

COVID-19 EMERGENCY RESPONSE PLAN
April-June 2020



Background and Context

COVID-19, a respiratory disease caused by a novel coronavirus first emerged in Wuhan, China in late 2019. On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. On 18th March 2020, the President of Uganda declared COVID-19 a national emergency and put in place several measures. On 21st March 2020, the Ministry of Health of Uganda confirmed the 1st case of COVID-19 in the country. Over the subsequent three weeks, the number of cases rose to 53 cases. Majority of the confirmed cases are imported cases with few arising from local transmission.

Several prevention measures aimed at increasing social distancing have been put in place including the closing of all education institutions, banning communal worship, banning international travels, private and public transport except for cargo and essential services, closure of social clubs and shops that do not deal in food, veterinary and human drugs. Food markets remain open amidst tight restrictions. A 12-hour curfew was also imposed commencing at 19 hours in the evening to 6:30 hours in the morning. Handwashing and use of sanitizers are being promoted at household level and the remaining open places that offer critical services.

Consequently, families have faced extremes of disruption in social and economic lives. The worst hit are the poor communities in urban households who depend daily income from petty trade. There has been limited access to health facilities in both rural and urban communities resulting from lack of transport.

ChildFund Uganda emergency response to COVID-19

ChildFund Uganda is re-focusing its programming approach to minimize transmission risks to staff, community members and children, as well as complying with the government regulation. The emergency response will achieve the following goal and objectives in alignment with the ChildFund Uganda minimum standards for coronavirus outbreak standards (March 2020) and program adaptation guidance.

Goal: To mitigate the health and social impact of COVID-19 among and families in ChildFund program communities.

1.0 Specific objectives

Objective 1: To promote hygiene and sanitations facilities within the 9-program area to reduce the risk of COVID-19 transmission

Activity 1.1 Create awareness on COVID-19 risk reduction messages among households in nine program communities

This activity aims at increasing the community's level of awareness about COVID-19 mode of transmission and the prevention methods. The nine (9) implementing partner will closely work with the district surveillance team/COVID-19 taskforces to disseminate the approved messages through posters, radio jingles and radio talk shows, phone short message services (SMS) to the parents of enrolled children. This activity will reach communities in approximately 30 districts in Uganda. At national level ChildFund will adopt other forms of communication such as engagement on social media platforms.

Activity 1.2 Provision of handwashing facilities at the Country Office, Local Partner offices, community offices and selected communal places

A handwashing facility comprises of a water tank with a tap, a metallic stand, jerrican for storing water and soap for hand washing. Hand washing facilities will be distributed for communal hand washing at food markets, community offices and clustered households in rural areas and in urban informal settlements and health facilities Later in the recovery stages they will also be distributed to schools.

Objective 2: Improve access to basic needs through cash transfers to 28,234 households of enrolled children

Activity 2.1 Provision of cash to families of enrolled children

Unconditional cash transfers through **mobile phones and agency banking facilities** will be used to contribute to the families to meet their basic needs such as acquisition of soap for hand washing, getting food, meeting medical costs at a nearby health facility. The amounts and frequency will vary with the differing levels of family vulnerabilities. For instance, families in urban communities are more affected by food shortages resulting from lost income and escalating commodity prices while families in rural areas are more affected by access to health care. More highly vulnerable households will receive phased cash transfers over the next three months. Criteria to establish the highly vulnerable households will be applied. We expect to reach a total of 29,234 households with enrolled with an estimated population of about 145,000 people. Each household will receive between \$18 and \$27. However, ChildFund Uganda is soliciting more funding to facilitate additional cash transfers to the more highly vulnerable families.

Estimated reach of Cash transfers by Life stage

Life stage	No. of children
Life Stage 1 (0-5 years)	4, 224
Life Stage (6-14 years)	14,583
Life Stage 3 (15-24 years)	10,427
Total	29,234

2.2 Maintaining open communications with families of enrolled children

This activity aims at maintaining open communication lines between enrolled families, parents' executive committees, local partner board members and local partner staff. The community structures will be facilitated with airtime to be able to have timely communication between the community and local partner managements. Alert cases identified will then be appropriately supported.

Objective 3: Coordination and resource mobilization for the COVID-19 response interventions

Activity 3.1 Coordinating with other actors at National level

The Country Office is actively engagement in maintaining active coordination platforms. Such platforms are used for sharing and obtaining timely information of the Country's COVID response plans. Such platforms include the network for international networks, virtual meetings with sector working groups under the Ministry of Gender, Labor and Social development, UN Agencies. Through such platforms the Country Office is will be able to broaden and deepen opportunities for COVID-19 response interventions

Activity 3.2 Resource mobilization for COVID-19 response within the Program districts

COVID-19 is exerting extreme stress on the resources required to deliver a quality program. There is a potential for families to tilt into more vulnerable households that will require individualized support. The social sector is also being stressed with a requirement for heightened needs for protection of health workers and their clients through provision of hand washing facilities, supporting household recovery through provision of microgrants to rejuvenate their businesses, meet short term expenses such as tuition fees as the household recovers among other needs. ChildFund Uganda will develop solicited and unsolicited concept notes to address the emerging COVID-19 response gaps. Among the target geographical areas are:

- The districts in eastern Uganda near the border with the republic of Kenya
- Refugee populations in the West Nile region especially in Moyo and Obongi districts
- Urban communities in Kampala, Jinja, Gulu, Masindi and Wakiso

2. Target households and population

The following target populations disaggregated by age and gender are anticipated to be reached by the different planned interventions.

Approach	Households	Children		Adults	
		Boys	Girls	Males	Females
Information, communication and education messaging	150,000	450,000	450,000	150,000	150,000
Communication with families of enrolled children	29,126	43,689	43,689	29,126	29,126
Cash transfers to families of enrolled children	29,126	43,689	43,689	29,126	29,126
Support WASH and child protection in 4 districts in Eastern Uganda	30,000	45,000	45,000	30,000	30,000
WASH, child protection and education in refugee settlements in Moyo and Obongi districts	5,000	15,000	15,000	5,000	5,000
Cash transfers and microgrants to households in Kampala city	3,000	4,500	4,500	3,000	3,000

3. Emergency Response Coordination team

The Senior Management Team will take lead in coordinating the emergency response at national level. This includes liaison with government Ministries and departments, UN agencies, international non-government organizations, national organizations. The program and Sponsorship Director working with a team of technical Specialist will ensure that ChildFund Uganda program and sponsorship activities are responsive to the evolving COVID-19 context. They will ensure that Life stage programming is adaptable to emergency context while maintaining ChildFund's program principles. A decentralized level the 9 core implementing partners will have regular interface with the district local governments for response activities. Implementing partner will provide weekly situation reports to the Country Office that will then be consolidated, discussed and used to guide further emergency work. The Emergency coordination team will work very closely with the international office for guidance, fundraising, sharing experiences with other Country Offices. Technical Specialist for Life stages 1, 2 and 3 based at the international Office will work closely with Country Office based technical advisors to align the organizational strategy to the COVID-19 response.

4. Media, Communication and Visibility

Official communication regarding the ChildFund COVID-19 response will be led by the Country Directors who will technically work with the Communication Officer. Considerations for press releases, engagement in media platforms such as social media, documentation of COVID-19 response intervention in terms of beneficiary voices and photographs. The

Communication Officer will provide technical guidance to the local partners on how best to increase organization visibility and communications at field level.

5. Estimated budget

Objective	Activities	Budget (US \$)
To promote hygiene and sanitations facilities within the 9-program area to reduce the risk of COVID-19 transmission	1.1 Create awareness on COVID-19 risk reduction messages among households in nine program communities	12,765
	1.2 Provision of handwashing facilities at the Country Office, Local Partner offices, community offices and selected communal places	9,214
	Sub-total	21,979
Improve access to basic needs through cash transfers to 28,234 households of enrolled children	Activity 2.1 Provision of cash transfers to families of enrolled children	650,252
	2.2 Maintaining open communications with families of enrolled children	37,017
	Sub-total	687,269
Coordination and resource mobilization for the COVID-19 response interventions	Activity 3.1 Coordinating with other actors at National level	0
	Activity 3.2 Resource mobilization for COVID-19 response within the Program districts (Funding gaps)	1,000,000
	Sub-total	1,000,000
	Total estimated budget	1,709,248
	Funding gap	1,000,000