Project name:	**Emergency Response to COVID-19 Pandemic in East and Southern Africa**
Core Program Areas:	Emergency
Location of Project:	Ethiopia – Addis Ababa city; Amhara, Oromia, and SNNPR regions Kenya – Central, Western, Nyanza, Rift Valley, and Nairobi regions Uganda – Eastern, Central, and Northern regions; refugee settlements in West Nile region Zambia – Lusaka, Central, Eastern, and Southern provinces
Type and Number of Beneficiaries:	• Children 0-5 years – 62,909 • Children 5-14 years – 99,627 • Adolescents and youth – 71,312 • Adult caregivers – 204,313
Project Duration:	3 Months
Proposed start date:	1 May 2020
Proposed end date:	31 July 2020
Proposed Budget:	**$8,015,850**
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1.0 Background/Justification

On 11 March 2020, World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19), a respiratory disease caused by a novel coronavirus that first emerged in Wuhan, China in late 2019, as a pandemic. The virus is now a global phenomenon. A very rough guess is that, without a campaign of social distancing, between 25% and 80% of a typical population will be infected. Of these, perhaps 4.4% will be seriously sick and a third of those will need intensive care. For poor places, this implies calamity.

As of April 3, 2020, the numbers of coronavirus in Kenya, Ethiopia, Uganda and Zambia was still low but increasing exponentially. The current low numbers are due either to a lack of detection or to the time lag between when the virus first spreads and when it begins to manifest. When it does strike, it is likely to spread rapidly, as these countries bundle together all the most potent risk factors. Their basic health infrastructure is inadequate. They often lack clean running water. They also have high population densities that will impede physical distancing. When workers depend entirely on their paycheck, or daily earnings, to survive and the government cannot afford to cover the difference, the cost of shutting down businesses and the commiserate contraction in demand for casual labor will cause widespread distress. Interruptions in planting or harvesting due to illness or lack of inputs could have devastating consequences on the food supply. All of this will be

compounded by the dramatic global economic slowdown, which will hit fragile states the hardest.

	Kenya	Ethiopia	Uganda	Zambia
Number of coronavirus cases, 3 April 2020[1]	122	35	45	39
Number of ICU beds	~500	665	55 (.1/100,000)	.6/100,000
SPAR score[2]	35	58	51	31
Add poverty measure				

[1] https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

[2] The SPAR (State Party Self-Assessment Annual Reporting) tool consists of 24 indicators for the 13 International Health Regulation capacities needed to detect, assess, notify, report and respond to public health risk and acute events of domestic and international concern. Score for WHO AFRO region is 42 and globally is 61.

We are especially worried about the children and families we serve. These families already struggle to put food on the table, to find clean water, to get the health care they need. For many of them who live in crowded conditions, social distancing is impossible. COVID-19 – whether it affects vulnerable children and families indirectly, through economic disruption, or directly, by spreading throughout their communities – could cause devastating, exponential harm.

In recognition of the perilous situation, the governments of Kenya, Ethiopia, Uganda and Zambia have instituted severe measures to halt the spread of the virus into and within their countries. International borders are closed in Kenya and Uganda, except for the transport of cargo, allowed with certain conditions such as quarantining of the crew. Internal travel has been restricted in Ethiopia. All schools, tertiary institutions and universities are closed. Mass gatherings such as religious gatherings, political gatherings, concerts, parties, funeral ceremonies, and marriage ceremonies are banned (or in Zambia, severely limited). Restaurants are operating on take-away and delivery basis. All bars and nonfood markets are closed; shopping malls and arcades are closed or operating with strict safety measures. Public and private transport have been stopped or are operating with reduced passenger capacity. Curfews that restrict movement for 10-12 hours a day have been enacted in Kenya and Uganda.

The governments are raising awareness on the pandemic and prevention measures through multiple channels. They are also preparing for an onslaught of infections. In Uganda, surveillance teams have been set up country wide. Isolation centers are being established and so far, three are operational. Nine hundred beds have been prepared at the newly refurbished national referral hospital. The governments of Kenya and Zambia are in the process of hiring thousands more health workers to boost its capacity and is scaling up the acquisition of personal protective equipment (PPE) for health workers; each County has designated five boarding schools to serve as isolation centers. The Ethiopian government has distributed 12 million face masks. Private sector breweries, alcohol producers and other actors have been asked to produce and provide sanitizing liquids to the public sector and the market.

Recognizing the hardships that will be caused by restricting movement and economic activity, governments are also acting to address economic effects, bolster food security and secure access to basic needs. The central banks of Kenya and Zambia have announced emergency measures that include extensions and reliefs on personal and small business loans; putting money into the economy to increase liquidity; relief from certain types of local, import, and export duties; and encouraging use of mobile digital banking platforms by removing fees. In Kenya, the government has begun mopping up surplus food supplies in the country as part of its preparedness in combating the

coronavirus pandemic and is carrying out an identification and registration of vulnerable families affected by the COVID 19 with plans to provide them with a cash transfer support. The government of Uganda has announced an intention to identify the very poor and provide them with dry food rations.

Notwithstanding these government initiatives, the detrimental impact on children of these restrictions are already starting to be seen. Education has come to virtual standstill as children are home because of school closure and there is minimal reading and learning taking place at home. Casual laborers are unable to find work to earn daily wages. Some families particularly those living in urban informal settlements are starting to face food shortages because of a lack of money to buy food and, in some areas, caregivers are rationing food in order to sustain their supplies. Parents are having to make difficult choices between staying home with no source of income or leaving young children unattended while they search for food. There is a high likelihood of domestic and gender-based violence as tension increases in homes due to being confined in small domestic space, and the frustration of being able to provide or obtain basic necessities. Shortages of water supply have also started being experienced, especially in urban informal settlements in Kenya.

2.0 PROJECT DESCRIPTION

2.1 Project Goal

To protect children and their families from the COVID-19 pandemic, reducing transmission risks and mitigating socio-economic impacts of restriction measures.

2.2 Specific Objectives:

- 2.2.1 Reduce COVID-19 transmission risks for 99,271 families with children through improved water, sanitation and hygiene (WASH).
- 2.2.2 Assist 54,901 households, whose livelihoods are severely impacted by movement restriction measures, to meet food security and other basic needs.
- 2.2.3 Improve 36 government health facilities' capacity to treat COVID-19 patients and reduce transmission.
- 2.2.4 Work with government authorities to reintegrate 7,214 street children with their families.
- 2.2.5 Provide remote learning services to 2,000 children not able to attend school.

Implementation

Objective 2.2.1 Reduce COVID-19 transmission risks for 99,271 families with children through improved water, sanitation and hygiene (WASH).

Activity 2.2.1.1: Information, Education & Communication (IEC). ChildFund local partners will distribute IEC materials in all communities targeted by the response. Posters, fliers, banners, brochures, and other printed materials will provide correct information on COVID-19 risks and symptoms, prevention measures such as frequent handwashing and social distancing, referral pathways for testing and treatment, and also responsive parenting within the COVID-19 context. ChildFund will reinforce these messages through radio broadcasts, text messaging and social media, and include child-friendly

messaging appropriate for different genders and age groups. All information shared with communities will be in local languages, follow national government guidelines, and will be adapted to the local context. This activity will be implemented in all four countries.

Activity 2.2.1.2: WASH supplies provision. To complement the IEC messaging ChildFund will provide basic supplies such as soap, hand sanitizer, clean water, storage containers, and cloth facemasks to households in at-risk communities; these supplies may be provided through direct distribution and/or through vouchers redeemable from local vendors. ChildFund will also install handwashing stations at accessible locations within communities, and provide personal protective gear to health centers, outreach teams, and other frontline service providers serving those communities. This activity will be implemented in all four countries.

Objective 2.2.2 Assist 54,901 households, whose livelihoods are severely impacted by movement restriction measures, to meet food security and other basic needs.

Activity 2.2.2.1: Emergency Cash Transfers. ChildFund will provide monthly cash transfers to vulnerable households whose livelihoods have been severely impacted by the social distancing and other restrictions imposed to curb the spread of COVID-19, and who lack alternative means of subsistence. Cash transfer beneficiaries will be selected using transparent criteria developed in consultation with communities, in order to focus on those families most needing this support and mitigate possible tensions with those not selected. Possible selection factors may include degree of income loss due to COVID-19, overall poverty level, lack of access to other resources such as credit or remittances, child or elderly-headed households, and/or households affected by disability or chronic illness. Transfer amounts will be based on the Minimum Expenditure Basket established either by government authorities or by the country cash working group. ChildFund will also make special, one-time cash transfers to families with confirmed or suspected COVID-19 cases, to cover specific treatment and recovery needs such as medicines, follow-up care, and nutritious foods. In coordination with other humanitarian actors, ChildFund will conduct a basic market assessment before commencing transfers – to ensure that families receiving cash can easily find needed goods for purchase. ChildFund will select the safest and most reliable transfer mechanism available in each context, including mobile money, banks, and other financial service providers. This activity will be conducted in all four countries.

Objective 2.2.3 Improve 36 government health facilities' capacity to treat COVID-19 patients and reduce transmission.

Activity 2.2.3.1: Health Facility Capacity Building. ChildFund will provide medical supplies, equipment, furniture, and computer network installation to COVID-19 quarantine, isolation, and treatment centers established by regional governments; and where necessary help rehabilitate/repurpose educational facilities that have been designated for use as quarantine centers. This support will enable the health facilities to more effectively treat patients and prevent further spread of the disease. Where feasible, ChildFund will help set up child-friendly environments with larger spaces, attractive colors, and age-

appropriate toys and reading materials, to cater for children being treated for COVID-19 or subject to quarantine measures. This activity will be conducted in Ethiopia and Kenya.

Objective 2.2.4 Work with government authorities to reintegrate 7,214 street children with their families.

Activity 2.2.4.1: Support for temporary shelter facility. ChildFund will assist the Ministry of Women, Children, and Youth Affairs in its efforts to reintegrate children living and working on the streets, who are most vulnerable to possible COVID-19 infection, into family and home environments. A first phase of this effort is setting up a temporary shelter/drop-in center, where children can receive needed care and support while their families are identified. ChildFund will provide critically-needed items for this center, including staple foods, soap, cleaning supplies, thermometers, and feminine hygiene items. ChildFund will also monitor child protection risks in the center, and assist the Ministry in tracing family members. This activity will be conducted in Ethiopia.

Objective 2.2.5 Provide remote learning services to 2,000 children not able to attend school.

Activity 2.2.5.1 e-Learning Platforms. ChildFund will support Zambia's Ministry of Education to develop and launch a remote education portal that will enable secondary school children to continue their lessons online while schools are closed. The portal will be available free of charge through the duration of the pandemic, although participating children must have access to a smartphone. In Uganda where an e-Learning platform is already available, ChildFund will purchase smartphones or tablets and solar chargers enabling children to access the lessons. This activity will be conducted in Zambia and Uganda.

2 PROJECT MANAGEMENT

ChildFund International's Ethiopia, Kenya, Uganda, and Zambia Country Offices will be responsible for COVID-19 response implementation within their respective countries. Since most other planned program activities have been put on hold due to the pandemic crisis and movement restrictions, the regular Country Office structures – headed by a Country Director with support from a Senior Management Team – will devote full attention to the response. ChildFund's existing local partner organizations will directly implement response activities and deliver assistance to affected communities. ChildFund COs will also collaborate closely with relevant local and national government authorities including Health Ministries and Water & Sanitation Departments; and with other NGOs assisting the COVID-19 response in each country.

At global level, ChildFund's Emergency Management Unit Director will have overall responsibility for managing the COVID-19 response, and for communicating to ChildFund Alliance members on implementation progress with support from Fundraising department colleagues. The Africa Regional Director will provide direct line management to the Country Offices and help follow up any issues raised during response implementation. ChildFund's Global Finance & Operations Team and Shared Services Unit will provide financial, accounting, and administrative-logistic support for the response.