



Ntengwe for Community Development's COVID-19 Programme Framework and Guidance

Adaptation and Response Framework



1. Executive Summary

Type of document	<i>Adaptation and Response Framework</i>
Response name	<i>COVID-19 pandemic</i>
Target beneficiaries	<i>Ntengwe staff and most vulnerable programme communities, specifically women and children in Binga, Hwange and Lupane districts of Zimbabwe</i>
Planned response sectors	<i>Health, WASH, Child Protection, Education, Food Security and livelihoods, Gender</i>
Response goal	<i>To contribute to the prevention of the transmission of COVID-19 and reduce the social impact on staff and the most vulnerable communities, particularly women and children. We will work to ensure that we reduce the social impact on the status of women and girls who are normally disproportionately affected by crisis. Prepare for increases in gender-based violence, ensure that health and education and child protection services and systems are maintained, engage existing women, children's and community networks to</i>

support connectivity and vital information flow.

2. Background

COVID-19 threatens children and women's rights in Zimbabwe and exposes them to potentially massive disruption to basic needs and services, like food, protection and social interaction with family members, teachers, peers and communities. Ntengwe staff are faced with striking a difficult balance between ensuring employees and community's safety, and maintaining activities that support peoples' health and livelihoods. For now, Ntengwe is working project by project to balance multiple - sometimes competing - priorities: protecting employees, preventing the spread of COVID-19, and continuing to deliver services where possible.

We know now that the COVID-19 pandemic could last well within 2021, according to the World Health Organization. This will put Ntengwe staff and our communities - and particularly the most deprived and marginalised at great risk. The COVID-19 pandemic has created unprecedented disruption in social services and protecting livelihoods has moved to the very centre of our attention.

As a rights-based and humanitarian organization, Ntengwe for Community Development has the responsibility to ensure that the communities we serve – both in our ongoing emergencies and our longer-term development programming – are supported to prepare, prevent and respond to the impacts of COVID-19. We will, 1) Mainstream and mitigate the impact of the disease itself by contributing to the reduction of illness and death due to COVID-19 and other diseases, 2) Maintain key programme goals as much as possible across all our programmes, while recognizing the immediate economic and social impacts like loss of income, loss of access to normal services, and, 3) We will adopt our approach to ensure the most vulnerable communities, especially children, we currently work with in Binga, Lupane and Hwange districts are prepared to prevent and respond to COVID-19. Within the response, the priority and focus will be on adherence on the World Health Organization COVID-19 guidelines and practices which includes social distancing, wearing face masks and frequent hand washing.

We ensure that our ongoing programme responses are integrating COVID-19 prevention and mitigation measures, with particular emphasis on children, especially children with disabilities and their families, women and girls. These target groups are at higher risk due to reduced access to routine health services (e.g. disruption of routine immunisation and essential services and essential obstetric care services). Poor hygienic practices, or inability to comply with hygiene practices due to limited sanitation facilities can exacerbate the spread of the virus. Food insecurity, malnutrition and livelihood loss will further burden the already existing humanitarian crisis due to climate change in the most marginalized

districts of Binga, Hwange and Lupane and pre-existing toxic norms and gender inequalities have led to an exponential increase in gender-based violence. These communities are at the forefront of our response to COVID-19 due to the fragility of the contexts and the impacts that a double crisis will have on the most vulnerable. As daily lives and communities are upended by COVID-19, concern is mounting that children's exposure to violence may increase. Children with a history of abuse may find themselves even more vulnerable and may experience more frequent and severe acts of violence. Others may be victimized for the first time. Understanding the current status of violence prevention and response services is therefore essential within Ntengwe to assessing risks to children.

We will target our ongoing projects and programmes with a particular focus on adaptation to COVID-19 as a programme strategy which will require a coordinated local, national response to protect the most vulnerable children, women and communities from infection and the secondary impacts on non-COVID-19 related health, education and protection. Ntengwe, together with local government and key actors will need to take extraordinary measures to contain, delay and mitigate the impact of COVID-19 in our communities.

This adaptation and response plan emphasis four phases of the crisis – **Preparedness, Initial Response, Mitigation and Recovery**. The overall strategy is also based on 1. Community Safety, 2. Staff Wellbeing and, 2. Project Continuity. These strategies are important to consider in our approach to ensure we adequately take into account the different scenarios and are inclusive of mobility restrictions as a consequent of COVID-19. This framework is a guidance that allows Ntengwe staff to locate which Phase our communities are in and to begin implementation of key programme activities, adhering to accompanying guidance for each sector that will outline each sector, and all sectors will align with international, national and local government standards and best practice to-date.

3. Potential Impact Analysis

Although needs assessments have not been conducted, valuable insights into likely impacts of COVID-19 have emerged from our District Task Forces. The assumptions in the three districts are as follows:

HEALTH

The rapid spread of COVID-19 could destroy already fragile health systems in the three districts where healthcare workers, resources and supplies are too scarce to cope with the influx of patients and returning Zimbabwean's at the quarantine centres. Many of the communities are particularly at higher risk because of the underlying respiratory and auto-immune diseases, pre-existing poor hygiene practices, poor water and sanitation services.

WASH

The Global World Health Organization (WHO) guidance identifies washing hands and keeping areas as hygienic as possible, alongside social distancing measures. For many contexts where we operate, these guidelines are virtually impossible. Lack of water and sanitation facilities and insufficient antibacterial soap to aid prevention of transmission and spread of COVID-19 make these requirements almost impossible to meet. Incorporating and scaling up WASH (water, sanitation and hygiene) activities in our response is critical to support the curtailment of COVID-19 transmission.

CHILD PROTECTION

The COVID-19 pandemic and the measures used to prevent and control the spread of the disease can disrupt children's daily routines, friendships, families, communities and services. Children and families who are already vulnerable due to humanitarian crises or socio-economic exclusion are particularly at risk. A failure to consider children's needs and vulnerabilities can further increase their protection risks and lead to negative coping mechanisms. Lack of adequate information can create fear and panic in the community and especially among children. The loss of household income, reduced family protection for children and girls' gender-imposed responsibilities increase the risk of child labour and sexual and gender-based violence, including sexual exploitation and child, early and forced marriages.

EDUCATION

Schools have been closed in our target areas, which reduced access to quality education and exacerbated vulnerabilities that existed prior to the COVID-19 crisis. As families face economic strains as a result of COVID-19, negative coping mechanisms including child marriage and child labour risk further dropouts. With schools open now, some children and young people will find it difficult to remain in school. The overt focus on COVID-19 as a health crisis is eroding the protective structures of education systems and is putting children's wellbeing, development and learning at risk. Schools keep children safe from hostile environments and protected from risks including adolescent pregnancy and gender-based violence. They are also a space to disseminate life-saving messages and teach children the skills they need to thrive. The impact on learning outcomes is yet to be determined but the crisis will likely set many children back.

FOOD SECURITY AND LIVELIHOODS

As quarantine regimes hamper economic activities for both women and men, the impact on women's economic status will likely be more negative due to the higher proportion of women in informal and precarious work or self-employment with little recourse to social protection measures. During this pandemic social and economic impacts disproportionately affected women, because of various overlapping socio-economic vulnerabilities and pre-existing gender inequalities.

GENDER

Women and girls will face further pressures as the need increases for households to maintain hygiene and preventive measures against COVID-19. Given the gendered distribution of labour, roles and responsibilities in sourcing water for hygiene and sanitation, women and girls will face greater demand and walk further distances to fetch water, thereby putting them at heightened risks related to protection, gender-based violence, as well as exposure to COVID-19.

The burden of work is expected to increase disproportionately for women and girls in households due to their gendered role as primary caregivers for children, the sick and the elderly. This will exacerbate their time poverty to access information or services, exposing them to the virus and leading to fatigue that can heighten their susceptibility to the virus. Access to healthcare, already limited for girls and women because of inadequate staffing and lack of knowledge on adolescent and gender friendly approaches, are likely to worsen through this crisis. Furthermore, critical SRHR services may be reduced as resources are diverted, placing women and girls at risk of unwanted pregnancies or other health risks. In the COVID-19 situation, the prevailing inequitable distribution of household resources such as food and nutrition, lower access to supplies, decreased household incomes and increased workloads will all combine to further erode women's and girls' livelihood.

The economic impact of this crisis on many families may put pressure on caregivers to get children working, potentially leading to risks of sexual exploitation and an increase in child marriage and child labour.

Ntengwe's COVID-19 programme strategy will require a coordinated response to protect the most vulnerable children and communities from infection and the secondary impacts on non-COVID-19 related health, education and protection. Ntengwe's Framework and Guidance is based upon three pillars:

1. Community Well-Being
2. Staff Wellbeing
3. Programmes preparedness and continuity of programmes

This Framework will move through different times and throughout the waves of an entire 12 months.

Programme Framework for Immediate Implementation

This framework represents Ntengwe's planning assumptions and priority areas for implementation over four phases of programming: Preparedness, Initial Response, Large-Scale Response, and Recovery. Each phase is defined by the specific scenario in the three districts. This framework is not a comprehensive programme document, rather is a guidance that allows Ntengwe staff to locate which Phase our community are in and to begin implementation of key actions and activities by sector.

Key Principles and Programme Planning Assumptions:

Principles

1. Ntengwe will include appropriate child safeguarding measures at every phase and within every programming activity.
2. Ntengwe will include appropriate measures to mitigate increased risk of gender-based violence and particularly to protect women and girls from sexual exploitation, abuse, harassment or any other form of misconduct. This includes any violations committed by Ntengwe employees, volunteers, suppliers and representatives.
3. We will continue to ensure our work is driven by our values of empowerment, accountability, and inclusiveness and that children and children's rights are at the centre of everything we do.
4. Where we have humanitarian programmes, we will maintain our commitment to the humanitarian imperative, which is ensuring the right of children and families to receive assistance, and for us to provide that assistance wherever it is needed.
5. We will prioritize partnerships and collaboration with local actors.
6. We will communicate with and share our work widely to ensure collaboration and best practice is implemented in real-time throughout the global pandemic duration.
7. The most marginalized and deprived in every population will be impacted the most (and the longest), and we will target our efforts first to these groups.
8. Our work will be informed by contextual gender and social inclusion analysis as well as effective and up-to date risk communication and community engagement methods.

4. Planned Response

4.1 Overall response goal

To contribute to the prevention of the transmission of COVID-19 and reduce the social impact within the most vulnerable communities across Ntengwe for Community Development programme areas.

4.2 Strategic Objectives

- Adapt and extend existing programmes and humanitarian responses to support communities to adopt adequate COVID-19 prevention and mitigation activities, ensuring that negative social impacts and coping mechanisms within vulnerable communities are addressed.

- Address specific negative issues affecting the most vulnerable, especially children during the COVID-19 crisis, using windows of opportunity to advance children’s rights.
- Prioritise the protection and assistance of high-risk communities, particularly those vulnerable to rapid transmission of COVID-19 within our current portfolio.

Priority intervention pillars

- 1) Health
- 2) WASH
- 3) Child Protection
- 4) Education
- 5) Food Security and Livelihoods
- 5) Gender

Priority cross-cutting pillars

Ntengwe should build on its thematic priorities within current programme areas as well as prioritise ongoing emergency response locations. Influencing and coordination with key sectoral government ministries at national level is critical to contribute to government and stakeholder efforts in prevention, control, response and recovery. Preparedness and contingency programme planning to integrate the priority intervention pillars across all ongoing projects needs to take place in each district of Ntengwe’s operation. This will ensure that rapid adaptations can be implemented should an outbreak occur in the districts. The Contingency plan completed by Ntengwe are part of contingency planning in which mapping out programme-specific continuity and updating is critical. We will put specific emphasis on specific vulnerabilities faced by women and girls. Safeguarding, protection against sexual exploitation and abuse), and gender aware activities will be core to all programme activities in recognition of the potential increased risk to vulnerable individuals.

PROGRAMME FRAMEWORK

PHASE	PREPAREDNESS (PREVENTION & CONTAINMENT)	INITIAL RESPONSE (DELAY OF TRANSMISSION)	MITIGATION RESPONSE	RECOVERY
SCENARIO	<ul style="list-style-type: none"> • No of confirmed cases in-country and no of community transmissions • Insecurity and rumours spread, resulting in lack of adequate information or 	<ul style="list-style-type: none"> • Confirmed cases of community transmission in areas of operation • Sporadic closure of school, markets, transportation systems 	<ul style="list-style-type: none"> • Widespread, sustained community transmission • Significant market disruptions • Lack of available essential water, food and supplies 	<ul style="list-style-type: none"> • Decrease in community transmission • Markets coming back, essential goods more widely available • Government restrictions lifted or eased

	<p>potential disruptive behaviours</p> <ul style="list-style-type: none"> • Some pre-emptive measures may impact supply-chain delivery (e.g. border closures, movement restrictions) • Limited or no testing availability • Global or regional surge/deployment is limited or not available 	<ul style="list-style-type: none"> • Changes in availability of essential supplies • Beginnings of critical infrastructure breakdown • Access to healthcare is reduced • Anxiety is heightened, which may impact social interaction and demand for service • Deterioration of coping and support mechanisms • Beginnings of food and income loss due to decreased economic activity • Potential price- instability in costs of essential food, water and supplies 	<ul style="list-style-type: none"> • Collapse of healthcare system • Public health and other critical services, workforce is reduced by 30% • Individual or group relaxation of social distancing measures as fatigue and anxiety increase • Government and local restrictions prohibiting movement and access to services • High illness and potentially high death rates in some populations • Disproportionate impact on the marginalized and deprived • Irregular population movements within the country or between countries • Disproportionate impact on elderly and resulting impact on societal structures and norms 	<ul style="list-style-type: none"> • Likelihood of movement into another wave of COVID-19 infections, return to (initial) response phase.
OBJECTIVES	<ol style="list-style-type: none"> 1. Preparedness and contingency planning 2. Ensure Ntengwe staffs are healthy and free of disease. 3. Communicate critical risk and increase community awareness and education 	<ol style="list-style-type: none"> 1. Reduce or delay transmission with mitigation strategies in all Ntengwe programmes 2. Continue programming objectives as much as possible with risk 	<ol style="list-style-type: none"> 1. Begin/scale-up all COVID-19 response programming for life-saving and life sustaining measures during the pandemic wave 2. Begin/ scale up PSS services 	<ol style="list-style-type: none"> 1. Ensure mental health and wellbeing of children and their caregivers 2. Resume all programme objectives 3. Prepare for possible second wave

		<p>mitigation strategies in place</p> <p>3. Prepare programme, staff and beneficiaries for potential large-scale disruption to come</p>	<p>3. Reduce illness and death throughout wave</p> <p>4. Continue key programme goals as much as possible</p>	
INTERVENTION GUIDANCE	<p>Integrated Programme Risk Communication and Community Engagement</p> <ul style="list-style-type: none"> Analyse context (including gender and social inclusion analysis), prioritize key audiences and a set of key behaviours and understand key barriers Collaborate across teams and with other stakeholders to develop tailored key messages and dissemination approaches that are appropriate for such audience (including for children), timely, and inclusive of the most marginalized. Review existing Ntengwe channels for reach at community levels (men, women, and people with disabilities, youth and children) including social and mobile media. Map existing community groups and platforms 	<p>Integrated Programme Risk Communication and Community Engagement:</p> <ul style="list-style-type: none"> Ensure rapid and sensitive communication with communities and children about changes to programme activities. Reach communities and children with tailored (e.g., child-friendly and gender inclusive) key messages through trusted and accessible channels, to raise awareness, prevent stigma and combat rumours Assess and track strength of misconceptions, key barriers and distrust; and Track – paying particular attention to the groups/people who may be most impacted. Practice effective community entry and local leader advocacy to create trust Work with community leaders and existing 	<p>Integrated Programme Risk Communication and Community Engagement:</p> <ul style="list-style-type: none"> Widely distribute accurate, accessible child-friendly and age and gender sensitive materials through trusted channels. Track and address new rumours/misinformation that may be circulating – paying particular attention to the groups/people who may be most impacted Work with community leaders and existing community platforms (including children’s groups/networks) on use of Ntengwe materials 	<p>Integrated Programme Risk Communication and Community Engagement:</p> <ul style="list-style-type: none"> Collaborate across teams and with other stakeholders to review, revise and continue to dissemination approaches that are appropriate for such audience, and tailored also for children and for most marginalized Collect and upload effective Ntengwe materials onto Ntengwe media and materials data base.

		<p>community platforms (including children's groups/networks) on use of Ntengwe materials and to mobilize safe community systems of support</p> <ul style="list-style-type: none"> • Collaborate with Min of Health platforms, digital and mass media for online dissemination of information and development of feedback loop with community members including monitoring of frequent misconceptions and exposure data 		
	<p>Health Coordination</p> <ol style="list-style-type: none"> 1. Coordination with Ministry of Health & key actors, such as EHT's 2. Strengthen Drop In Centre (DIC) and identify and sensitize DIC caretaker on health requirement, prevention and control. 3. Promote culturally-appropriate and child-friendly and empathetic community engagement to detect and respond to public perceptions and counter misinformation on key public health measures 	<p>Health As per preparedness</p> <ol style="list-style-type: none"> 1. Support isolation at DIC 2. Define patient referral pathways 3. Community Case Management, adapt guidance and train EHTs for community case management, including identification 	<p>Health As per initial response</p> <ol style="list-style-type: none"> 1. Link with Min of Health to maintain routine and emergency health service provision for non COVID care at primary, secondary and community level through provision of training, incentives, supplies, human resources 2. Link to child protection focal point identified cases of children 3. Meet the needs of women village healthcare workers, on the frontline of the response, including 	<p>Health Surveillance</p> <ol style="list-style-type: none"> 1. Continue to actively monitor and report on cases and diseases trends

			psychosocial response and menstrual hygiene needs of the responders.	
	<p>WASH Coordination</p> <ol style="list-style-type: none"> 1. Develop/adapt and disseminate guidance on hand washing and guidance on surfaces like doors, door handles, water pumps. 2. Guidance at household level and Community public places 3. Mitigate information on developing soap and hand sanitizer options 4. Provide essential hygiene training to staff 	<p>WASH As per preparedness</p> <ol style="list-style-type: none"> 1. Conducting Intensive campaign on handwashing with soap and personal hygiene more widely through appropriate channels of communication. 2. Keep focus on menstrual hygiene management activities during COVID-19 (Petal). Working with Community based platform such Community leaders and traditional healers can play a crucial role as information providers on personal hygiene and hand washing. 3. Ensure accessibility to hand washing facilities for persons with disabilities. 4. Collaborate with government to ensure child-friendly hand-washing stations are available at health facilities, schools, child care centres and other locations children are likely to visit (note – these facilities may close as the 	<p>WASH As per initial response</p> <ol style="list-style-type: none"> 1. Distribution of Hand-Washing related items. Ensure enough soap for everyone for handwashing. 2. Where critically required link with duty bearers to restore and repair water supply and handwashing stations (also accessible to children with disabilities) in learning spaces /Schools 3. Approaching Community based structure. Establish and strengthen locally relevant ‘change agents’ such as school WASH clubs and champions; mothers and caregivers peer to peer groups; community EHTs; other children’s groups, etc. 	<p>WASH</p> <ol style="list-style-type: none"> 1. As joint response with other sectors to provide information on inclusive hygiene education during programme implementation.

		situation moves to large scale response)		
	<p>Child Protection</p> <ol style="list-style-type: none"> 1. Support caregivers with access to information on how to care, protect and talk to their children. 2. Advocate/develop preparedness plans for identification of, prevention and response to violence, abuse, exploitation and neglect within a contagious environment, to maintain and expand protection to the most vulnerable children. 3. Within current child-focused programming, support information sharing with children, explore with children to work with children to assess the risks and impact the virus is having on their lives and develop age and gender appropriate child friendly messaging and community preparedness plans. 4. Develop plans with vulnerable families already receiving case management on how to access services and where 	<p>Child Protection</p> <ol style="list-style-type: none"> 1. Mobilize a community response to monitor the situation of vulnerable households and offer support when needed, including reassurance and support to children affected by loss. 2. Strengthen capacity of child protection case management workforce to safely provide protection services for the most vulnerable, within a contagious environment as per appropriate vulnerability analysis 3. Support to parents and carers on how to provide positive parenting and psychosocial support to their children - what to watch for and how to respond 4. Work with Education sector, to incorporate psychosocial support messaging and programming in any distance learning platforms utilized, and sensitization of teachers to address psychosocial 	<p>Child Protection</p> <ol style="list-style-type: none"> 1. Explore options with communities for distance/remote communication and connection around parenting and family strengthening and emotional support for caregivers programming. 2. Integration of case management and referral mechanisms within the Health Response to identify and respond to child protection concerns, with a focus on domestic violence and linked violence against girls and boys. 3. Work with key child protection system actors (community networks, district level Social Welfare officers, Min of Health) to ensure follow up on and support to children isolated from social services 4. Work with communities to carry out activities to end stigmatization, bullying and discrimination and to promote safe coping 	<p>Child Protection</p> <ol style="list-style-type: none"> 1. Extend social protection schemes to at-risk households facing temporary loss of income, and strengthen carers to offer continuing quality care, reduce stress in the home and prevention of resorting to negative coping measures (i.e. child labour and early marriage) 2. Partner with schools, community centres and child friendly spaces to implement recovery/children and youth resilience building activities and structured programming. 3. Mobilize community to implement structured and non-structured community based psychosocial support activities 4. Partner with women's groups and domestic violence prevention /response organizations to provide support to children and women who may be exposed to/experiencing domestic

	<p>to receive additional support within their own support network.</p>	<p>impacts during school activities.</p> <ol style="list-style-type: none"> 5. Disseminate information/develop platforms for connections as appropriate that address the specific psychosocial needs of different age groups due to school disruptions and social distancing. 6. Train staff on COVID-19-related risks and adapted reporting and referrals mechanisms that will function at a distance in the event of school closures, quarantine, lockdown, etc. 	<p>mechanisms, and to support affected and isolated groups.</p>	<p>violence and linked violence against children.</p> <ol style="list-style-type: none"> 5. Assess and build capacity of child protection systems to support recovery and protection of children's wellbeing
	<p>Education</p> <ol style="list-style-type: none"> 1. Together with existing children's clubs where possible, promote handwashing, hygiene and raise awareness around COVID-19 risks, with key messages appropriate to the age and language of learners. Provide learning spaces with adequate handwashing facilities as per national guidance (e.g. soap, handwashing stations) Reinforce cleaning and disinfection of learning spaces on a 	<p>Education</p> <ol style="list-style-type: none"> 1. Strict adherence to government guidelines including postponing/cancelling activities and implement additional government guidance to inhibit the spread of COVID-19 in schools. 2. Advocate to ensure understanding amongst education stakeholders, parents, caregivers and communities that school closures are only effective 	<p>Education</p> <ol style="list-style-type: none"> 1. If preparedness actions have not been possible, work immediately to support the Min of Education to develop distance-learning tools, and prepare additional relevant content for academic skills as well as mental health and psychosocial support, health, and child protection key messages. 2. Coordinate with child protection committees and community-based 	<p>Education</p> <ol style="list-style-type: none"> 1. Support Min of Education to prepare guidelines on safe school reopening including clean-up if school has been used as temporary health center, in coordination with Health and Child Protection actors. 2. Work with Ministry of Education to develop catch-up programmes or condensed curricula to avoid loss of school year. 3. Support community mobilisation for (re)

	<p>daily basis. Establish standard operating procedures in case students and families disseminated ensuring that the most vulnerable and marginalized have access/ teachers become unwell.</p> <p>2. Work with Child Protection committees to assess (e.g. counselling or other less formalized support, after-school care provision, etc.) and how a pause in services will affect children, especially the most marginalized, vulnerable, or children with disabilities. Update reporting and referral mechanisms to prepare for possible school closures.</p>	<p>if accompanied by social distancing.</p> <p>3. Implement social distancing practices (e.g. staggering start and end of the day, reduce large events, ensure minimal space between children’s desks, avoid contact). Implement standard operating procedures in the case of learner or teacher sickness in line with national health guidance around quarantine and isolation practices.</p> <p>4. Working with school management structures and child protection actors to provide parenting support including guidance on how to deal with the emergency-related issues and support children’s learning and wellbeing.</p> <p>5. Assign teachers and community facilitators to conduct follow-up with students (remote via mobile phones or in small groups) for distant learning.</p>	<p>facilitators to remotely monitor access to learning for particularly vulnerable children, including referral to specialized health or protection services where needed (e.g. through phone calls).</p> <p>3. Work with social service systems and child protection actors to ensure continuity of critical services that may take place in schools such as health screenings, feeding programmes or specialized services for children.</p> <p>4. Support consultations with students to understand their ongoing needs, the impact the crisis has had on their families/rights/community and what actions they may want to take. Share this information with other sectors/duty-bearers.</p> <p>5. Ensure support for Mental Health/Psychosocial support needs are available.</p>	<p>enrolment of children in schools (or non-formal programmes if needed).</p> <p>4. Continue to implement safe programme guidelines/regulations in schools to prevent a future outbreak. Ensure support for Mental Health/Psychosocial support needs are available.</p> <p>5. Work with child protection actors to train teachers on how to support children as they have returned to formal learning, including how to refer children with severe needs to specialized services.</p>
	Food Security & Livelihoods	Food Security & Livelihoods	Food Security & Livelihoods	Food Security & Livelihoods

	<ol style="list-style-type: none"> 1. Establish triggers for early actions (e.g. use Household Economy Approach - where available to identify which supply side shocks to incomes should be monitored). 2. Explore partnership with private sector and explore innovations to ensure supply chain continuity and improved resilience of the food system (e.g. tap into youth ability to connect and innovate). 	<ol style="list-style-type: none"> 1. Monitor government regulations on the movement of goods and market closures 2. Support income generating activities (e.g. Amaranth, Petal, Face masks, soap making, sanitizers etc) 	<ol style="list-style-type: none"> 1. Focus on women who are often underrepresented in informal economy 2. Advocate for enabling policies and increase support to production entities (poor farmers). 3. Engage young people in remote skills training and job matching opportunities and tap into their ability to mobilize and connect using innovative solutions. 	<ol style="list-style-type: none"> 1. Conduct market analysis to plan the early recovery phase (using HEA where available). 2. Provide or advocate for the provision of in-kind/ cash to purchase inputs for livelihoods recovery e.g. seeds, tools, livestock. 3. Support economic resilience of the poorest and most affected by the economic slowdown through market system strengthening. 4. Identify lost livelihoods and opportunities for new ones that might be more resilient in the future (e.g.: using HEA modelling)
	<p>Gender</p> <ol style="list-style-type: none"> 1. Conduct a rapid gender and social inclusion analysis to understand how existing inequalities might be exacerbated by the pandemic and the quarantine. E.g., prevalence of domestic violence, the burden of care falling on women, men and boys being affected by COVID 19 at higher rates, women's participation in the informal economy, 	<p>Gender</p> <ol style="list-style-type: none"> 1. Containment and mitigation measures to address the burden of unpaid work on women in care work (EHTs) 2. Address the heightened of domestic/family violence 3. Train first responders on handling disclosures of GBV, including psychosocial support. 4. Prioritize access to sexual and reproductive health services. 	<p>Gender</p> <ol style="list-style-type: none"> 1. Collaborate with Min of Health, VFU and Social Services on local women's rights and domestic violence prevention/response to extend support to women, children who are quarantined with abusive partners, family members and parents/guardians. 2. Develop gender sensitive economic and social protection strategies to address loss of livelihoods, 	<p>Gender</p> <ol style="list-style-type: none"> 1. Continue to implement safe programming across all districts. 2. Ensure appropriate mitigation measures are in place to reduce risk of violence, harassment, exploitation and harm 3. Ensure all cases reported are followed and proper investigation take place

	women's representation in the care sector (health, social services), etc		especially for women who are disproportionately represented in the informal sector.	
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COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

Usual methods we use for two-way communication with communities are participation and feedback. Our interactions with the communities, especially children will be through observing COVID-19 guidelines. How people understand the disease is constantly changing and based on trusted sources they access. Already many rumours are circulating about causes and cures that are spreading misinformation. If these rumours go unaddressed, not only may people fail to take preventive measures, but there is also the potential for increased violence, discrimination & stigma. Effective community engagement and accountability will be essential to promote the behaviour changes needed and to base decisions on the voices of community members. Local and national actors of course must play a critical role in building the resilience of local service providers, duty bearers and communities to similar future shocks. However, our work in engaging and mobilising our communities, facilitators, enumerators and volunteers offers an opportunity to leverage our long-term, strong and trusted relationships to ensure that messages reach the most vulnerable.