

The Impact of the COVID-19 Pandemic on Programmes

SOS Children's Villages International,
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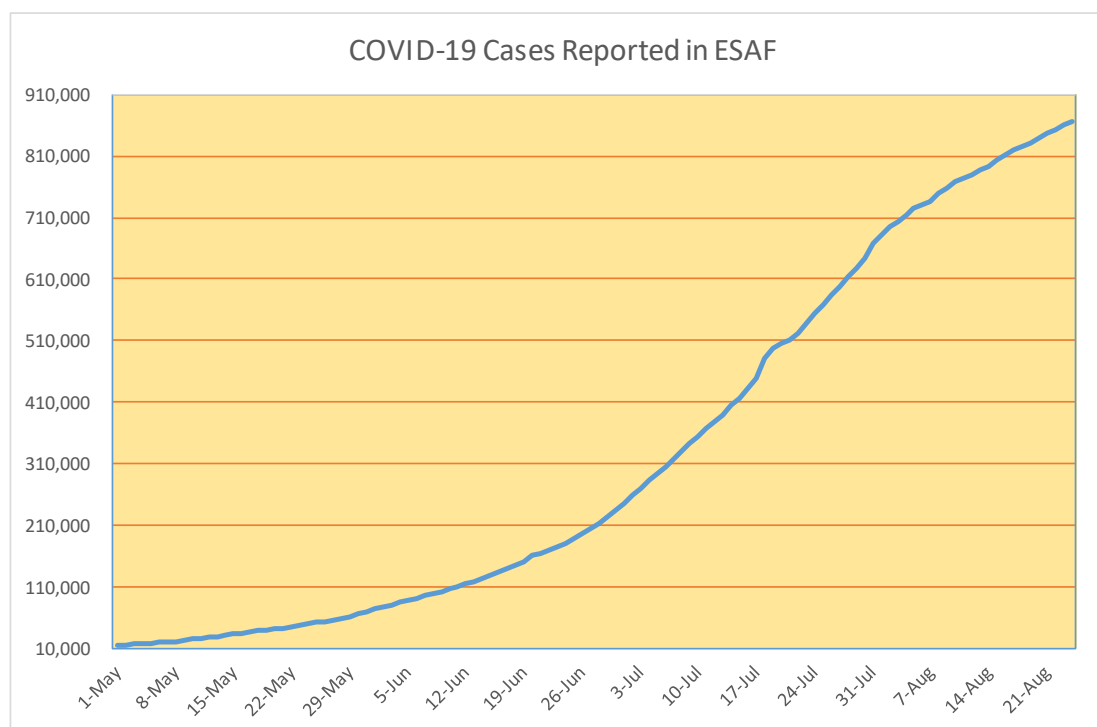


1. Background

The COVID-19 pandemic continues to devastate the social, economic and psychological wellbeing of African. This public health emergency affected every aspect of peoples' lives. Africa's vulnerable populations living under severe economic development deficits, limited government regulatory capacity and more importantly poor healthcare infrastructure are beginning to suffer the early but severe impacts of the pandemic.

From the first reported case in February 2020, Africa reached 1.1 million confirmed cases by mid-August 2020 with over 26,000 deaths and counting. The World Health Organization's (WHO's) Regional Office for Africa estimated (May 2020), that if containment measures fail, from 83,000 to 190 000 people in Africa could die of COVID-19 and 29 to 44 million could be infected in the first year of the pandemic.

The Economic Commission for Africa (ECA) warned the unfolding coronavirus crisis could seriously dent Africa's already stagnant growth and countries could lose over \$100 billion in revenues in 2020. An African Union report indicated that nearly 20 million jobs on the continent "are threatened with destruction". A World Bank report predicts that Sub-Saharan Africa may have the first recession in 25 years and the region's informal economy, which is vulnerable to shock and supports majority of the people, could shrink by as much as 5.1% because of the outbreak. Export, air transport, trade, remittances, the oil sector and tourism are being significantly affected as the virus continues to spread, resulting in a decline in foreign direct investment flows, capital flight, tightening of domestic financial markets, and a slow-down in investments - hence job losses. If we take remittance as an example, Africans from worldwide sent \$49 Billion to relatives in the continent in 2019, which is expected to fall by 20% in 2020.



The combination of escalating economic disruption and the direct impacts of the pandemic are contributing to political unrest in several African countries. As the financial and human toll deepens, it is almost certain that African populations will look for someone-anyone-to blame. The potential for more political confrontations will significantly grow.

Responses to the pandemic have led millions of children and young people to stay at home with possibility of 'home-schooling' for some while others have opportunities for online lessons. For children in Africa, there is a long way to go before full access to the Internet, tablets and/or computers before considering the ICT option of education as a lasting solution. Scholars are considering the pandemic as an opportunity to remind ourselves of the skills students need in the upcoming unpredictable world - informed decision-making, creative problem solving, and perhaps above

all, adaptability. To ensure those skills remain a priority for all students; resilience must be built into our educational systems as well.

Experts warn that real or perceived shortages of basic needs and the disruption of economic routines caused by the pandemic preventive measures coupled with poverty, unemployment and inequality across Africa could result in an increase in crime. On one hand, there are speculations that the social distancing and lockdown measures have reduced opportunities for crime.

The Horn of Africa is currently experiencing one of the worst desert locust upsurge in many years. The pandemic is limiting controlling and surveillance operations as well as the deployment of experts to the field. This could cause considerable damage to livelihoods and food supply. In urban areas, the price of key commodities is already on the rise, driven by various factors, which has a considerable negative impact on the vulnerable and poor households.

COVID-19 Reported Cases in SOS Children Villages ESAF Region - August 25, 2020												
#	Country, Other	Total cases	New cases	Total Deaths	Total Recovered	Active Cases	Serious/ Critical	Total Case s/ 1M pop	Deaths/ 1M pop	Total Tests	Tests/ 1M pop	Population
1	South Africa	611,450		13,159	516,494	81,797	539	10,291	221	3,564,065	59,983	59,418,339
2	Nigeria	52,548		1,004	39,257	12,287	7	254	5	379,542	1,835	206,858,331
3	Ghana	43,622		263	41,695	1,664	5	1,400	8	435,109	13,961	31,165,447
4	Ethiopia	42,143		692	15,262	26,189	248	365	6	775,908	6,726	115,364,208
5	Kenya	32,557		554	18,895	13,108	44	604	10	425,364	7,886	53,939,546
6	Madagascar	14,475	73	178	13,492	805	75	521	6	55,726	2,005	27,790,833
7	Sudan	12,903		818	6,538	5,547		293	19	401	9	43,994,021
8	Zambia	11,148		280	10,208	660		604	15	106,795	5,787	18,455,547
9	Zimbabwe	6,070		155	4,950	965		408	10	149,748	10,054	14,894,448
10	Namibia	6,030		56	2,563	3,411	8	2,367	22	51,605	20,257	2,547,530
11	Malawi	5,419		169	3,059	2,191	4	282	9	42,821	2,230	19,199,230
12	Djibouti	5,383		60	5,273	50		5,437	61	64,979	65,629	990,093
13	Eswatini	4,304		85	2,936	1,283	11	3,704	73	28,694	24,695	1,161,938
14	Mozambique	3,440		21	1,661	1,758		110	1	87,565	2,791	31,377,195
15	Rwanda	3,306		14	1,785	1,507		254	1	371,886	28,612	12,997,384
16	Somalia	3,269		93	2,443	733		205	6			15,954,903
17	South Sudan	2,504		47	1,290	1,167		223	4	12,044	1,074	11,213,024
18	Uganda	2,362		22	1,248	1,092		51	1	351,845	7,659	45,939,238
19	Angola	2,222		100	877	1,245	24	67	3	64,747	1,962	33,006,817
20	Botswana	1,562		3	199	1,360	1	662	1	106,284	45,066	2,358,415
21	Lesotho	1,015		30	472	513		473	14	13,330	6,215	2,144,777
22	Tanzania	509		21	183	305	7	8	0			59,970,394
23	Burundi	430		1	345	84		36	0	22,093	1,850	11,939,708
24	Mauritius	347		10	335	2		273	8	205,285	161,376	1,272,088
Africa Total		1,200,398	437	28,057	925,431	246,910	1,213					
ESAF Total:		869,018	73	17,835	691,460	159,723				7,315,836		
ESAF reported 72% of the positive cases in Africa (mid-August, 2020)												

2. Impact of the COVID-19 Pandemic on Regional Programs

Impact on Children and Young People

COVID-19 is negatively affecting the lives of children and young people especially those without and at risk of losing parental care. Desk reviews indicate that the pandemic may highly increase the number of families falling into poverty because of the crisis. Children may miss opportunities to access life-saving vaccinations and health services, exposed to an increased risk of violence, mental health issues and interruption of education. In addition, the pandemic will divert limited African health resources from children and mothers towards the pandemic response exposing the vulnerable children to diseases that have been contributing to mortality rates including pneumonia, diarrhoea, malaria, HIV and others preventable illnesses.

With the lockdown and extended school closure, many of our target children in alternative care (AC), family strengthening (FS) and youth development programmes have developed boredom, anxiety and stress. Children in the FS communities are exposed to increased risks of abuse, neglect, child and domestic labour. The situation of the girl children is worse. Reports indicate that alarming number of sexual abuse of girls, and child marriages in several countries in the region. In South Africa, gender based violence has been named the shadow pandemic in the communities. Nigeria showed an increase of 149% incident rate of gender-based violence from March to April which coincided with various forms of lockdown.

UNFPA reported 28,932 pregnancies between July 2016 and June 2017 among girls with ages 10-14. The same article indicated that 1 in 5 girls begin having children before their 19th birthday in Kenya. Some of these pregnancies are associated with sexual violence, which are expected to rise with covid-19 lockdowns and school closures. Kenya has reported that since school closures there has been about 4,000 teen pregnancies in the County over a period of four months.

To help children in their education, most MAs have continued to facilitate various home study programs. SOS schools have rolled out an e-learning session for students via WhatsApp groups, which is engaging the children. Some MAs provided Internet connections to the villages to support the online learning. The children are encouraged to stay engaged in the studies through different means: provision of notes, worksheets, tests, TVs and radios, study programs and others. MAs have arranged supervised studies for children as schools are closed. Some MAs have provided recreation facilities within the family houses to restrict movements and keep children busy within the villages through life skills programs and study sessions. The Herman Geminer schools are providing work sheets and exercises to the students and supporting caregivers in different teaching methods. MAs like Tanzania coordinated with schools to receive regular tasks for the children and engage them.

Alternative Care

As of July 2020, IOR ESAF countries have a total 12,807 children under the alternative care programme.

Challenges:

- SOS family-like care:** The pandemic is has tested the family-like programmes in SOS Children Villages in terms of mental health (psychosocial wellbeing), education, health and safeguarding of children. MAs/NAs observed that there are increased mental health issues among the children and caregivers. The children feel uncertainty, stress and anxiety especially during strict 'lock-downs' and movement restrictions. Children feel anxious when they are not able to visit friends or families or go out to play. Programmes are facing challenges in the reintegration of children back to their families of origin due to pandemic-related precaution measures. Restrictions on movement and ordinary office operations are hindering follow-ups on child safeguarding, and protection procedures. Interruptions of schools are creating challenges for education creating gaps in the cognitive development of children.

Most MAs have put in place innovative child safeguarding and monitoring mechanisms through frequent virtual communications with mothers children and social workers. Some MAs have also kept suggestion boxes in front of family houses. IOR



is also closely following the child-safeguarding situation by holding fortnightly virtual meetings with all MA CS focal points and providing technical support on a case-by-case basis.

- **School holidays and family visits:** It is understood that, there are a number of children in our Family-like care who have one or both of their biological parents. This has been a historical issue resulted from the relatively loose gatekeeping procedures in the past. In order to ensure continuity of parental ties, most MAs traditionally allow these children to visit and temporarily stay with their biological families during school holidays. Following the same tradition, when schools were closed due to the covid-19 crisis, such children, particularly those in boarding schools, were sent to their biological parents in some MAs. When the pandemic first struck, it was assumed that this would be a short-lived crisis. However, the current prolonged school closures, and other covid-19 related restrictions have created uncertainty if/when these children will return to our family homes. Some governments have even started promoting long-term reintegration of these children rather than bringing them back to our homes. IOR/ESAF will actively coordinate with MAs to handle this situation.

On the other hand, long before the Covid-19 Crisis, IOR/ESAF has been encouraging MAs to initiate a “responsible family reintegration” process, and we are currently working on developing a reintegration guideline in close coordination with MAs. This also implies further strengthening our gatekeeping mechanisms to prevent unnecessary separation of children from their biological parents.

The guideline will provide a framework for--

- a) Determining factors which promote or hinder the implementation of reintegration
 - b) Preparing the child, family and community for reintegration
 - c) Carefully planning the actual reunification
 - d) Rebuilding trust and positive relationship through follow-up support to the child and family.
- **Kinship carers:** Grandparents and/or caregivers have been forced to temporarily relinquish proper provision of care due to their vulnerability to COVID-19 risks. If the covid-19 related restrictions are prolonged the financial impact on foster families becomes unbearable and may result in abandonment of the children in foster care.
 - **Youth in collages:** Due to closure of almost all universities and colleges in the region, most students have returned to their home countries, which put additional financial strain on MAs. MAs were able to accommodate 5-6 youth in single rooms when students return for vacations under normal circumstances, however, due to the social distancing measures this time MAs are forced to keep 1-2 returning students in a single room. It is not yet clear if and or when schools will open. Moreover, due to the increasing unemployment in most countries, youth that were attached to various companies for internship and those left care in recent past have returned to the MAs seeking financial support.
 - In response to the Mental Health and Psychosocial needs of children and mothers, ESAF is planning to strengthen the capacity of RTRC to use the facility as a hub for virtual MH&PSS training to develop in-house capacity within the MAs. A concept note is developed and submitted to IO for financial support from the solidarity Fund. The services are intended to support children, mothers and youth in the family strengthening program as well.
 - **Risks to children in residential care:** The pandemic may cause rapid closure of residential facilities and children's return to families and communities without due preparation. Risks may also stem from remaining in residential care with group environments more prone to cluster infections and exposing children to a higher risk of infection as well as abuse, neglect and exploitation. This is a particularly high for children with disabilities, who are more likely to be in residential care settings and others with pre-existing conditions.
 - **Children in independent living arrangements:** These may be at increased risk of isolation and separation from peers, and lacking access to cash and other forms of support for their daily needs.
 - **Refugee and migrant children** may also find it more challenging to cope up than before and to access essential basic social services.

Some children in alternative care, who are unhappy in their placement, may find an enforced lockdown intolerable. Others who have just transitioned out of alternative care may face extreme social isolation and no access to financial and practical support. For children on the street and refugee and migrant children, access to help and services will become even more challenging due to lockdowns and closure of social services and they may even face arrests and detention.

Family Strengthening Programmes

As of July 2020, IOR ESAF countries have 166 family strengthening programmes (with 27,337 families) benefiting 118,576 people.

Challenges in the family strengthening programs in SOS Children Villages

- Under performance in program implementation and financial spending as priorities shifted since the spread of the pandemic
- Inability to achieve intended program results with the desired standard/quality within the specified time
- Difficulty of completing projects that were planned to phase out in 2020
- Possible increment in the dropout of children particularly girls from school and poor educational outcomes due to the challenges of virtual learning. Most vulnerable families are unable to provide internet access and other equipment to their children
- Possible consumption of productive assets (business capital, seeds, loans, savings etc.) in coping with the negative impact of the pandemic
- Deterioration in the capacity of SACCOs and CBOs, due to low saving by members, fewer collectable loans, state of emergency restrictions and possible increase in the number of defaulters
- Increase in the violation of child right and domestic abuse following the stay at home advice by government. There are also increased reported cases of child pregnancies
- Increase in food insecurity/malnourishment of children.
- Relapse of self - reliant families to poverty due to the slowdown of business and unemployment



Mitigating actions during and post COVID

- Negotiating with donors regarding the extension of projects that will phase out in the fiscal year 2020/21
- Conducting rapid assessment in a structured manner without compromising the safety of staffs. The output of such assessment will be vital in handling case management and provision of tailored post COVID 19 response
- Development of CNs to tap into the Solidarity Fund and other donor funds to quickly respond to the economic, health and educational gaps created as a result of the crisis
- Propagate the initiatives/efforts of the government in reaching children through education
- Explore different approaches in providing psychosocial support to children and families in need
- Using digital technologies for assessing the situation of children. Telephone allowance for volunteers and the use of telephone applications to collect and analyse data about the situation of program participants.
- Supporting FS participants engage in socially constructive and opportune businesses
- Arrangement of ToT training for volunteers in a manner that respects the decree of the state of emergency, so that they can cascade trainings to the project participants in similar fashion.
- Budgeting for emergency reserve fund in family strengthening projects in the future to respond to similar situations.
- Strengthen COVID 19 related awareness creation campaign to the mass community in collaboration with government task force.
- Focussing more on psychosocial support, health related awareness and livelihood recovery support to children and their families during and post COVID.
- According to high priority for the most vulnerable community groups (children, people living with disability, elderly people etc.) during emergency assistance and livelihood recovery.

Some promising practices during the COVID-19 period

- Making use of "protection clusters" or zonal representatives to respond to COVID-19 issues in the communities and support the families
- Community youth and FS families are participating in the production and sell of facemasks
- Increased use of technology and access to government run digital service programmes like grants to small and medium scale enterprises, education and mobile money transfers
- Engagement in youth-led community clean-up programmes where the youth are paid
- Conducting rapid assessments of FS families using mobile app to administer simple questionnaires

- Use of voucher assistance to support families in need to access food from local supermarkets/shops instead of food distribution centres
- The pandemic has brought drastic changes in hygienic behaviours promoted among the children and beneficiaries thereby reducing many communicable diseases that are normally common in the rural areas and slums.

Education

To address the challenges in interruptions of classes, countries and SOS Children's Villages programmes are experimenting distance learning through different ICT platforms, which are currently difficult in Africa, especially among poor families and communities. Most countries do not have the required ICT infrastructure, online educational content, access to facilities by the students or the regulatory capacity by governments to ensure quality. Considerable number of children especially in rural and low socio-economic urban settings are not accessing the online learning sessions, radio or TV lessons because of lack of means or access. Some governments are in dilemma about the continued closure schools despite the increase in infection rates. Kenya for instance is proposing to open schools by January 2021.

The closure of schools has significant financial implications for some or SOS CVI, state and private schools. Some schools were unable to pay salary for teachers and cover other administrative costs due to the reduced income. In SOS Children's Villages, we developed a comprehensive regional Covid-19 risk mitigation measures in May 2020. The measures among others, address specific risks and the proposed mitigation measures and actions to be taken.

ESAF is currently working on ending the involvement of SOS CVI in education (and health) facilities in line with programme changes as envisioned by Strategy 2030. There are some MAs where the management and board are taking too long to make decisions on handovers and others are expressing significant interest to retain the facilities under SOS CV portfolio. This is despite the fact that some of the facilities have witnessed challenges of covering the cost of salaries of teachers. Some MAs, have so far taken measures including salary reductions and furloughing of staff.



There is a bleak future for continued operations of the SOS CVs educational facilities unless they demonstrate the ability to reach a significant proportion of the SOS target group to warrant funding. Equally, there is very limited interest by donors to continue meeting the running cost budgets of educational services that can be provided by governments and other best placed stakeholders. Currently, ESAF IOR is finalizing a regional education programme guideline to shift the attention of MAs from direct service provision towards system strengthening, capacity building and advocacy in education. The guideline will be ready for comment by IO and PSAs by mid-October.

According to UNESCO, sub-Saharan Africa has the highest rate of education exclusion globally. Over one-fifth of children between the ages of 6 and 11 are out of school, followed by one-third of youth between the ages of 12 and 14. In addition, nearly 60% of youth between the ages of 15 and 17 are not in school. A World Bank report indicated that 87% of children in sub-Saharan Africa are 'learning poor' and lack foundational skills required for the dynamic labour market. Girls have even more challenges ahead of them: Across the region, 9 million 6- to 11-year-old girls will be denied the opportunity to go to school, compared to 6 million boys, according to UNESCO data. Their

disadvantage starts early: 23% of girls are out of primary school compared to 19% of boys. By the time they become adolescents, the education exclusion rate for girls is 36% compared to 32% for boys.

Currently, due to the COVID-19 pandemic, over 250 million primary and secondary children are out of school in Africa. The education sector is heavily affected, with the closure of learning institutions in many African countries likely to negatively affect education quality. The closure of schools may have exacerbated already existing challenges



in the education systems. The ACERWC notes that, in countries where school feeding programs are available, many children rely on free or subsidized school meals and the closure of schools may affect their situation.

In addition, the disruption in education created gaps in the regular cognitive development of children and young persons. Young persons who were on the verge of completing education and moving towards independence are now under stress and mental health challenges due to uncertainty.

There are reports indicating that rural and urban slum settlements are showing increased number of early pregnancies among girls between the ages of 12 to 20 years. There are also reports showing increase in the number of early marriages in some communities. Such cases are propelled by the poverty situation where vulnerable families use the girls as means of income to salvage the family situation.

Business as usual for the education system is not an option anymore. A “new normal” will have to be invented to improve learning outcomes. Teachers will have to be trained and upskilled. Technology will have to be at the forefront of how we learn going forward. Curriculum will have to be revised to reflect local realities and classrooms may not necessarily be a physical building. Parents will have to be involved in the education and home schooling could be an opportunity. Education will have to be more learner-centred rather than teacher-centred, and children will be encouraged to be more innovative in seeking knowledge; to be critical thinkers to be equipped with the necessary skills to prepare them for the future world of work outside of the classroom.

Governments have to invest more in education and to view education as an economic gain for any country, especially if built with gender outcomes in mind.

Emergency Response Projects

Ethiopia:

In SOS Ethiopia, there ADA and DERF funded projects. The ADA funded project (Integrated intervention to save lives and restore livelihood) was scheduled to end in April 2020 but is extended until September 2020 on NCE bases. Most of the project activities have been finalized and the remaining budget is shifted for COVID 19 response with approval from the donor.

The DERF-funded project (Flood emergency response), which was expected to end in June 2020 was extended to November due to the pandemic. Some of the budget from this project is shifted to a COVID-19 response.

Mozambique

The Beira emergency project is finalizing almost all planned activities except ongoing livelihood recovery and school rehabilitation works. The school construction has faced significant challenges including where the government changed the plan repeatedly. The government constructed by themselves where SOS CVI was supposed to undertake a construction. Thus, there was change in planning and type of construction. IOR also expects no-cost extension for this project. IOR will make a decision on possible no-cost extension for this project around the end of August 2020.

Nigeria

The emergency project in SOS Children's Villages Nigeria has child protection and WASH component. Most of the planned activities in the child protection component have been completed and about 80% of the budget is utilized. However, the WASH component has limitations in implementation due to the pandemic restrictions. The MA requested no-cost extension until January 2021.

Somaliland

In Somaliland, we have two DRA funded ERP projects in 2020: Somalia joint response project running from January 2020 to December 2020 and Desert Locust Response project running from April to October 2020. SOS Children's Villages Somaliland received a top-up funding of €200,000 for pandemic response on the DRA joint response project. Both projects are progressing smoothly.



Zimbabwe:

There are the DRA and Humanitarian Appeal (HA) funded food insecurity response projects in Zimbabwe. Both projects were scheduled to be completed in 6 months - from March 2020 to September 2020. However, due to the pandemic, the DRA funded project is extended with no cost extension until November 2020. The progress of the HA project will be reviewed by the end of August to make a decision on extension. The DRA project received a top-up of €100,000 for COVID 19 prevention and mitigation efforts.

Brief update on MAs with COVID-19 response projects from the SF

The following are MAs that received funds in July. The projects are at early stage of implementation:

1. Ethiopia: Received 621,877 Euro for COVID 19 response in the first round application
2. Somalia: Received 630,000 Euro for COVID 19 response in the first round application
3. Nigeria: Received 861,542 Euro for COVID 19 response in the first round application
4. Ghana: Received 70,000 Euro for COVID 19 response in the first round application
5. Eswatini: Received 45,053 Euro for COVID 19 response in the first round application
6. Mauritius: Received 101,278 Euro for COVID 19 response in the first round application
7. Djibouti: Received 89,738 Euro for COVID 19 response in the first round application
8. Angola: Received 133,600 Euro for COVID 19 response in the first round application

Fast track funds:

The below MAs received fast track fund and progressed well in implementing urgent COVID 19 responses.

1. Sudan: Received 30,000 from the fast track fund and application submitted for the second round
2. Kenya: Received 30,000 from the fast track fund
3. Ethiopia: Received 10,000 from the fast track fund
4. Somalia: Received 30,000 from the fast track fund
5. Uganda: Received 30,000 from the fast track fund and application submitted for the second round

Common Issues and challenges reported by MAs

- Governments are already showing inability to provide adequate testing and treatments with the rising level of cases. Most of the countries in the region have limited capacity in their health systems, lack equipment, adequate health facilities, medications and trained staff to meet the need if the outbreak escalates

- There are high risks of humanitarian disasters due to flooding, landslides, displacement of families and death due to prolonged heavy rainfall in FS areas. There is a drought situation affecting over 45 million people in Southern Africa that coincided with the pandemic
- MAs are facing high inflation on all essentials including food, medical and protective items as well as program implementation. They may need budget support for executing COVID-19 preventive measures.
- As the impacts of the pandemic extend, corporate and individual donors are also affected which is reducing local fundraising incomes. Likely impact includes the schools whose budget will be significantly affected and hence requiring more support.
- There is lack of skilled professionals to adolescent management skill training to mothers and aunts
- Following the arrangements for e-learning sessions for children, parents are voicing concerns about access to connection and related gadgets to allow their children access the lessons
- Preventive measures are affecting fundraising activities, FS community outreach
- Reports are showing increased food shortages among FS beneficiaries and host communities
- There is a need to provide mental health and psycho-social support for children, youth and staff
- SOS CVs programmes in high risk areas might stay closed for some time and the services to beneficiaries might get compromised
- MAs are reporting serious food shortages and highly decreased income among FS beneficiaries and host communities.
- Most projects are behind schedule, which requires discussion with key stakeholders and donors for extension or review of the project design.
- In some countries, there are misconceptions and wrong cultural beliefs about COVID-19 which might hamper preventive measures and worsening the negative impact on children
- Staff, caregivers and beneficiaries are experiencing stress and anxiety due to inability to move out of the villages and fear of job security for not being able to come to offices.
- From capacity, to low quality and expensive Internet connectivity, various challenges are negatively affecting the use of ICT for continuation of office operations. Inconsistent electricity supply is the other concern affecting ICT services within MAs.

3. Preparedness and Response by SOS Children's Villages

Management and coordination: Following the Emergency response coordination task team established at IOR level, MAs immediately set up crisis management teams (CMTs) both at national level and at the locations to coordinate prevention and response activities. The MAs have established crisis management teams consisting of relevant functions and focal persons at locations. The CMTs conduct meetings weekly and information is regularly gathered/disseminated from/to all locations to national offices. Most MAs have assigned safety and security focal persons who are coordinating the activities. MAs have developed and shared COVID-19 protocols for all staff, villages and program locations.

Lockdown of villages and movement restrictions: MAs remain closed and restrict movements in and out of the villages. The MAs have locked down the children's villages, restricting unapproved inbound and outbound movements with additional necessary security and sanitary precautions. Some MAs have advised mothers to live within the villages with their smaller biological children, if they choose to, and avoid commuting while others took annual leaves. Most MAs have identified essential and non-essential staff, facilitated work-from-home arrangements, and arranged annual leaves and rotational mechanisms to ensure continuation of operations with social distancing.

Prevention/Precautions:

- MAs continue procure and stock hand sanitizers, thermometers, hand gloves, facemasks, disinfectants, fumigation materials for houses and other protective equipment and make them available at offices, villages and program locations with guidance on proper use. Some MAs check-up the health of mothers and children in the villages daily.
- MAs continue to ensure the availability and use of sanitizers and hand-washing materials in all office entrances and houses as well as screening the temperature of coworkers and restricting outsiders to access the children's houses
- Some MAs are producing masks and homemade sanitizers to save costs and in case stocks run out from suppliers.



Program implementation:

- MAs continue to monitor and coordinate program activities with limited capacity. For instance, they conduct psychosocial support and lessons about drug and alcohol abuse, teenage pregnancy and goal setting for children and young people.
- MAs continue to distribute food packages to FS communities while also covering lorry stations, police stations, mosques, district assembly offices as well as families living in large households.
- MAs are working together with local governments on COVID19 response. Some MAs are part of incident management committees that involves local government entities, UN-OCHA, WHO, UNHCR, UNICEF, WFP, IOM, UNSOM, MSF, INTERSOS, SCI, NRC, and WVI
- MAs in collaboration with youth care co-workers, are giving the necessary support to youths who are in job search, returned from universities due lockdown and those who are in youth homes and facilities
- Some MAs facilitated the participation of children at county level virtual advocacy forum coordinated by the County Children's Coordinator and involving a constituency Member of Parliament and key leaders in the area. The children shared their experiences and concerns to national and county governments during the Covid-19 pandemic. Some MAs also facilitated the participation of children from the villages and FS programmes in national TV and radio live interviews on the effects of COVID-19 on children.
- In some MAs, the school management is providing Internet bundles to teachers to enable them upload information and lessons on social media platforms for the students
- MAs are collaborating with their ministry of health to conduct mass testing of COVID-19 among beneficiaries and staff. An MA is collaborating with the government to undertake vaccination (for seasonal flu) campaign for the children and SOS Mothers.
- An MA is building the capacity of KIPs/CBOs in their program locations on COVID-19 to support the community on the precautionary measures
- As part of their psychosocial support, some MAs like Ethiopia are bringing biological and adopted small children of SOS mothers and aunts children to the villages. Some MAs are planning to implement stress and burn out management trainings, following up changes in behaviors of youth and children at villages.

Awareness raising and information flow:

Almost all MAs have been conducting extensive awareness raising and sensitization on COVID-19 transmission modes, preventive measures, symptoms, and treatment to program and support staff, mothers, aunts, children and partners. Together with governments, UN agencies and local partners, MAs have developed messages and communications materials (posters, banners, stickers, etc.), which were disseminated for FS communities, children, staff and other populations.

Most MAs have established WhatsApp groups for all staff to disseminate regular up-to-dated information on all administrative, programmatic and pandemic related issues.

Procurement and stock up of Essentials:

Most MAs have stocked basic food items for up to six months, focusing on non-perishable ones, for the villages. Some MAs established relationship with major supermarkets to regularly provide basic food items to villages.

Communications and Fund Raising:

There has been an enhanced and regular communication and information sharing IOR, national offices, staff and villages in most MAs. Email and WhatsApp groups are helping to exchange updates and useful information. IOR and MAs are generating stories, interviews, videos and quotes for fundraising purposes. IOR EASF is coordinating information gathering, development and submission of situation reports and the set up and maintenance of a COVID-19 workspace. MAs are providing reports to PSAs and disseminating information using their social media on COVID-19 prevention and precautionary measures.

Human Resources, Finance, Office Operations and ICT:

Most MAs have made different arrangements to continue office operations while at the same time enforcing preventive measures including distancing, sanitizing, temperature check, and avoiding or cautionary use of shared items. MAs have tried to reduce workforce at the offices through working from home arrangements. HR teams are organising on-line support for staff to stay healthy while working from home. An MA sourced and shared a government toll-free line for reporting domestic violence in homes. The MA shared the toll-free line with all locations who in turn have shared with communities. The toll free line will be used to report cases they cannot handle. Some MAs are strengthening their security at offices and villages also collaborating with the police for a regular patrol around facilities. An MA is working with mobile banking agencies to provide financial services to mothers inside the village to limit mothers' movements outside the village.

At some MAs, mothers were advised to stay in the villages and were provided with telephone allowance to communicate with their families. Some MAs have processed clearance letters from governments to allow movements for essential SOS CV staff through police checkpoints. Some MAs have postponed all non-essential recruitments, expenditure and investments. In MAs like Somalia, elderly staff and those with chronic illnesses are given leaves to stay at home.

Finance: MAs revised their 2020 approved financial budget to align with the need to respond to the pandemic.