This report presents the interventions of Tearfund in six East and Central African countries: Burundi, the Central African Republic (CAR), the Democratic Republic of Congo (DRC), Ethiopia, Rwanda and South Sudan. From March 2020 we adopted a variety of approaches to fight the pandemic, and response activities were implemented in the region to help churches, communities and key partner organisations to stay safe and support themselves and others.

Each country-specific intervention was contextualised and complemented governments' efforts to mitigate the effects of Covid-19 on the population. We collaborated closely with our partners to intervene promptly and support the most vulnerable communities. Within each country, implementing partners developed relief

packages tailored to communities' needs.

Over 546,000 people received protective and hygiene materials as a part of Tearfund's overall strategy to protect people and reduce the transmission of Covid-19 within communities.

We produced and translated approximately 10,000 educational messages in multiple languages. These messages were spread to an estimated 11,529,442 community members using various channels such as print, broadcast media, outdoor events and social media.

Tearfund trained churches and religious leaders from 2,558 institutions on Covid-19: its transmission, prevention, and counteracting false information about the virus.

These leaders spread the message by organising awareness and prevention campaigns, round-table conversations in the community, and radio and television broadcasting. Religious leaders also trained community leaders on Covid-19 awareness.

We provided PPE (personal protective equipment) to protect individuals and communities, and attended to the socio-economic repercussions of the pandemic. The overall cost of our Covid-19 response in the region was £1,945,334.

The close collaboration between Tearfund, partner organisations, local government officials, health professionals, community workers and communities made it possible to achieve good results and resilience.



546 000+
People received protective and hygienic materials



10,000+
Educational messaging in multiple languages were produced



11,500 000+
Community members were reached by our messaging



3 409
Church and religious leaders were trained



74,670
Received food and cash vouchers



350 000+
Received water, hygiene and sanitation support

The health surprise of the 21st century

How Covid-19 affected communities in East and Central Africa

‘Covid-19 is an infectious disease caused by the virus SARS-CoV-2 or severe acute respiratory syndrome coronavirus 2.’ (WHO, 2020).

2020 began like previous years; no one was ready for a health catastrophe. Covid-19 had started in 2019 and by the beginning of January, 1,985 people had been infected and 53 had died. Two months later, the disease had escalated to 370,411 confirmed cases worldwide. Around that time, most ECA countries had begun to report their first cases in their respective territories. In March 2020, Covid-19 was declared a global pandemic, and the world fell into chaos. Countries gradually began to impose restrictions and lockdowns, many borders were closed to the outside world, and countries’ entry requirements were tightened.

Due to the fragile public health infrastructures in most African countries, there was substantial concern that the pandemic might kill millions of people in the continent. To date, only three per cent of six million recorded deaths globally have been in Africa. However, the pandemic had a significant impact on the African continent’s health, food production systems, people’s livelihoods and mental status. Social, economic and political factors created a complex environment that made it more difficult to respond to Covid-19.

In East and Central Africa, before the outbreak, countries were already facing a multitude of crises. Desert locust swarms, environmental degradation and climate change hazards were causing droughts and floods and food insecurity. Inflation and fluctuations in food prices, and lack of livelihood opportunities, kept people poor. Armed conflicts, large numbers of Internally Displaced People (IDPs), and refugees in the DRC, Ethiopia and South Sudan

keep the countries in a state of instability, affecting other development sectors. Weak health-care systems also made it harder to prevent the spread of Covid-19 and treat the disease.

Covid-19 prolonged people’s exposure to extreme poverty and increased the fragility of the self-reliance projects that they had already established within their communities. Covid-19 pushed some people back into poverty. Lockdowns and school closures meant more girls and women were at risk of sexual and gender-based violence. Even when restrictions were lifted, many students had dropped out of school and decided to look for jobs to support their family. Early marriage of young girls is on the rise in Ethiopia and South Sudan. With the focus on the pandemic, other diseases were neglected.

Some children missed key vaccines. Daily workers were hit hard by Covid-19; there were less opportunities to earn an income and many lost their jobs. Companies and businesses had to close, and all of these factors caused recession and the collapse of the economy in many countries.

Covid-19 came as a shock – an unpredicted crisis; no institution could measure the scale of its impact on nations. Even churches, the usual source of hope for many, had to close their doors. Church services were disrupted and congregations had to rely on broadcasted online services. Similar to other international development actors who availed and released relief aid, Tearfund intervened in the region to help the people mitigate the effects of Covid-19.

Comparative data on Covid-19 in the countries supported by Tearfund in the ECA Region.

Confirmed cases



World Data	Burundi	CAR	DRC	Ethiopia	Rwanda	South Sudan
523,786,368	41,897	14,371	87,633	471,423	130,003	17,575

Cumulative Deaths



6,279,667	15	113	1,338	7,512	1,459	138
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Vaccination rates



66%	0.1%	21%	2%	21%	68%	5.9%
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Source: WHO and Our World in Data as of May 23, 2022.
<https://covid19.who.int/> and <https://ourworldindata.org/covid-vaccinations>



Photo: South Sudan/Tearfund

Our shared humanity

Tearfund's Covid-19 response in East and Central Africa

2.1 The role of the church and Christian organisations in responding to Covid-19

‘Religious leaders, with their considerable influence on the hearts and minds of millions of people, have a powerful role to play in guiding the response to the pandemic.’

UN High Commissioner for Human Rights,
Michelle Bachelet

Religion has a significant role in the lives of at least 84 per cent of the world's population. In East and Central Africa, the majority of the people living in the region practise Christian faith. (This ranges between 60.5 per cent in South Sudan, 62.8 per cent in Ethiopia, 89.5 per cent in CAR, 91.5 per cent in Burundi, 93.4 per cent in Rwanda and 95.8 per cent in the DRC.) Furthermore, the percentage of people unaffiliated with any faith remains extremely low, demonstrating that religious practice plays a critical role in the region. (Less than 0.1 per cent of the population in Burundi and Ethiopia are unaffiliated with any faith. In South Sudan 0.5 per cent are unaffiliated with any faith, and the figure remains low in other countries in the region as well: one per cent in CAR, 1.8 per cent in the DRC and 3.6 per cent in Rwanda.)

Churches and local faith actors play an invaluable role in humanitarian preparedness and response, often supporting the most vulnerable to access government services. They are often present in hard-to-access and insecure regions where no other networks are present, and are the first responders in the aftermath of disasters. Tearfund has a strong tradition of partnering with Christian faith-based organisations. In our response to Covid-19, established and long-existing church structures and an existing framework provided access to communities at grassroots level. And utilising the established structures resulted in strong community mobilisation capacity. In some instances, communities were able to raise local resources.

These key stakeholders aided in the swift design and provision of support to communities. Despite lockdowns, travel difficulties and the closure of most

public locations, including churches, church leaders engaged in an enormous number of community mobilisation activities. These faith leaders were not daunted by the hurdles and worked with Tearfund staff in the six nations to serve their communities. This had a demonstrable impact on individual and community emotional wellbeing. Humanitarian disasters, such as the pandemic, have consequences that are not only physical and financial but also spiritual. Church and faith leaders provided holistic support to affected communities.

Since the pandemic's onset, one of Tearfund's highest priorities has been to provide people with accurate information about the disease, increasing their access to reliable public health information and advice as well as effective prevention methods as approved by the World Health Organisation. Churches played a big role in raising awareness about how Covid-19 was spread and which precautions needed to be taken. Working with the local church brought significant change, and an effective mechanism that extended the reach of various response activities and assured their sustainability.

Testimony

‘I have four children and a wife, and earn my daily wages by painting’ says Sibomana. ‘Since the lockdown, I have not worked and getting access to money and food has been difficult. I had no savings. I met my Pastor to sell him my radio so I could buy food for my family after two days of hunger. All I had at home was the rain water collected from the day's downpour. That evening at home I was looking for someone to buy the radio. Fortunately, the church provided my family with food (5kgs of beans and rice). It was like a dream to me, God used the Pastor as an angel. I was particularly surprised because I am not a member of the church.’

Sibomana was supported by a CCT church in Ntarama, Rwanda.



Case Study

The church and community transformation (CCT) effect in the DRC and Rwanda

The CCT process takes churches on a journey to understand their calling, identify problems in their community, and use the resources they have to address those problems. Despite being an incredibly difficult time for many, Covid-19 provided a unique opportunity to see if the theory of CCT matched reality. A study was carried out in the DRC and Rwanda, comparing churches who had gone through the CCT process with those who hadn't, in both rural and urban settings. The goal was to determine the extent to which CCT churches understood, identified and responded to the needs of the community in response to the Covid-19 pandemic. The research showed that:



Both CCT and non-CCT churches had a good grasp of Covid-19 and its effects. However, the interpretation of the churches' role was different. CCT churches believed they could make a difference to those in greatest need, and had a sense of duty to do so. They held out hope that the effects could be alleviated. In general, the non-CCT churches seemed to view the situation as more hopeless, being beyond their, and the communities', control.



In Rwanda, CCT churches were proactive and used multiple approaches to raise awareness and resources to reach the communities. Two hundred and sixty-two of their members conducted awareness-raising sessions in communities on measures to prevent the spread of Covid-19. These churches also worked alongside local government officials to identify and support the households most negatively impacted by the pandemic. In the DRC, churches using CCT also participated in awareness-raising activities about Covid-19 prevention, whereas non-CCT churches did not participate actively during the pandemic.



It was perhaps CCT churches who had established self-help groups (SHGs) that made the biggest impact. This initiative involves small groups of local people meeting together regularly and contributing a small amount of money to a central savings pot. The money saved together is offered to members as a loan, to invest in a business or to meet an urgent need. The groups not only provide financial help, but a support network where members can learn and share together. During the pandemic, SHGs provided advantages to members including health insurance, an ongoing social support system and, because of emergency reserves they had built up, opportunities to provide soft loans for those struggling financially.



In Rwanda, CCT churches mobilised 46 SHGs to provide food items (flour, cooking oil, beans and rice) to 401 households. SHGs provided a sense of community and support when people most needed it. In comparison, only one non-CCT church in Rwanda proactively supported 30 households with food items.



In the DRC, one church leader noted that SHGs were active during the pandemic, creating awareness of and promoting appropriate prevention measures. Being a member of an SHG provided a security buffer for members, who could draw on financial support from the group when they were not able to work or save during the pandemic.



The research showed that the social and economic support SHGs offered to members cannot be underestimated. In one of the non-CCT churches, some church members lost their faith because of the despair and uncertainty of their livelihoods. On further probing, respondents suggested this might be caused by weak social and economic support among church members. Sadly, the research showed that those not part of SHGs or CCT churches were more likely to see increases in domestic violence, loneliness and trauma from the stress of the pandemic.



2.1.1. The power of local partnership

Tearfund acknowledges that faith actors are deeply rooted in the communities they serve. Due to limited movements within countries and from country to country, we had to find alternative solutions to reach communities and convey Covid-19 messages. Partnering with local faith actors and using local providers of goods and facemasks, PPE materials and hand sanitisers was very effective in reaching communities and responding to their needs; 546,000 people received protective and hygiene materials. We worked with our local partners and other community-based organisations to reach these people, who other large providers, such as the United Nations, struggled to access.

‘The training helped me to understand the severity of the pandemic and its potential consequences. I will share this information with my people from my own home, my church, and my community, so we can take the pandemic seriously and take action.’

CAR-Pastor Ferdinand Karios Feiboï, Mbaïki



Case Study

Reaching the grassroots in Ethiopia through devolved church structures and self-help groups

Adama, a city located in the central Oromia region of Ethiopia, was the second city to be affected by Covid-19 after Addis Ababa. The Ethiopian Kale Heywet Church Development Commission (EKHCDC) collaborated with the Adama City Health Office by organising awareness-creation sessions using different local languages. With effective coordination and communication, it has been easy for them to communicate Covid-19-related information. ‘We have coordination offices at the zonal office and project offices at every district, thus we can easily reach communities. We used SMS, telegram and WhatsApp to disseminate information,’ said Dinku Shumi, Programme Manager at EKHCDC.

Tearfund works with EKHCDC to support self-help

groups, which enable small groups of vulnerable people to support each other both financially and with mutual encouragement. Members begin by saving small amounts, which are used to start new businesses or to help when times are tough. Self-help groups are community based, they have a structure and work through their communities. According to Shumi, organised groups were very efficient: ‘The SHG structures were used by the government to reach the communities at the grassroots. The government health offices, city administrations and disability centres have utilised our SHG structure.’ Members of self-help groups were used to convey Covid-19 messaging, and distribute hygiene materials and other available resources in their communities.



2.1.2. Raising awareness and fighting misinformation about the pandemic

‘And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching.’

(Hebrews 10:24-25)



Photo: Rwanda/Tearfund

As Covid-19 was a new virus and its effects on health were less documented, myths, rumours and misinformation spread as fast as the disease. The spread of Covid-19 misinformation was noticed all around the world. Uncertainty and fear led people to search for information desperately, as it was difficult to find reliable public health information; many resorted to social media and other online sources.

Tearfund put a lot of effort into raising awareness of the pandemic. We engaged church leaders in sharing messages to fight misinformation. Awareness campaigns across ECA countries played a major role in correcting misconceptions about the pandemic. Building on the pre-existing trust between church leaders and communities, we witnessed a tremendous mindset shift.

Tearfund started by training faith and community leaders, who then raised awareness among people in their communities. They disseminated awareness-raising materials widely and using different means. In total, we trained church and religious leaders from 2,558 institutions on Covid-19: its transmission, prevention, and counteracting the false information that was being spread. Working with evangelical church leaders in this way increased people’s sense of security and hope, and communities became more conscious of the disease and how to prevent it.

In Ethiopia, Tearfund’s partner Wolaita Kale Heywet Church Terpeza Development Association (WKHC TDA) broadcasted Covid-19 preventive messaging through local radio stations.

‘Our biggest strength is our wide presence in the region. We have our churches in every village and Kebele (neighbourhood). They are all part of our network. People in the communities are members of the churches so we can easily spread messages. There is respect towards the churches and people accept what is said by the church. For example, if I now pass a message to 20 church fellowships, it can easily be transmitted to 1400 local churches.’

Executive Director of WKHC TDA- Bereket Tassew,

In larger cities, pick-up cars with microphones and speakers were used to go around cities and raise awareness about the disease.

In the DRC, Tearfund in collaboration with its local partner, ECC NK (Eglise du Christ au Congo-Province North Kivu), set up a task force mobilising 100 faith leaders from the city of Goma in order to relay prevention messages on Covid-19. They were trained on Covid-19 transmission and measures to avoid it (eg hygiene and sanitisation). These leaders, in turn, raised awareness among 72,000 people and demystified the misinformation about Covid-19. They carried the messages to their religious communities, often using social media. They also used the word of God to boost morale, as a lot of people were frustrated and afraid. Additionally, Tearfund strengthened water, sanitation and hygiene services in 78 health centres within the same communities.

Churches played a powerful role in shifting the attitude among those who questioned Covid-19’s prevalence and severity. Teams across the six countries of ECA developed and distributed approximately 10,000 messages that were spread to an estimated 4,043,000 people in the form of posters, leaflets, radio programmes, TV adverts and church sermons. Covid-19 messages were adapted and translated into various languages such as Swahili, Kirundi, Kinyarwanda and Amharic. It was shown that observing these Covid-19 measures saved lives, and access to information was a powerful weapon to contain mass contaminations.



Case Study

The DRC Nakataa Coronavirus (I refuse Coronavirus)

In the Democratic Republic of Congo, due to the country's history of Ebola outbreaks, communities had become sceptical of Ebola responders. Fake news on Covid-19 was spreading, so in order to avoid the stigmatisation of patients and responders, and to raise awareness, Tearfund started a media campaign called 'Nakataa Coronavirus', translated as 'I refuse coronavirus'.

'It's difficult to tell which information is a rumour and which is accurate. As a result, we've mobilised pastors who are trusted by their congregations to distribute appropriate teachings about Covid-19 as well as words of hope and encouragement. They are now disseminating accurate information, such as informing their church members that not attending church is not against the Bible, and they are experimenting with new ways to have services, such as on the radio and through social media groups'

Tearfund DRC Director -Hebdavi Muhindo

Messages on the prevention of Covid-19 were broadcast on social media and radio and shared via text messages. The aim of this campaign in the DRC was to prevent the spread of the virus by sharing crucial public health information.

Messages about coronavirus prevention were disseminated and reached a huge audience – including the most vulnerable people – via social media, using catchy messages, photos and videos. In the busy city of Goma, where many families are unable to meet their basic needs and water for handwashing is scarce, it became critical to target and reach young people who own phones and regularly use social media platforms such as WhatsApp and Facebook. Over 57,500 unique users of these platforms, the majority of whom are between the ages of 18 and 24, saw the Nakataa Coronavirus campaign. Sixty-five thousand people have received prevention messages via WhatsApp. Mass text messages reached an additional 67,500 people, and radio messages reached 75,000 people. With the right information, families could at least take adequate measures to protect their lives.

**IYI COVID-19 NI MAGOJWA
AMBAYO ILIANZA, TUJUWE
YA KWAMBA YATA KWISHA
TU HESHIMU MIPANGO YA
USAFI.**

Mgr Dr Levis MILEGHA MBALA.
Evêque Président Provincial de l'ECC/NORD-KIVU

tearfund ECC-NK

NAKATAA CORONAVIRUS

The provincial President of Tearfund's partner, Eglise du Christ au Congo. Message: "This disease that has come, will come to an end. Let's respect all hygiene rules".

2.1.3 Responding to basic needs first

To curb the spread of Covid-19, some countries entered full lockdown while others put in place a number of measures and restrictions. Although this significantly reduced the number of infections, many people in vulnerable situations, especially daily labourers, lost their daily wages and experienced food insecurity. In Rwanda and Ethiopia, Tearfund provided food items and cash vouchers to the most vulnerable in the communities – the poorest and low-income households. A total of 74,670 people from 13,537 homes, primarily women and children, received food commodities or financial aid through cash vouchers in Ethiopia and Rwanda.

Senait Tafese works in a hair salon in the city of Sodo, Ethiopia. She is married with three children. When she could no longer get an income from her job due to Covid-19 restrictions, she was supported with food items and cash vouchers. 'Food items were

provided to us at the early stages of the spread of the pandemic when the lockdown measures were very serious. We didn't have anything and we were in fear so the food items saved our lives,' says Senait.

"Before Covid-19, with my small business, I was able to feed my children, support them at school, pay health insurance for my family and resolve other basic needs. However, things changed during the pandemic. In the first week in lockdown, we ate all we had in the house and we started struggling during the prolonged lockdown. I am thankful to my church, through the church and community transformation programme they reached out to my family with food support and even supported 140 children at risk in our community."

Prisca, 37 years old, a mother of two and member of a self-help group in her church (Rwanda)



Case Study

Association Mwana Ukundwa mobilising churches to provide support

In Rwanda, the first case of Covid-19 was confirmed on 14 March 2020 and the churches were closed from 15 March until 19th July 2020. Given the swift enforcement of the lockdown restrictions, the churches did not have time to prepare in advance for the lockdown nor inform their congregations on changes in the fellowships' practices or new Covid-19 guidelines.

In the first days of Covid-19 in Rwanda, Tearfund partner Association Mwana Ukundwa (AMU) swiftly set up a communication network with community facilitators and church leaders who had been trained on church and community transformation.

This network was used to access information to identify those most affected by Covid-19 in churches and communities. Given the critical role of emails, social media and WhatsApp during the lockdown, smartphones were provided to those community facilitators who could not afford them.

Jean de Dieu Munguyiko, Programme Manager at AMU, says that the organisation mobilised 49 CCT-trained local churches to collect food items and other essentials from its church members.

This was redistributed to 13,011 needy households both in and outside their churches. Munguyiko emphasises the importance of collaboration:

"AMU would not have achieved anything had churches not cooperated. Churches played a big and important role in mobilising church members, identifying people in need and providing support to the needy. Most of the funding and support came from local churches and communities." He explains.



Photo: Rwanda/Tearfund

2.1.4. Spiritual and Emotional Support

"Covid-19 created great fear, but being part of a church gave us a sense of stability." A community member in Burundi

Covid-19 affected the spiritual and psychosocial aspects of people's wellbeing. In many countries, churches were closed; sports, leisure and entertainment facilities were closed; and communities lost access to their usual social, spiritual and mental support systems.

'We stopped meeting both at church and in big groups at home. Even our children could no longer go to school. Our habit of hugging each other was now prohibited. We were not allowed to visit sick people. Our way of life had suddenly changed.' Lily Ntumwa Ntabugi, an office worker from Goma (DRC)

Faith actors play an important role in providing holistic support to communities. Psychosocial support was essential in the region to promote hope and solidarity, and foster community resilience. Faith actors gave hope to communities that were terrified of the pandemic and its effects on their livelihoods, their health and mental status. Pastors and local leaders established themselves as a source of comfort for anxious communities.

Local Christian faith actors interviewed in East and Central Africa reported that the Covid-19 pandemic has affected their spiritual life and Christian fellowship in significant ways. National Covid-19 restrictions have forced Christian faith actors to adapt faith practices. Many local Christian faith actors also report that coordinating church activities has been difficult, due to the restrictions. A Tearfund partner from Rwanda states that church leaders could not access the entire congregation and many people missed the social support and fellowship

usually received through the church. Churches were required to have handwashing stations and purchase sanitisers and other hygiene products to comply with the Covid-19 regulations before they were allowed to reopen again. Some churches simply were not able to afford them.

A church partner from Rwanda also reported that some members have lost their faith because of despair and uncertainty about the future. Many local Christian faith actors provided pastoral care messages, which brought some hope and solidarity during the pandemic. Reverend Marcel, a pastor at PEIGO church (the International Evangelical Parish of Goma), testified:

'Just because we are isolated, we cannot say we will do nothing. God is revealing to us how we can reach out to those around us. Every Sunday I call my church members, often praying for them over the phone. Our church also has a WhatsApp group of around 60 members, and we have realised that even those who couldn't attend church services are now leading services and praying with their families at home.'

In Ethiopia, President Sahle-Work Zewde recognised the work of religious leaders in addressing the Covid-19 pandemic. She said that religious leaders have a great role to teach and encourage the people to apply all cautionary advice and convince the public that after darkness comes the light. Furthermore, the government relaxed the formerly strict rules on TV broadcasting to allow Christian and Muslim leaders to deliver lectures and prayers during Covid-19 restrictions.



Photo: DRC/Tearfund



Case Study

Hope, solidarity and prayers – Evangelical Alliance of South Sudan fighting the stigma against families affected by Covid-19

South Sudan has a population of 11 million people, 7.5 million of whom require humanitarian assistance. Given the weak health-care structures, poverty and already heightened food insecurity in the war-torn country, Covid-19 exacerbated the fragile humanitarian situation and posed a serious threat not only to public health but also to sustainable peace.

Tearfund partner The Evangelical Alliance of South Sudan (EASS) is a Christian national humanitarian and development organisation focusing on peacebuilding, trauma healing and tackling gender-based violence in South Sudan. Since the first Covid-19 case in South Sudan was identified on 5 April 2020, EASS has responded to Covid-19 in multiple ways, including running awareness

campaigns through radio talk shows, door-to-door campaigning and roadshows, and distributing IEC (information, education and communication) materials.

Alex Imbwaga, Programme Manager at EASS, says that the leaders and bishops from EASS have also provided psychosocial and spiritual support to a number of affected families. 'Our evangelical leaders have been providing messages of hope and solidarity and prayers to the families.

They have also advocated against stigma to the affected families,' Alex explains. Pastoral care and psychosocial support messages for the affected families were disseminated on the talk shows. These sessions are estimated to have reached 14,000 listeners.

Cicilia Fedrick is a single mother leading a household of eight in the Lologo neighbourhood in Juba. EASS pastors visited her home as part of their door-to-door Covid-19 awareness campaign, and provided spiritual support to her. Cicilia says:

'I was worried and confused with my kids not knowing what to do as I don't have a radio and people were confusing me with different information in regards to Covid-19. I am really happy for the bishops and the church leaders for visiting my family and praying in my house because the churches were closed. I am also enlightened about the disease and I will take what I have been taught seriously to ensure we prevent the spread of the disease.'



Case Study

Self-help groups in Ethiopia using digital marketing to make up for their loss of income

The Rediet self-help group was established in July 2002 in Adama, and brought together women from economically disadvantaged backgrounds. Prior to joining the group, some women had no income-generating activities and were entirely dependent on their husbands' income. Other women had employment as day labourers, but the income was so low that they could not adequately feed their families. With support from Tearfund and the Ethiopian Kale Heywet Church (EKHC), the group members were able to start businesses and generate income, and some have even given job opportunities to other people in their community.

However, when Covid-19 struck, the group members' businesses collapsed. Restrictions on movement meant they had to limit their activities.

As group members were not making money, they were unable to continue their weekly savings and their weekly group meetings were cancelled. However, Tearfund and EKHC quickly mobilised group members and sensitised them on ways to prevent the infection, and also gave them sanitisers and soaps. Furthermore, Tearfund supported self-help group members with revolving loans to revive their businesses, and introduced a community-inclusion digital currency platform that uses the Cambiatus application. Self-help groups were trained to use it and started promoting products and exchanging commodities using the social currency: Agelgil. Agelgil is an online market where people exchange digital currencies to buy commodities when they do not have enough cash at hand.

2.2. Empathy – our motto: designing programmes centred around community needs

Following Jesus where the need was greatest was at the centre of Tearfund’s Covid-19 response activities. Throughout these interventions, we applied empathetic programme design, with programme participants at the centre of all activities. We leaned on our broad network of partners with whom we had previously collaborated prior to the outbreak. It was much easier to quickly remobilise them to help with the Covid-19 response, as we had established close collaborative relationships.

During the pandemic this collaboration model demonstrated the power of faith and Christian communities to care for one another. Christian communities immediately demonstrated that they were willing to roll up their sleeves and provide all assistance needed to meet community needs. In Rwanda, for instance, the team took action to help those who had lost their employment as a result of the lockdown. Different self-help groups lost the small businesses they had established pre-Covid-19, and Tearfund provided emotional support and encouragement as well as financial support. Eligible self-help groups received around USD 600 to boost their business activities.

Tearfund Burundi team and its partner, Channel Help Burundi, intervened at the community level and implemented a specific project to raise Covid-19 awareness among truck drivers working on regional routes, who were at the frontline of transporting food items across borders. These drivers are from two main transport companies, Inter-Petrol and ITRACOM, with a database of 400+ and 252 truck trailers respectively. Borders were closed, but truck drivers transporting goods were allowed to cross, which put them at a higher risk of Covid-19 infection. These activities focused on behaviour-change promotion.

The truck drivers also received stickers and leaflets with Covid-19 information and messaging, and continued to receive SMS directly on their mobile phones. They received face masks, hand sanitisers and soaps, and three improved handwashing stations were built at Bujumbura Truck Station, Gitega Oil Warehouse and Kobero border.

Another example is in South Sudan, where Tearfund regularly operates in nutrition centres, serving a large number of women who come for their children’s feeding programme. Despite the health

crisis, Tearfund continued providing support to disadvantaged communities. We made sure that women and children, as well as staff, were safe, especially in the early days of the pandemic. We kept social distancing, raised awareness of the pandemic within the community and provided handwashing facilities and sanitisers.

In Ethiopia, Tearfund ran a campaign to raise awareness of the importance of vaccination. The events were conducted in the capital city of Addis Ababa and in Adama town. A total of 1,819 attended, and 276 were vaccinated on site. Church leaders were committed to their communities by being role models (receiving the vaccine) and sensitising communities during church services (through sermons and songs).



Photo: Ethiopia/Tearfund

On their side, attendees of the vaccination campaigns, recommended the dissemination of vaccine-related information by health professionals, spreading information about Covid-19 through various communication channels (posters and radio messages), and provision of free vaccines. In Ethiopia, 45 per cent of the budget of the psychosocial programme was reallocated to support urban agriculture in order to mitigate the impact of the pandemic.

During the implementation of these Covid-19 projects, empathy was one of the distinguishing values that characterised not only the Tearfund team and its partner organisations but also church leaders and the communities they served. Tearfund had already invested in positive values that enabled its work while managing this new health crisis, and empathy had moved from a word to a deed. ‘If I have seen further, it is by standing on the shoulders of giants,’ Isaac Newton once stated. Giants in this particular case were the communities supported by Tearfund who never left each other’s side; a self-reliant family, and a collective.



Case Study

Finding new ways to support older people in Rwanda

Tearfund has been working to find new ways to support older people in Rwanda, especially during the Covid-19 pandemic. The Bible tells us that 'grey hair is a crown of splendour' (Proverbs 16:31). However, in some societies, older people can seem 'invisible', and both their strengths and their needs can be easily overlooked. Charles* is a survivor of the genocide against the Tutsi in Rwanda. At 83, he lives with his wife Rebecca*, who is 70 years old. Charles suffers from ill-health and poor eyesight and is unable to work. The couple, like many older people in Rwanda, rely on their children for everyday provisions and food.

However, during the Covid-19 lockdown, Charles' children were unable to visit or deliver food. Fortunately, a local church group, supported by a Tearfund partner, reached out and offered to provide Charles and his family regular food packages. This was a welcome surprise for Charles, especially as he was not connected to the church. 'This might seem little, but it is a very big help,' Charles says.

What is more important is the heart with which they provided food, even though I'm not a member of their congregation. Who am I for them to think about me?' The church and community facilitator at the church that helped Charles and his family, Mr. Fulgence says, "Older people need us."

Soon after the Covid-19 pandemic hit, older people became even more vulnerable as they are most at risk of complications from the virus. Tearfund and its local partners took this opportunity to increase support for older people across Rwanda. Our Covid-19 response included providing food packages and face masks, sharing public health messages on local radio, promoting hygiene practices, and offering psychological and social support. Rather than assuming older people were being looked after by family members, we urged local partners and churches to reach out beyond their usual communities. This meant that older people like Charles were able to receive the help they desperately needed.

'Our ageing and inclusion project will ensure we keep older people in focus in all our programming. It will help us to continuously learn, and develop strategies and approaches for the care, support and inclusion of older people in our work and the life of the communities that God has called us to serve. Only this way can we truly honour and celebrate them, for without them, we wouldn't be who we are or where we are today!'

Rwanda country director- Emmanuel Murangira.



An elderly couple supported by Tearfund, names have changed to protect identity

Photo: Rwanda/Tearfund

2.3. Sharing the light - Responding to Covid-19 in fragile contexts

The pandemic was particularly difficult for countries devastated by war and armed conflicts, as emergency supplies could not easily reach them.

This was the situation in Ethiopia's Koneba region, a conflict-affected zone supported by Tearfund partner the Friendship Support Association (FSA), which was supporting 76,000 internally displaced people (24,000 of whom were pregnant and breastfeeding mothers, and children under the age of five). Community agents bravely reached out to this community. FSA addressed the most vulnerable groups by using the Hosting Communities (HC) and Internally Displaced People (IDP) model. FSA implemented first-round humanitarian assistance focusing on food and non-food packages and made sure that IDPs and communities were both receiving support.

In the DRC, Covid-19 cases were confirmed in all three provinces of eastern DRC during the months of October and November 2020. There were 1,165 confirmed cases in North Kivu, 336 in South Kivu and 183 in Ituri, and Tearfund had a number of health projects being implemented in North Kivu. We decided to include Covid-19 response activities in the projects that were already running. In North Kivu, South Kivu and Ituri, we increased the number of handwashing stations and provided direct hygiene promotion and Covid-19 messages to 295,344 people. We established 200 handwashing stations in public locations and IDP camps; supplied water, sanitation and hygiene (WASH) non-food items (NFI) kits to vulnerable IDPs; and engaged intervention

communities in a Risk Communication and Community Engagement (RCCE) programme. A total of 42,000 WASH/NFI kits were distributed to 7,000 households in South Kivu and Ituri. Following the six-month intervention, 93 per cent of those surveyed (92.3 per cent in North Kivu, 88.4 per cent in South Kivu and 98.3 per cent in Ituri) said they felt less likely to contract and/or spread Covid-19, well above the 75 per cent target. This demonstrates the hygiene promotion programme's broad and long-lasting influence.

Prolonged and continued armed conflict has exacerbated pre-existing inequalities and made South Sudanese communities more vulnerable to the Covid-19 pandemic. Tearfund partner The Evangelical Alliance of South Sudan sent 8,866 messages on Covid-19 and supported local church leaders with WASH and PPE, as well as training them on Covid-19 mitigation measures. The distribution of PPE (sanitisers, face masks, and handwashing facilities) promoted a spirit of love and solidarity among Juba's most vulnerable communities. This strategy gave communities hope. Also, 20 boreholes were successfully repaired in Twic East and Urur, with a target to reach 10,000 people in the communities.

Our Covid-19 response successfully targeted and reached communities in fragile states, ensuring an equitable distribution of project efforts and resources across countries, and that hard-to-reach communities were never forgotten.



Photo: Arlette Bashizi/Tearfund



Case Study

Emergency WASH response in eastern DRC

This Tearfund project was funded by USAID in May 2020 to provide an emergency Covid-19 water, sanitation and hygiene response in the three provinces of North Kivu, South Kivu and Ituri: 295,344 people were reached, including 143,628 Internally Displaced Persons. The project improved coverage of handwashing stations and provided direct hygiene promotion and Covid-19 messaging. Handwashing stations were installed in public places and IDP camps; WASH NFI kits were distributed to vulnerable IDPs; and a Risk Communication and Community Engagement (RCCE) campaign took place in intervention communities.

Following the six-month intervention, 93 per cent of people interviewed (92.3 per cent in North Kivu, 88.4 per cent in South Kivu and 98.3 per cent in Ituri) reported feeling less vulnerable to contracting and/or transmitting Covid-19, well above the 75 per cent target. Good results in hygiene promotion were achieved through door-to-door sensitisation, focus group discussions, community announcers, and sensitisation at handwashing stations. Hygiene promotion messaging focused on handwashing with soap, signs and symptoms of Covid-19, and transmission prevention measures. RECOs, religious and community leaders, IDP camp management committees, and handwashing station attendants were trained to deliver hygiene promotion messaging and build community capacity. Tearfund's use of RECOs and local leaders allowed the project to reach 45,344 more people than originally planned.

Madame Zamuda Omari lives in Nyange IDP Camp with her husband and nine children. She received a WASH NFI kit and participated in Tearfund's awareness-raising activities.



Photo: DRC/Tearfund

She said:

'It is because of Tearfund that me and my family now know how to protect ourselves from Covid-19. We know there are many ways to protect ourselves like washing our hands regularly and maintaining social distancing. Just knowing these measures gives us hope and means we don't have to live in fear of the disease.'

'To show my thanks and full support of Tearfund and their help for us, I will now use my free time to educate other households about how to prevent Covid-19 and also on good hygiene practices which can help their families as they have helped mine.'

Impact Dashboard

Central African Rep.

1,000,000
reached through messaging on Covid-19 awareness & prevention

815
Community and religious leaders trained on Covid-19 prevention measures

South Sudan

118,444
reached with Covid-19 awareness & prevention messaging

15,630
received protective materials

1,001
community and religious leaders & workers trained on Covid-19 prevention measures

DRC

72,400
received protective materials

340,000
received Water, Hygiene and Sanitation assistance

2,835,420
reached with Covid-19 awareness & prevention messaging

396
community and religious leaders trained on Covid-19 prevention measures

Ethiopia

39,702
reached with Covid-19 awareness & prevention messaging

34,954
received food and cash vouchers

3,000
received protective materials

Rwanda

3,090
received protective materials

53,253
received food and cash vouchers

7,500,000
reached with Covid-19 awareness & prevention messaging

200
Self-help groups received financial support to revive their businesses

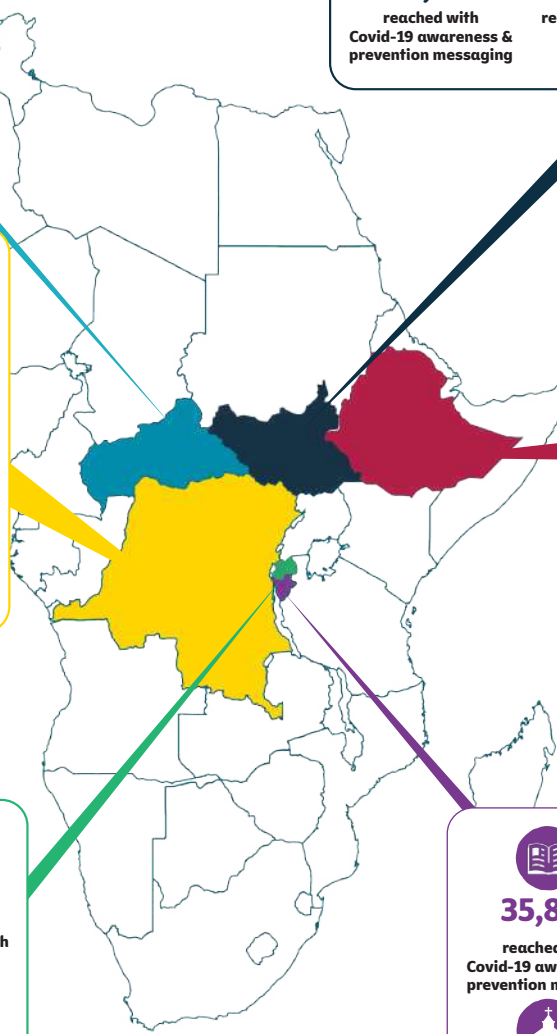
Burundi

35,876
reached with Covid-19 awareness & prevention messaging

452,173
received protective materials

2,401
Institutions received handwashing facilities

104
community and religious leaders & workers trained on Covid-19 prevention measures



Lessons learned

It is possible to make a difference in the lives of the most vulnerable members of the communities by mobilising local resources and tapping into social solidarity within communities.

Community transformation through churches:

The response of CCT churches during the Covid-19 pandemic has been encouraging. Amid huge challenges, CCT churches stepped up. Churches had an attitude of hope, belief and duty to help those who were in greatest need, despite many struggling themselves. They have been a witness to those around them, showing the love of Jesus in life-saving ways to their communities. However, there remains a need to walk with churches on the CCT journey to maximise the impact they can have on their communities.

The power of proximity: Tearfund realised that in order to effectively reach communities, particularly those in the most remote regions, we needed to collaborate with local allies such as churchers, partner organisations, government institutions, faith-based agencies and bodies, and other non-governmental organisations. Local churches play a critical role in humanitarian preparedness and response by being present, and an authority that communities listen to. Even in the most remote, challenging and unsafe areas where no other networks exist, there are churches. And they are often the first responders in catastrophes and crises.

Extreme poverty – a major barrier to effective response: Despite having a strong understanding of the role of hygiene in preventing the spread of Covid-19, some community members were unable to buy soap and hygiene supplies, which were crucial in minimising individual and chain contamination. Raising awareness needs to be combined with handouts in contexts where it is needed.

Flexibility is a necessary component of emergency interventions: It's critical to maintain openness and flexibility to respond to ever-changing needs that arise in humanitarian crises. It is very important to coordinate with local government and communities to design tailored programmes that respond effectively to communities' needs and that are customised to their local context. Partnering with the government and other civil society groups, even when programming and processes are different, is important to identify the needs, mobilise resources, advocate, and serve people efficiently in times of crisis.

'In this pandemic we have learned that prevention and preparedness is better than cure'

Tearfund East & Central Africa/ Regional Director
Douwe Dijkstra

Localisation: Tearfund saw how critical localisation was during this crisis. In managing this emergency, the experience of significantly depending on local providers was crucial, and we must continue to build and strengthen our local partners so that they can respond where they are. Our partners were on the ground in the fields, provinces and communities where we were not. They've proven to be effective when they know what they're up against and how to respond; they have local knowledge, and know local customs and culture.

In many countries, we used church structures and pre-existing inter/intra-faith frameworks to reach communities at grassroots level. Self-help groups responded fantastically to the pandemic, but many have now drawn on their reserves and have a long way to go before they can offer loans to members again, without any financial injection.

The fire shines when everyone brings their piece of wood: Collaboration between different actors in the community is very important, as they bring their capacity and network together for greater reach and effectiveness. In addition to their mobilising capacity, many partners from different faith denominations discussed and planned Covid-19 responses together.

Inter-faith actors were working together – exchanging information, and working on joint advocacy and awareness-raising activities. One of Tearfund's partners from the DRC suggests that 'in order to improve the work of local faith actors in the response to Covid-19, it would be good to establish a permanent framework for information exchange on emergency strategies'.

Encouraging local funding: Local Christian faith actors in ECA had limited resources to address the Covid-19 pandemic. However, local resources played a significant role for some of the local Christian faith actors. Churches put in place feeding programmes. In CAR, Tearfund partner's Covid-19 response was mainly funded through the network of churches, individual donations and government donations.

Location of Aid and local capacity building:

More needs to be done to implement the localisation of aid commitments such as the Grand Bargain and Charter 4 Change.

‘The international community should focus on localisation and building the capacity of partners in civil society to respond to Covid-19 in their own communities, leveraging the trust that community-based organisations have and helping agencies reduce their operational footprint,’ explains a Tearfund

partner in South Sudan. There is a need to strengthen the capacity of local faith actors to prepare and address emergencies. Local Christian faith actors need to be engaged, supported and adequately equipped to respond. Technical support is also important. Connecting the response and recovery work of local Christian faith actors with the wider humanitarian and development coordination system could also help to balance their workloads and ensure they do not get overwhelmed.



Photo: Ethiopia/ Tearfund

Together we are strong

Final remarks from Tearfund's ECA region

During our intervention, we assisted communities in better preparing for and responding to emergencies, as well as coping with the shocks that these disasters bring. Today, Tearfund is better prepared to deal with global crises like Covid-19 because we've been through one, despite these events being difficult to forecast. We've added new tools and systems to our preparedness approach. We also observed the value of localisation, which entails empowering national and local staff and communities to undertake humanitarian assistance by leveraging local resources.

Our call to action to other donors and supporters is not to forget countries where populations are still feeling the consequences of the pandemic. During this pandemic, people lost their livelihoods

and some of their assets. Without an income it takes people a long time to restore their livelihoods, particularly those who live in extreme poverty. There were no safety nets in most of these countries where Tearfund works. There were no government handouts or support to people who were deeply affected. It will take them time to recover from this and they will need ongoing support to achieve that.

As a global community, we have to rethink how we respond to pandemics like these in the future in more equitable ways. By sharing resources and the protective means we have, and by making vaccines globally available, we will be working towards a world where equity and social justice become principles we live by on a daily basis.



Photo: DRC/Tearfund

Working hand in hand

6.1 A thank you note

The majority of the funding for this project came from those who already funded Tearfund work:

- Tearfund supporters in the United Kingdom
- Tearfund family members in the Netherlands, Australia, America, and Canada
- The Government of the United Kingdom
- The federal government of the United States
- The Dutch government

We would like to extend our special thank-you note to the above-mentioned supporters who, as Covid-19 started, have been supporting Tearfund work in

Finally, we would like to thank our various partners whose dedication, efforts, and tireless investment in the well-being of their respective communities, made these interventions possible on the ground.

the ECA region. They were able to provide us with financial resources to intervene, given the uncertain global economic situation.

We are equally thankful to governments who supported Tearfund's work as well as the UN, Trusts and Foundations who supported our work in various countries. The pandemic was an enormous chaos, but we managed to respond at a large scale through everyone's contribution.

6.2 Our partners

Burundi Partners

Help Channel Burundi
 Anglican Church Diocese of Matana
 Anglican Church Diocese of Rumonge
 FECABU
 Anglican Church Diocese of Bujumbura
 Green Land Alliance

Central African Republic Partner

Alliance des Évangéliques en Centrafrique (AEC)

Ethiopia Partners & Other Stakeholders Engaged

Ethiopian Kale Heywet Church Development Commission
 Evangelical Churches Fellowship of Ethiopia
 Various government bodies: Ministry of Health, Addis Ababa Health Bureau, Adama Women and children Bureau, Adama Health Bureau, Adama Social and Labor Affairs Bureau

DRC Partners

Anglican Church of Aru in Ituri Province
 Eglise des Frères en Christ de Mangina in Beni Territory (Goma, North Kivu)
 Chaplaincy of UN JOUR NOUVEAU, (Goma, North Kivu)
 Church of Christ in Congo, North Kivu

South Sudan Partners

Evangelical Alliance of South Sudan
 IG ECA- South Sudan

Rwanda Partners

Omega Ministries, African Evangelistic Enterprise (AEE), Association Mwana Ukundwa (AMU), Moucecore, Alliance Évangélique du Rwanda (AESD), EAR Kigali Diocese, Association des Eglises Baptistes au Rwanda (AEBR)

6.3 Budget Allocation

Covid-19 response in East and Central Africa – budget allocation

Burundi: 120,484
Central African R. :41,534
DRC: 940,373
Ethiopia: 220,000
Rwanda: 64,721
South Sudan: 558,222

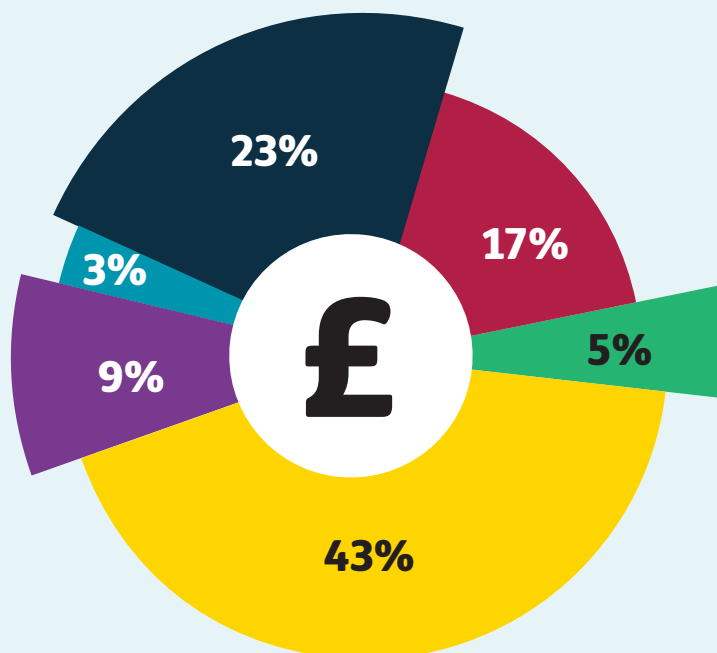


Photo: Central African R. /Tearfund



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