

Greetings Dearest Supporters,

In this time of global need, we have some urgent work going on to help some of the areas we work cope with the unprecedented health crisis.

The whole world is now feeling the effects of the Covid-19 pandemic together and I have found great perspective on our situation from speaking with friends in Africa, Asia, America, Australia and the Middle East.

While we struggle with what is happening around us, let's extend our thoughts to our friends living in areas where

-there is no National Health Service or access to medical services,

-there is no government bailout package to cover lost wages,

-there is no benefits system

and there is no way of social distancing as

-there is no Deliveroo, Ocado or Amazon to deliver goods,

-there isn't a source of water in the home

- there is no refrigeration in the average home to store food

and most people cannot work from home

Some facts that mean a pandemic in Uganda and Tanzania could be even harder to contain than it has been in the rest of the world;

Only approximately 1% of Ugandans and 3% of Tanzanians have access to water inside their home with around 90% having to leave their compound to access water or latrines (*Afrobarometer*). This means the most vital part of preventing spread of disease- simple hand washing, is very difficult to do frequently and safely away from others. There have been almost 1 million global deaths so far this year due to dirty water (*Water Aid 2020*).

Only 1 of 3 people in Africa has access to electricity - 600 million live without it. This means that news reporting, awareness campaigns, reporting cases, accessing advice and staying in touch when isolating are all impossible in many regions.

The average household in Sub Saharan Africa is 6.9, the largest in the world. This means that spreading could happen much more exponentially than in other parts of the world.

43% of healthcare facilities globally lack hand hygiene at the point of care where doctors and nurses are treating patients, and only 55% of healthcare facilities in least developed countries have a basic water service.

Tanzania has 1.3 intensive care beds per million

Uganda has 1.3 intensive care beds per million

The UK has 2.1 intensive care beds per THOUSAND

South Korea has 7.1 intensive care beds per THOUSAND

It is believed the UK has five times more hospital beds per thousand than Uganda although precise numbers are unknown.

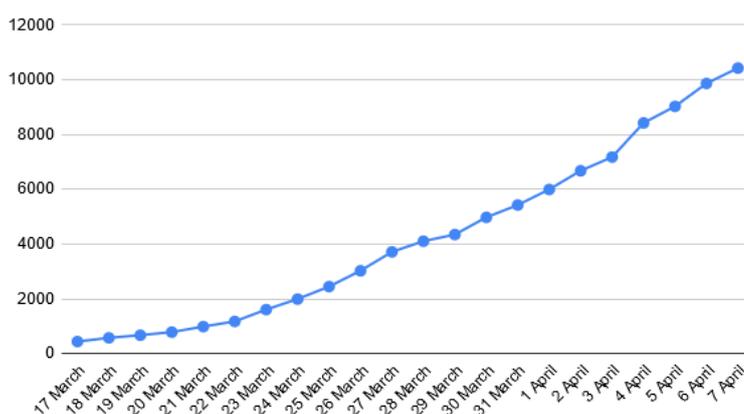
So what has happened so far?

The response to the first cases in Uganda was to ban all public meetings, markets and public transport. Beatings and shootings are being used by the Ugandan authorities to stop the poorest of the population who are trying to continue to earn a living during the lock down, putting some in hospital with their wounds.

In Tanzania, President Magufuli has taken a very different approach and only imposed limited restrictions. He has not closed places of worship, saying, "We are not closing places of worship. That's where there is true healing. Corona is the devil and it cannot survive in the body of Jesus."

Since this statement, gatherings have been banned, including markets and schools.

Confirmed COVID-19 cases in Africa over time



What are we doing?

All usual Project the Project work is suspended to comply with government restrictions and keep everyone safe. However, this brings many difficulties.

Our Masai community in Tanzania is very secluded so should have a low risk of infection but with markets banned, they do not have enough food to survive. We have arranged for a bulk transportation of food for the community. We are making every effort to make sure the packaging is cleaned and sterilised and no contact will be made with the driver. This will be quite a logistical challenge but will save the community from starvation whilst keeping them safe from the Corona Virus.

In less remote parts of Tanzania we are working with a local ethical tour company, Adumu Safaris, to ensure hand soap is distributed to thousands of people who otherwise do not have it.

Soap is not often used and hand washing practice is being taught alongside large scale soap provision. The soap is made by three local women-led companies who produce handmade, biodegradable soap using local ingredients. This soap supports locals whilst avoiding harmful impact to the environment.

While many NGO workers fled for their native countries when the outbreak started, our trustee, Andy, made the brave decision to remain in Uganda and help with the virus relief effort. He is working to co ordinate an awareness campaign, hospital provisions and help with the aftermath.

Project the Project has so far donated £1000 to the under resourced local hospital in Masaka to help equip and prepare the medical staff and facilities. We also plan to send more for medical help as the situation evolves and to help with food distribution and for those affected financially.

Please help us with our urgent response at this time of great need. These communities really need us as there is currently little else to bring them hope and we are, indeed, all in this together!

Lloyds Treasurer's Account 30-98-97, 35286668 or you can donate through CAF by clicking on <https://www.cafonline.org/> (CAF is slower).

Thank you so much!

Lucy

Lucy Honeyman

Director

www.projecttheproject.com