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COVID-19 RESPONSE PLAN GUIDANCE FOR LOCAL PARTNER INTERVENTIONS

@ ChildFund Sénégal – April 2020

Local Partners :



Context and Justification

ChildFund is an international development and sponsorship NGO that has been working since 1938 to promote the development and protection of children and young people aged 0 to 24 in 23 developing countries. ChildFund has been working in Senegal since 1985. Its programmes are oriented towards a holistic approach to the development of children and young people at every stage of their lives, targeting protection and related areas such as health, nutrition, education, youth leadership and household livelihood improvement. A significant portion of ChildFund Senegal's program funding comes from sponsorship. In Senegal, ChildFund collaborates with 7 Local Partners who have enabled more than 21,000 children to be enrolled in the sponsorship system in the regions of Dakar, Thiès, Diourbel, Ziguinchor and Kolda.

The new coronavirus disease emerged in the city of Wuhan (central China) in November 2019. It was officially declared by the Chinese health authorities on January 7th 2020. The World Health Organization (WHO) declared it a "public health emergency of international concern" on 30 January 2020. On 11 February, the WHO named the disease caused by this new coronavirus Covid-19. On 11 March, WHO reclassified the Covid-19 outbreak as a "pandemic". The clinical picture of COVID-19 is variable, ranging from no symptoms (asymptomatic case) to mild respiratory symptoms or severe acute respiratory illness that can lead to death. The usual clinical signs of illness are fever (above 38°C) associated with chills, muscle pain, general malaise, headache, cough and difficulty breathing. Pneumonia is common but not always present. A productive cough with a feeling of discomfort or blockage when food passes through the mouth, pharynx or esophagus may also be observed. Nausea, vomiting and diarrhea are less common. The virus seems to cause more serious forms of the disease in the elderly, immunocompromised people and people with chronic diseases (cancer, chronic lung disease, diabetes...). Treatment is symptomatic, based on the patient's clinical condition. No vaccine or specific treatment is currently available.

The first case in Senegal was detected on March 2nd, 2020. As of April 13th, 2020, 291 cases have been reported in Senegal. The country declared a "state of health emergency" (March 23rd, 2020). There is a curfew in place as of 8pm daily; all schools are now closed; there is reduced transportation and strict limits to passenger capacity on public transport; all public markets close much earlier; and official work hours have been changed. Given the context in Senegal, ChildFund and its local partners have an important role to play in safeguarding the health, well-being and safety of the children in our sponsorship system, as well as their families in the face of the threat posed by this pandemic, but also the wider communities where we implement our programs. Due to these restrictions in place, it has become increasingly difficult for those very vulnerable families at the lower end of the socio-economic spectrum. The cultural and social context also dictates, in a sense, how an effective, impactful response can be designed. The west africa context, and as is the case for our enrolled children and their families, is such that you can find within one « compound » several families all of the same family (extended families). This makes sensitization (IEC, BCC) perhaps much more effective in terms of reach. Our main goal is to ensure that vulnerable families are protected as much as is possible with material means but also with

clear simple strategy to disseminate the correct information about COVID19, its spread and how to protect oneself.

ChildFund Senegal Response Plan

The responses will be conducted through the interventions carried out by the LPs in their respective intervention areas. The various LPs have realigned their budgets for the remainder of the current fiscal year, FY20, towards the COVID19 response. The main goal of such a response is to carry out critical activities necessary to ensure the well-being and protection of children in our sponsorship system, as well as their families and communities, during this pandemic. ***The two key response approaches will be via cash transfers, using the already existing platform of mobile payment of DFCs in those cases where it is feasible, or through vouchers in other cases. The other key response is sensitization campaigns on the preventative measure of spreading the virus and breaking the chain of transmission.***

Objectives of the interventions

Overall objective: To support the actions of the Government of Senegal’s National COVID19 Response Plan with interventions specifically targeting children and families in their communities in our intervention regions of Dakar, Thies (and the Department of Mbour), Ziguinchor, Diourbel and Kolda.

Specific objectives :

1. Provide children, their families and communities with appropriate, clear and correct information on COVID-19 preventive measures.

Distribution of IEC/BCC materials: this will be mainly through distribution of brochures, flyers, dissemination of messages via community radio in our different intervention zones, printing and distribution of Ministry of Health/WHO approved messages. There will also be sensitization through compound visits, respecting fully the social distancing rules and the use of protective gear.

2. Provide hygiene kits to all families of children in our sponsorship system, who do not have these basic necessities, as well as to koranic schools (daaras) located in our intervention communities.

Distribution of hygiene kits: Distribution of hygiene kits to families. Note that in Senegal, families, especially those in our intervention zones, are set up such that you can have multiple members of an extended family living together in a “compound”. So you would have for example four to five “families” of the same extended family living together in a “family compound”. The context of family setup, described above, presents an entry point in terms of access to not only our direct beneficiaries, to conduct IEC messaging as well as the distribution of communication materials, but also provides a wider reach in terms of sensitization. Steps during a visit would include

checking if the family is equipped with a hygiene kit; presenting the components of the hygiene kit; if necessary, give a kit to the head of the family; negotiate with the head of the family its immediate use; give the head of the family a communication support or advice sheet (flyer); thank the whole family and agree on a date and time for a follow-up visit.

3. Improve access to food items and non-essential basic necessities for those most vulnerable children and their families, pre-identified as per validated criteria (criteria include: at least one child from family is enrolled; families whose main source of income has been severely impacted by the COVID19 pandemic and associated restriction measures), and to the daaras located in our intervention communities. There are key criteria that each local partner has been asked to respect and that each family must meet:
 - Having at least 1 child enrolled
 - Head of household lost their main source of income as a result of the epidemic (including people living in quarantine).

Food distribution

Support to vulnerable families

Basic food items will be provided to identified most vulnerable families (as per criteria) as well as koranic schools. Families will be reminded that the food distribution is not a change in ChildFund's policy i.e. direct service, but an exceptional measure dictated by the specific context of the pandemic and ChildFund's commitment to help the children enrolled during this period. Upon review of our context and location of those families eligible for food assistance, a number of mechanisms/approaches have been identified. The main method will be through cash transfer i.e. cash transfer direct to identified family member to receive funds through mobile transfer, and buy necessary items, or through pre-costed food vouchers, The plan is to introduce « conditionalities » around the cash transfer or food assistance. Based on context and location, the amounts to be transferred will be determined, but also taking into account average size of a family. A basic market analysis will also be conducted in each of our intervention zones to ensure that the basic goods to be purchased are accessible.

- **Eligible families:** The distribution of food does not concern all families even if all the parents of enrolled children could be classified as "people with insufficient income" and may need it. Budget limitations make it necessary to target the most needy families. The principle of support is to compensate for the loss of income used for the family's usual subsistence due to the economic consequences of the epidemic. Distribution should be targeted first and foremost to those:
 - Having at least 1 child enrolled
 - Head of household lost their main source of income as a result of the epidemic (including people living in quarantine)/having been economically impacted by the epidemic (families whose main resources come from small daily jobs, petty trade or "odd jobs", transportation of people or goods, etc.).

For more equity between beneficiaries and in order to rationalize resources, the quantities to be distributed must be modulated according to family size, specific needs during the period, local eating habits and the level of need observed.

Monitor the implementation of COVID-19 preventive measures among supervised children and their families.

Support to Koranic schools (Daaras) : We have had Grant funding for a daara in Thies as well as additional daaras in Diourbel, through ChildFund Korea. These Daaras will receive support with basic food items (rice, oil, sugar. There are also Daaras located in those communities with the highest number of enrolled children. AS per our context, it is clear that these Daaras will definitely be frequented by some of our enrolled children for koranic lessons. A key conditionality around support of Daaras is that they must also commit to ensuring that child begging is stopped during at least the epidemic and, ensuring that the « talibes » stay in the daaras. It must be mentioned that those daaras that are considered formal and recognized by the Government are usually well set up as boarding schools and their « talibes » do not go out to beg. With the Ministry for Families, Women, Gender and Child Protection and the National Child Protection Group, there are ongoing discussions around potentially identifying some of these Daaras that could temporarily house the talibes removed from the streets. To this end, ChildFund Senegal has committed to support the Ministry of Families, Women, Gender and Child Protection in this initiative through a monetary contribution but also through our presence on the National Child Protection Group/Network. There are also « welcome centers » who usually house children either found in the streets, or going through other issues, that are raising concerns around having enough to keep going in these times of the pandemic. Those centers in our zones of intervention will be supported with basic food items and hygiene kits, and using the opportunity for further sensitization around the COVID19. Some welcome centers are also identified as temporary homes for « talibes » found in the streets and removed and placed in these homes by MFFGPE. The LP will determine, in relation to the size of the Daara and/or the Welcome center, the quantities necessary and possible to ensure adequate food for the children. Individual and collective protection measures will be strictly respected in the drop off of these food items and/or basic hygiene kits to the Daaras and/or Welcome centers

Intervention zones and Beneficiaries

The activities of the Emergency response plan will be implemented in the 5 regions where our six LPs financed by ChildFund intervene: Dakar region, Thiès region (and the department of Mbour), region of Diourbel, Ziguinchor region and Kolda region. These regions include 11 departments, 26 arrondissements and 410 neighbourhoods and villages. The planned interventions will target children enrolled in our sponsorship system and their families, the daaras benefiting from direct support from ChildFund as well as daaras located in the communities of residence of the enrolled children.

The total number of beneficiaries to be reached is 245,150 (direct beneficiaries 32,628; indirect beneficiaries 212,401). The number of enrolled children and their families is 233,414 (95 per cent), comprising 21,220 direct beneficiaries and 212,522 indirect beneficiaries. The intervention

will also include 93 daaras and 11,736 talibés (5 per cent), i.e. 11,408 direct beneficiaries and 328 indirect beneficiaries.

Intervention zones and targets

LP	Region	No. Dptmt	Nbr Ardsmt	Number quartiers / villages	Nbr daaras	Direct beneficiaries		Indirect Beneficiaries	
						Children enrolled	Talibes	Brothers, sisters, parents of enrolled children (*)	Ndéyi daaras and Koranic teachers
Pencum Ndakaru	Dakar	4	7	115	36	3421	1826	34209	111
Kajoor Janxeen	Thiès	2	7	68	27	5051	3705	50509	128
Fel Yok		1	3	72		4493		44929	
Baol	Diourbel	2	5	95	20	3083	5255	30829	79
Dimbaya	Ziguinchor	1	3	50		2894		28939	
FODDE	Kolda	1	1	10	10	2278	622	22779	10
TOTAL		11	26	410	93	21220	11 408	212194	328

(*) : estimation based on 10 people on average per family

Management and Funding of the COVID19 Emergency Response Plan

The COVID19 response is led by the Country Director, with support from the COVID19 Taskforce (made up of the SMT and Security and Risk specialist). The response plans are implemented directly by our local partners in the 5 regions of intervention. Together with our local partners, a system of monitoring of the implementation of the COVID19 response, via a number of data collection tools are in place to track implementation of our response. The ChildFund Senegal COVID19 Taskforce meets (virtually) every week to discuss the status of implementation, communications/orientations coming from the Region, or HQ and impact on implementation, any challenges faced by the local partners, need to readjust or not, etc.

The LPs' COVID19 Emergency Response Plans are all funded from balance of FY20 subsidy. The total amount available is \$275,103.88, and as per LP as below:

- Dimbaya (Ziguinchor) : 18 674 273 Fcfa **(\$30,906.92)**
- Baol (Diourbel) : 33 966 356 Fcfa **(\$56,216.14)**
- Fel Yook (Mbour) : 27 690 149 Fcfa **(\$45,828.68)**
- Kajoor Janken (Thiès) : 36 062 853 Fcfa **(\$59,685.96)**
- Pencum Ndakaru (Dakar) : 36 022 247 Fcfa **(\$59,618.75)**
- Fodde (Kolda) : 13 820 962 F cfa **(\$22,847.43)**

Exchange rate 604.21

Monitoring and Evaluation and reporting

The monitoring of the implementation of the emergency plan is integrated into the monitoring system in use at the LP level. The home-based visit form and the benefits/services form must be filled out for any enrolled child who has received individual, family or community services based on the emergency plan. ChildFund has developed and shared an online reporting platform dedicated to the COVID19 Emergency plan to facilitate the data collection and sharing of day-to-day achievements. See link below as example of data collection and tracking tool (google docs)

<https://docs.google.com/spreadsheets/d/1PAHUeFAhlfzbeNLn1VuV8Nr5vrtdtvGJH52jN86JVOC8/edit?usp=sharing>

Media/Communications

Global communications strategy and guidelines will orient our communication approach incountry. The lead contact person for the country office will be the Country Director with the support of the CO's Communication Specialist. All of our local partners have designated communication focal points already trained by our Communications officer. These staff have been tasked with the collection of photos, etc to feed into our documentation as well as sharing. Key messages, as approved by the Ministry of Health and Social Action, and the Government of Senegal, will be disseminated. Other activities will include development of child protection in emergencies, IEC materials translated into local languages. To deliver COVID 19 messages, ChildFund Senegal and its LPs will use community radio, local TV stations, social media, and print materials.

Summary of ChildFund Senegal Response to COVID19



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