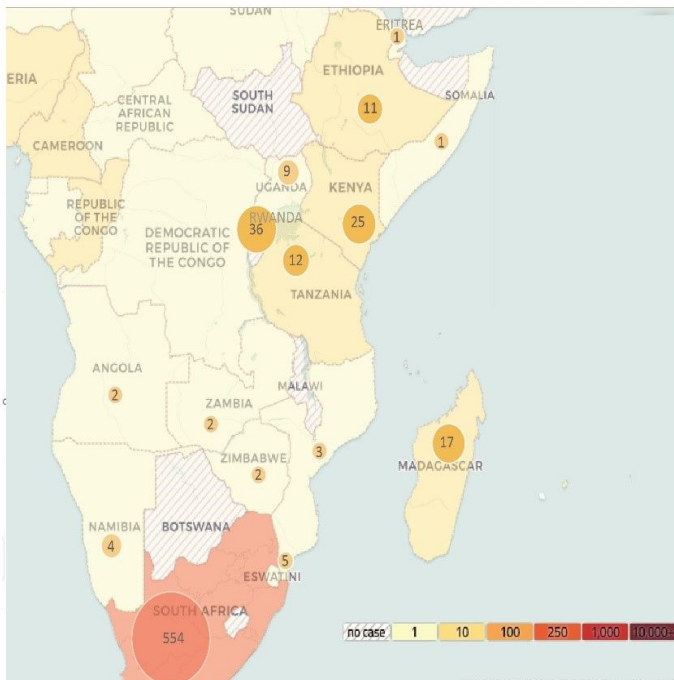




## FIGHTING CORONAVIRUS (COVID-19) IN EASTERN AND SOUTHERN AFRICA

RESPONSE PLAN PREPARED BY THE REGIONAL OFFICE FOR EASTERN AND SOUTHERN AFRICA



Number of confirmed cases of COVID-19 in Africa as of 25 March 2020. Source: Africa WHO Dashboard.

### Current situation

As of 30 March, 15 out of 21 countries in ESAR have reported more than 1,500 confirmed cases of COVID-19. This includes: Angola (7); Eritrea (12); Eswatini (9); Ethiopia (21); Kenya (42); Madagascar (39); Mozambique (8); Namibia (11); Rwanda (70); Somalia (3); South Africa (1280); Tanzania (14); Uganda (33); Zambia (29); and Zimbabwe (7). There have also been five reported deaths in Angola, Kenya, South Africa and Zimbabwe. At the same time, 20 governments have declared a state of emergency or restricted public gatherings, travel and border crossings and closed schools.

### Forecast scenario

The virus is projected to spread across the region over the coming months, requiring a significant increase in support to government-led responses. All countries in ESAR remain at very high risk to the spread of the virus due to a variety of compounding factors, including high prevalence of HIV, TB and malnutrition, high population density in urban areas, including within informal settlements and refugee camps and settlements. Vulnerabilities are further compounded in most countries by a range of other risks and shocks, including other disease outbreak, cyclones, drought, locusts infestations, protracted conflict, as well as the crash in global energy prices.

## Impacts beyond the Health Sector

While the outbreak is likely to limit access to curative services for management of diseases such as pneumonia, malaria and diarrhoea, and to increase risks for pregnant mothers and newborns due to the lack of timely and quality health care services, it will require increased preparedness to mitigate against its potential secondary impacts. These include impacts caused by an extended period of national lock down and population movement restrictions; civil unrest; economic crisis, reduced humanitarian access to communities in need of basic services; constrained supply and procurement of core relief items and reduced availability or arrested international air travel.

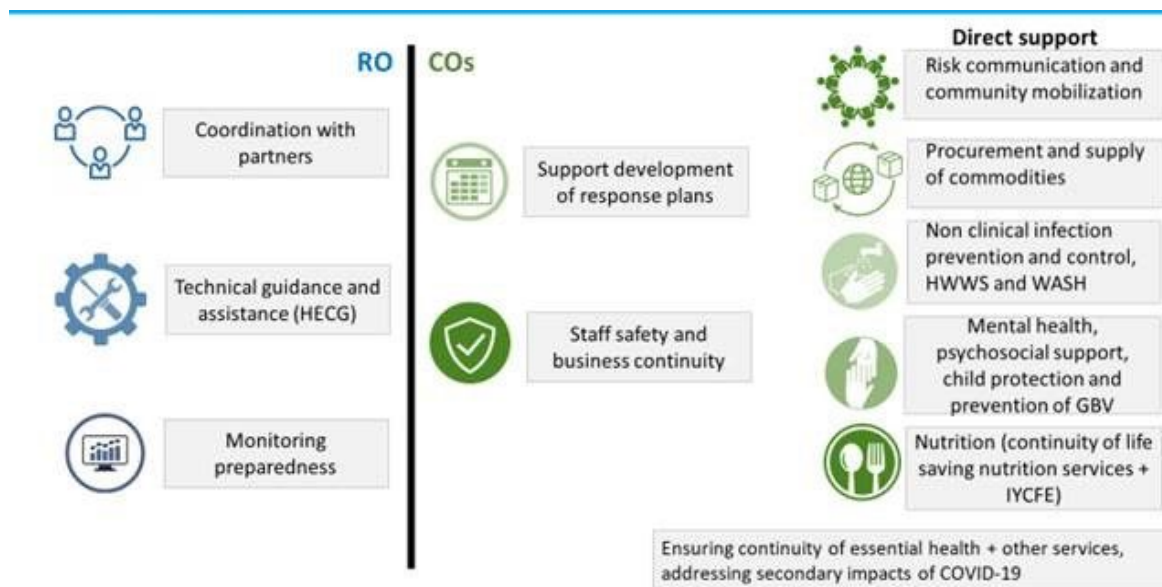
An outbreak may also lead to a range of secondary sector impacts beyond health impacts which are likely to include:

- **Reduced wages, underemployment and lost incomes of the poorest and most deprived families** (including those in the informal sector, in low-paying employment, seasonal jobs, squatter/informal settlements, and dependent on cross-border trade and hawking, which are likely to be hardest hit).
- **Economic downturn resulting in declining to human capital** that is projected to extend beyond the duration of the pandemic and bearing long-term effects on children's futures.
- **Heightened risk of exposure to violence and neglect** and disruption to the wellbeing of children and women within their protective environment.
- **Increased mental distress and trauma for children, their parents and their caregivers** due to confinement and self-quarantine, the impact of sustained social distancing, reduced access to education, increased economic insecurity and the lack of information concerning coping and mitigation strategies. This in turn may increase gender-based violence and food insecurity.
- **Increased demand for case management and supervision of vulnerable and separated children** (child headed households; children and women in safe spaces; children in foster care and orphanages; children with disabilities; children who have lost parents due to COVID-2019; children put into labour to support household income, etc.) will significantly increase the demand for social service provision should social distancing be enforced for a protracted period. Migrant, refugee and internally displaced children who live in remote areas and the disadvantaged urban and hard-to-reach areas will see reduced access to basic services and to information in their own language concerning both risks and protective measures.
- **Reduced access to protection services and an increased exposure to gender based violence (GBV), sexual violence and trafficking.** The potential gender implications of COVID-19 include increased risks of violence, exploitation, abuse affecting particularly women, girls, children, whether in situation of containment, detrimental coping strategies or due to social norms (more limited access to food, caregiving burden, limited participation in decision making processes within the household or in wider communities).

## UNICEF's Regional response

From 2-3 March, WHO AFRO convened a regional interagency meeting to prepare for an outbreak of COVID-19 and agreed on both priority actions and coordination roles at the regional level, for further implementation at the country level in Eastern and Southern Africa. During the meeting, it was agreed UNICEF ESARO would lead or co-lead on the following:

- 1) Risk communication and community engagement (co-led by IFRC and UNICEF C4D);
- 2) Infection prevention and control –WASH (led by UNICEF WASH);
- 3) Mental health and psychosocial support, (led by UNICEF Child Protection);
- 4) Continuity of essential health services (co-led by WHO and UNICEF Health);
- 5) Logistics and procurement (co-led by UNICEF Supply),
- 6) Support on case management



Regional and country-level UNICEF priorities for COVID-19 response in ESA

## What is UNICEF focusing on?

These programme areas represent the core of UNICEF programming at the country level in ESA for both preparedness and response to the COVID-19 outbreak. Further details of programming focus are set out below for each sector:



### Health

Disease outbreaks are disruptive causing additional mortality and morbidity. National responses to limit disease transmission include containment measures that are likely to lead to unintended consequences, including reduced access to essential health services, including immunisation, services for pregnant women and newborns and management of malaria, pneumonia and diarrhea among children under five. Beyond facilitating the overall coordination with Health ministries, WHO and other partners at the regional and country levels, UNICEF is supporting the following areas of work:

- **Inform the response:** forecast impact and timeline of outbreaks in the population; gather, adapt and disseminate latest guidance on case management and public health strategies for containment; enhanced monitoring for further disease outbreaks.
- **Support case management:** develop guidance with WHO for settings with limited resources (including community testing when available), procurement and delivery of equipment and medications for management of severe and critical cases (oxygen equipment, personal protection equipment, tests, drugs).
- **Ensuring access to essential health services,** including ringfencing of perinatal services in health facilities (differentiating premises and patients flows, provision of drugs and services at home, follow up and referral at community level); use of community workers to provide basic treatment of pneumonia, malaria and diarrhea (guidance on use of protective equipment and education key messages on COVID-19).

· **Support for sustained immunization in the region:** continuation of routine immunization activities; planning for catch up campaigns when the response to the outbreak allows for it. Other support will include heightening surveillance for vaccine preventable diseases, monitoring vaccine stocks, forecasting and delivery.



**HIV** (prioritizing high HIV burden settings):

- **Ensure treatment continuity**, including advocacy and support for multi-month refills and working with partners to manage and protect supply chain for ARVs, especially pediatric ARVs
- **Tailored prevention messaging for especially vulnerable groups**, including pregnant and breastfeeding women, children and adolescents living with HIV
- **Promoting increased HIV testing and treatment** as undiagnosed and untreated people living with HIV may be at greater risk of serious infection
- **Ensuring that peer supporters and other lay community workers are included in efforts to build health worker capacity**, especially around infection control and identify/promote remote means (phone or other digital) for providing adherence support if social distancing in effect
- **Supporting countries to document the interaction between COVID-19 and HIV** to contribute to the global evidence base.



**WASH**

Interventions to reduce human-to-human and surface-to-human transmission including:

- **Handwashing with promotion of the use of soap (HWWS)**
- **Provision of WASH services and non-clinical Infection Prevention and Control (NC IPC)**
- HWWS promotion as part of RCCE supported by WASH, building on previously successful HWWS promotion strategies, both localized and nation-wide, targeting schools and communities.
- NC IPC adapted to COVID-19 prevention in HF, schools and household, and WASH services in HF will be implemented to reduce the risk of human-to-human and surface-to-human transmission risk. Since 2018 and before, NC IPC has been successfully implemented in nine COs in the region: 5 COs engaged with MoH in EVD preparedness at HF level through IPC performance analysis, capacity development and supplies, since 2018 (Burundi, Rwanda, South Sudan, Tanzania, Uganda) and four other COs (Ethiopia, Madagascar, Zambia, Zimbabwe) also engaged in WASH & IPC in HF and schools, including guidelines with SOPs and minimum standards and IPC related to cholera prevention & control. The information from ESAR COs in WASH experience, level of readiness, current activities in COVID-19 response, and request for support from HQ and RO are summarized in *this* table.



**Communication for Development (C4D)**

- **UNICEF co leads Risk communication and Community Engagement (RCCE)** alongside the national Health ministries, ensuring effective coordination of interventions among the RCCE partners as well as with other pillars of preparedness and/or response. C4D will support the Risk Communication and Community Engagement components in all the country contingency plans. Priority actions will aim to ensure that
  - **Correct and consistent COVID-19 information is available to the public to mitigate rumors and misinformation** and that effective feedback mechanisms are in place and used for dialogue with communities.
  - **key lifesaving information is provided** to ensure that people know how to protect themselves and others, and that health workers know how to engage and communicate with patients.
  - **strengthening national RCCE coordination mechanisms, generation of evidence through assessments and social science reviews to inform message and intervention design.** Media and community engagement, rumor tracking and community feedback systems as well as overall monitoring and evaluation will also be prioritised.
- An indicative 30% of the total cost of all country preparedness and response plans is proposed to ensure adequate RCCE response.



## Supply

The accelerating transmission of COVID-19 adds a new dimension in assuring uninterrupted access to supplies and services and poses serious challenges on sustaining supply chains. UNICEF supply function stays aligned on global, regional and country office level to ensure uninterrupted access to supplies for prevention, protection and case management of COVID-19. The focus remains on continuation of programmatic response through timely access to most strategic supplies for children. These include supplies for vaccination and immunization, access to safe water and sanitation, therapeutic feeding, education and for survival and development. In support to timely access of good quality supplies, UNICEF will focus on core part of the supply chain:

- **Planning and forecasting.** UNICEF Country Offices in ESA region work closely with government counterparts and WHO in finalizing forecasts for personal protective equipment (PPE) and supplies for case management. The forecasting tool and the list of supplies have been issued from UNICEF Supply Division in close collaboration with WHO on the global level. Product selection and quantification is therefore straight forward and supports fast identification of supplies required for prevention, protection and response to COVID-19.
- **Products, markets and procurement.** List of products for COVID-19 was developed with the guidance from WHO. The main challenge with the market of PPE supplies (i.e. coveralls, health sanitizers, masks) is that the demand is on constant growth and some of the supplies are becoming scarce. UNICEF COs in ESA region explore local markets to ensure widening the supply based and efficient and timely access to good quality supplies. The limited availability of some supply items may lead to significant price increases, which need to be catered for when needs are estimated.
- **Logistics.** With governments taking measures to protect the population and prevent a wide spread of the coronavirus, it is implied that there may be further limitations to timely access. UNICEF is closely following up on the status with the seaports and airports in the region to ensure appropriate routes and transportation means are deployed for immediate access to supplies. In addition, UNICEF is considering stockpiling of strategic supplies for children within the region, which should support mitigating potential movement restrictions. It is critical when identifying the needs for access to supplies to incorporate costs of logistics, including in-country logistics.



## Child Protection

The Child Protection and GBV response will aim at ensuring that the increased needs for protection services, particularly for women, girls and children are addressed and risks of GBV and SEA are identified and mitigated. Children and adolescents should be consulted, including for the design of interventions. Where possible, UReport and child helplines should also be used as a channel to report on violence, neglect and abuse and inform children, youth and their communities on children rights and protection. Collaboration with protection partners will be strengthened at regional level on:

- **Case management and access to child protection services:** this will include but not be limited to: Service mapping to identify services for Child Protection and GBV, including case management, medical, mental health and psychosocial support. This mapping will include services that may be maintained/functional and contribute to identify alternative referral pathways and service provision modalities depending on the scenarios and phases of the emergency response; provide case management services including family tracing and re-unification and alternative care for unaccompanied and separated children, strengthening capacity of key actors on child protection in emergency response. Where needed, develop/ adopt Child Protection and GBV Standard Operating Procedures (SOPs) for COVID-19 preparedness and response; ensure that updated mapping of partners and services as well as referral pathways is available and accessible to education, health and the judiciary counterparts and are widely available within communities; conducting a rapid assessment to identify children most at risk ; support capacity building of service providers involved in emergency response and community-based structures on providing psychological first aid, safe and ethical handling on disclosure and referral of CP and GBV cases, prevention and response to sexual exploitation and abuse;

ensuring that safe spaces such as child friendly spaces, one-stop-centers, women and girls spaces have access to hand-washing stations; pre-positioning of water; (in cooperation with the WASH sector); build capacities of social workers within child helplines to provide counselling to children and parents in distress.

- **Mental Health and Psychosocial Support (MHPSS):** activities will include but not be limited to: mapping of mental health and PSS practitioners at national and community-based level; training of education, child protection partners and case workers on COVID-related protection risks, and on basic psychological support, including psychological first aid; contribute to safety of staffs and frontline workers.
- **Enhancing community-level approaches:** this will include but not be limited to : strengthening community-based protection mechanisms (women’s groups; adolescent and youth groups; traditional leaders; faith-based organizations; community radios, etc.) to foster their capacity to identify and refer cases; Contribute to risk communication and community engagement (RCCE) and ensure material issued is child friendly and that specific information on COVID-19 are age and gender sensitive. Use the community radios and communication channels (including virtual platforms where available) at local level to disseminate key messages to prevent violence, neglect, abuse as well as stigma and xenophobia; as well as family separation; etc.
- **Strengthening Gender Based Violence Risk Mitigation:** In collaboration with other sectors, conduct regular safety audits to identify barriers and safety risks in relation to access to services (both existing services and emergency response services specific to COVID-19 response) and ensure programmes integrate GBV and SEA risk mitigation measures; In light of the gender implications of this COVID-19 outbreak, close collaboration with C4D section in relation to RCCE activities will ensure that the specific information needs on COVID-19 as well as key protection services are tailored to the most vulnerable/at risk groups of population, including women, adolescent girls, children and disseminated through channels accessible to them.
- **Advocacy for access to services for of all children, including migrant, refugees and displaced children.**



## Education

19 countries in the region went through country-wide school closures, which potentially affect more than 55 million learners. As more and more COVID-19 cases in the region are expected on a daily basis, this situation will get more complicated. UNICEF Education will ensure the continuity of quality learning opportunity through the establishment and provision of alternative learning opportunity that combines radio/digital education, distribution of learner text and workbooks, and remote learning support by teachers and other educators. Also, when deemed necessary and possible, Education will contribute to other sectors by involving intersectoral activities in schools such as providing health education, WASH in school and child protection. The key focus area will be:

- **Support governments on crisis preparedness and response, systems for efficient delivery, and contingency planning:** Support Governments with education sector risk assessments, contingency and response plans; Strengthen local capacities of Ministry of Education officials to coordinate and monitor response; Advocate and support governments to prepare schools, teachers and families for school closures and school re-opening; technical support and use and contextualization of relevant tools (e.g. guidance for COVID-19 prevention and control in schools, developed by UNICEF, WHO and IFRC);
- **Implement safe school operations and risk communication:** Operationalize the safe school guidance, help equip schools with minimum hygiene packages, circulate live-saving information material on handwashing and recommended behaviors, and sensitize teachers and care givers. Train teachers and caregivers in providing psychosocial and mental health support to students; work with schools to prevent stigma and discrimination.
- **Ensure the continuity of learning and provide access to remote learning programs:** Develop and promote free and open digital tools to support large-scale remote learning; remote learning support by teachers and other educators; including educational TV and radio programmes, online content, internet-based and learning as well as print and distribute learning materials.

- **Support to monitoring and evaluation of interventions and knowledge management:** Develop and implement simple monitoring and evaluation systems of learning activities and education response plans (to feed into country, regional and global Situation Reports and post-action evaluations).



### Nutrition

Nutrition programming will focus on the following objectives:

- **Sustaining life-saving nutrition actions**, specifically IYCFE and treatment for acutely malnourished children including supplies, programme delivery and provision of relevant staff.
- **Ensuring key messaging for promotion and protection of breastfeeding in the COVID-19 response in all contexts**, early initiation including immediately following birth and through skin to skin/kangaroo mother care, EBF for first 6 months and continues up to two years even if mother and/or baby is positive for COVID-19 as benefits of breastfeeding far outweigh risk using recommended hygiene practices.
- **Supporting broader COVID-19 response that it not nutrition-specific**, according to CO needs.



### Social policy

Social policy and social protection measures are critical to ensuring children can continue to access basic services and mitigate the rising socioeconomic impacts of the crisis and other compounding shocks (cyclones, drought, locusts, conflict, collapse in oil prices). In parallel to the COVID-19 response, UNICEF is reviewing and updating its regular programme accordingly adopting a four-pronged approach set out below:

- **Assess and monitor the socioeconomic impacts of COVID-19 and other shocks on children**
- **Prevent potential disruptions to existing social protection programs**
- **Position social protection as a key component of the national response**
- **Influence financing and expenditure decisions to respond to the crisis**

## Country prioritisation

Based on the number of reported cases of COVID-19, the national capacity to respond to health emergencies, state fragility and the compounding impacts of other existing humanitarian needs and risk factors, there are eight priority countries for support in the ESA region which include (in alphabetical order): **Angola, Ethiopia, Rwanda, Somalia, South Africa, South Sudan and Tanzania**. Priorities will be regularly assessed to take into account evolving needs.

## Time frame and financial requirements

To meet the needs of children and women in the region, UNICEF's COVID-19 appeal for ESA is for US\$ 145 million for one year, starting 1st March 2020.

Table 1. Current UNICEF funding needs according to global pillars (subject to change).

UNICEF Response Pillar	Preliminary Global Funding Requirement (US\$) (subject to change)	Preliminary ESA Regional Funding Requirement (US\$) (subject to change)
Risk Communication and Community Engagement (RCCE)	104,713,007	18,738,304
Provision of critical medical and Water, Sanitation and Hygiene (WASH) supplies and improve Infection and Prevention Control (IPC)	190,759,131	33,149,238
Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management	127,965,094	28,803,730
Access to continuous education, child protection and GBV services	133,641,400	33,203,081
Data collection social science research on the secondary impacts on children and women [including social protection]	29,153,742	17,028,501
Global/Regional coordination, technical support and operational costs	63,144,368	14,449,173
<b>Totals</b>	<b>651,576,742</b>	<b>145,372,027</b>

---

## Contacts

**Natalie Vaupel**

Senior Adviser

Public and Private Partnerships

[nvaupel@unicef.org](mailto:nvaupel@unicef.org)

**Pete Manfield**

Regional Adviser

Humanitarian Action, Resilience and Peace-building

[pmanfield@unicef.org](mailto:pmanfield@unicef.org)