

COVID-19 EMERGENCY RESPONSE AND MID-TERM ADAPTATION STRATEGY (April to June 2020)



Theme: COVID-19 EMERGENCY RESPONSE AND MID-TERM ADAPTATION STRATEGY

WE PREPARED OUR STAFF TO DEAL WITH COVID-19 PANDEMIC

After confirming the first COVID-19 case in Uganda and subsequent lockdown by the Government, CARE undertook some measures to prepare staff and enable business continuity as follows:

- 1.1 We provided an online mandatory course for all staff on how to maintain personal safety at home and in office as well as in the community for staff who had continued working on the frontline during the lockdown.
- 1.2 We trained and provided all our staff with Personal Protection Kits which included face masks (reusable and non reusable) hand sanitizers, soap and hand washing facilities in offices, women safe spaces and First Aid kits in all the vehicles. Covid-19 updates and risk awareness was done during staff meetings for staff and through various engagements with partners and community members.
- 1.3 With HR's support, we classified staff into Essential and Non-Essential, where the former continued to work from the CARE field offices while the latter worked remotely from the Kampala office and their homes as needed.
- 1.4 We ensured safe office working environment including deploying temperature guns, regular sanitizing of public surfaces, social distancing, reducing the number of staff in all our offices at any one time using office rosters.
- 1.5 We provided regular psychosocial support and online counselling for all staff especially frontline staff on how to deal with the stress, anxiety and fear of the unknown impact on themselves and their families in relation to the pandemic.
- 1.6 We conducted regular communication with all staff providing updates from GOU and emphasizing the need for all staff to adhere to MOH guidelines and safety measures.

WE SUPPORTED VARIOUS COVID-19 RESPONSE ACTIVITIES



The CARE Emergency Response Team (ERT) was activated. The team held daily online meetings to review the status of COVID-19 in the country; its operational and programmatic impact on the work we are doing across different districts.



- With support from ADA, we conducted a Rapid Gender Analysis (RGA) <https://bit.ly/32A1FEr> to understand the exposure and vulnerability of women and girls to COVID-19. This guided our support for COVID-19 response and adaptation on delivering essential services. Some of the informed adaptations include; provision of remote psychosocial First Aid which helped to identify women and girls experiencing GBV, Advocacy for districts to increase women participation in decision making. PFA was integrated into health service provision; an Outreach Centre (meeting standards of COVID prevention) was established at Gulu Referral Hospital where PFA was provided to women attending antenatal services and mothers bringing children for immunization as well as care takers for patients in the hospital.



CARE in partnership with OPM and HI disseminated the RGA results and recommendations on NTV Uganda with a focus on implications of COVID-19 on refugees and the disabled persons. Watch: <https://youtu.be/kBVnzKoRLoE>

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WE SUPPORTED VARIOUS COVID-19 RESPONSE ACTIVITIES



- We engaged District task forces for COVID-19 response across 11 districts and supported them to include GBV prevention and protection issues as Taskforce priorities. We reviewed the Kyenjojo, Kikuube and Kyegegwa District COVID-19 Strategic Preparedness & Response Plans and included GBV, General Protection, Child Protection and Menstrual Health Management issues. The Kyenjojo District Plan has been signed off with our contribution incorporated.



- We supported districts where we operate with locally driven Risk Communication and Awareness raising in partnership with OPM and UNHCR through local FM radios, reprinting of MoH fliers translated into local languages and mass awareness using PA systems mounted on boda bodas across refugee settlements in South West and West Nile. This community sensitization approach has registered increased knowledge about the COVID-19 prevention measures, GBV prevention and GBV response services in Kikuube District. We have facilitated district staff to conduct active surveillance by offering fuel to the District Task Force and facilitation to respond to alerts.



- SFtW project worked jointly with JESE in SW to remotely engage farmer groups on farming demonstrations.
- We distributed dignity kits to pregnant mothers, older women and girls at the different Reception Centers across Kyangwali settlement and in the host communities using the door-to-door approach while observing COVID-19 preventive measures .



- We distributed and installed hand washing stations in all Women Centers across the Settlement Including soap and other sanitary items for the host communities. With funding from UN Women, we provided 95 hand washing containers to all the 67 VSLA groups and 28 containers given to health facilities in Yumbe and Adjumani Districts.



- Based on understanding of the COVID situation in Uganda, ECHO requested CARE to review its activities under the APEAL project and adapt them to the COVID-19 situation for the first 3 months of the project (May to July). CARE and its partners truly appreciated this flexibility by ECHO, which allowed minimum critical activities such as GBV response to continue within the guidelines.

“ My name is Kiden Charity, am 28 years old and I am married with four children. I live in village 13 zone 3, We thank CARE and UN WOMEN so much for this big support. When I stopped making Koboyo (pan cakes), I was so stressed but am now happy and saving lives in my community, people here cannot go to Yumbe town to buy masks so my participation in this activity makes me very happy that I can protect my people from COVID-19 and also generate some money as a group which will help our household in the future ” . Said Charity.

“We are grateful to CARE. You are our number one Humanitarian Aid worker for COVID-19 pandemic. We have not even received any support from central government yet. This will protect us, the front liners of COVID-19 task force as we continue to advocate for government support”. Otuke District LCV, Mr. Odongo John Bosco.



CARE West Nile team prepare to hand over Hand Washing items to the Arua District Task Force.



Golden Star women group was supported to produce face masks for village 13 in Bidibidi settlement.

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CARE in partnership with Environmental Alert, Advocates Coalition for Development & Environment (ACODE) disseminated messages and rolled out social media campaigns related to prevention of COVID-19.

Some of the published opinion articles include;

- <https://www.independent.co.ug/women-climate-change-and-covid-19/>
- <https://www.newvision.co.ug/newvision/news/1518423/post-covid-19-focus-buidling-transition-greener-economy>

“I have been receiving this information and this has guided conflict resolution especially on land management issues. I was actually sharing this information with my team especially on land and evictions of tenants...” ■ DNRO Kyegegwa.

Akello Colline aged 27 is a person of special needs;

“The first time I received something was my wheelchair. The beans is the second gift in my entire life. Long live CARE. I will plant and share the harvest with my neighbor so that we bank the beans for years ahead.” Said Akello.

WE SUPPORTED VARIOUS COVID-19 RESPONSE ACTIVITIES

- Similarly to ECHO, the EU Trust Fund also exercised great understanding and flexibility by requesting CARE to revise the current RISE proposal to increase and strengthen its support to the District's COVID-19 Preparedness and Response activities.
- CARE received additional funding from UNFPA to facilitate implementation of COVID-19 District led activities for a period of six months in 10 WAY Districts. This will focus on COVID-19 Risk Communication/SRHR/GBV information and Capacity for reinforcing infection control measures at targeted facilities from courtesy of the generous support from UNFPA.
- With great support from the CARE Emergency Group, CARE secured internal funding from its Emergency Relief Fund (ERF) to support the COVID-19 response through awareness raising, distribution of PPE kits to staff, community members, district staff as well as direct support to Kikuube, Arua District, Rhino extension Omugo settlement in West Nile region.

WE CONTINUED TO DELIVER ESSENTIAL LIFE-SAVING SERVICES

- We continue to offer psychosocial support to women and girls at risk while ensuring social distance, hygiene and sanitation and keeping the numbers under 10 as well as provide sessions on resilience building. Some of the groups include CSW and teenage mothers. In Gulu, 40 women/girls have so far been engaged in four weekly sessions organised in groups of 10 to attend a 2.5hr session on stress management, building the power within, dealing with your past and reflections on planning for the future.
- CARE trained Community Based Facilitators (CBFs) and volunteers to support GBV case workers to provide remote Psychological First Aid, carry out door to door sensitization on GBV and COVID 19 prevention using megaphones, conducted referral of GBV cases to case workers for psychosocial support and comprehensive case management including online counselling and also updated the GBV Referral Pathway.
- VSLA groups under the GATES Foundation grant continue to save money without necessarily sitting for meetings. Others agreed to meet in groups of five to 10people). With support from the district and community leadership, the groups will be meeting in accordance with Ministry of Health guidelines .
- We provided CBFs with data collection forms and mobile phones to support their activities while observing GBV ethical standards with strict adherence to confidentiality. Additionally, CARE is working through existing community structures such as Role Model Men and Boys, Women lead in Emergencies, and Girl Shine members to continuously conduct awareness around GBV prevention and access to GBV support services.



ToT Participants have their temperatures measured and recorded by the hotel attendant as part of the guidelines set by the MoH.

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WE CONTINUED TO DELIVER ESSENTIAL LIFE-SAVING SERVICES

- CARE International in Uganda with funding from UN Women supported about 34 livelihood groups in West Nile to identify business enterprises using the UN cash for work approach. The groups were given startup capital and livelihood items during the COVID-19 pandemic. These included; agricultural tools (pangas, hoes, wheel barrows, slashes, watering cans, spray pumps) and non-agricultural (tailoring machines, grinding mills, and saloon items including construction material for the business premises). Golden Star Women group was among the beneficiaries and a classic example to demonstrate building resilience and self-reliance during the COVID crisis following a boost from UNHCR. More details in the story; <https://www.softpower.ug/refugee-women-resilience-boosted-in-response-to-covid-19-bidi-bidi-settlement-in-uganda/>
- Meanwhile in South West CARE Girl Shine Groups, Women Lead in Emergency and the local community are producing masks to support their refugee community in Kyangwali Refugee Settlement.
- We continued to participate in COVID-19 District Taskforce meetings and advocated for continuity and scaling up of GBV prevention and response services as reports indicated an increase in GBV cases across the country. Some District Taskforces, specifically in Kyangwali, allowed and continued to offer tailored clearance for boda boda cyclists to transport GBV survivors and pregnant mothers to health facilities.
- CARE has continued to participate and engage in all the relevant TWGs at settlement, district and national level, including Protection, SGBV, Livelihoods, Communication with Communities among others.



Preventive hygiene measures like handwashing have helped communities reduce the outbreak of COVID-19 in Kyangwali.

OUR REFLECTIONS AND LESSONS LEARNT

1. Mutual understanding and flexibility exhibited among different stakeholders including partners, staff, communities we work with and donors to adjust accordingly towards achievement of desired goals following the unprecedented crisis.
2. Effective coordination during crisis is fundamental to achieving the intended objectives.
3. Remote working with the community structures was very critical as this helped CARE to reach targeted beneficiaries during restriction of movement (including private cars)
4. Engagement with women through PFA, GBV, group assessments and RGA findings indicated women were the most vulnerable group during the pandemic thus re-emphasising CARE's efforts to put gender at the center of the COVID-19 response both in terms of immediate emergency assistance and longer-term recovery in line with CARE's Gender Equality Framework.
5. Networking and partnership is crucial for business continuity and sustainability of our programs. Engagement with government helped CARE identify gaps for resource mobilization and get guidelines on how to continue operations during the lockdown.

OUR MID -TERM ADAPTATION STRATEGY: FOCUS ON NEXT SIX MONTHS (JUL-DEC)

1. Putting Gender Equality and Inclusion at the center of all that we do using the RGA, Gender Equality Framework and the Women Lead in Emergencies Model as guidance tools.
2. Ensure our response is accountable and guided by the Humanitarian ethos.
3. Build resilience of marginalised groups across all sectors of our work.
4. Continue with collaborative governance across our program response.
5. Support locally driven response and recovery by strengthening local civil society capacity and facilitate district led activities for control, leadership and sustainability of the programs.
6. Uphold the Do No Harm/conflict sensitive programming and duty of care including prevention of sexual harassment, exploitation and abuse (PSHEA).
7. Build collective social capital and facilitate social cohesion for greater resilience to COVID-19 associated shocks.
8. Coordinating with other Humanitarian and Development actors at district, national and regional levels.

THREE STRATEGIC PRIORITIES

Strategic Priority

01

- **Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality through;**
 - Sexual and Reproductive Health and Rights (SRHR)
 - Protecting and supporting health workers with PPE kits to limit the risk of infection,
 - Ensure continuity of essential services like provision of ambulances
 - Risk Communication and Community Engagement (RCCE) in the settlements through CBFs and VHTs
 - Facilitating Districts to carry out Community-based surveillance (CBS) through VHTs and CBFs,
 - Hygiene promotion by scaling up hand washing activities



Strategic Priority

02

- **Decrease the deterioration of human assets and rights, social cohesion and livelihoods through;**
 - Food and nutrition security by keeping production continuity and mitigate food insecurity through access to the production resources by women farmers and other smallholders.
 - Women's economic empowerment through safety nets, support women to participate in decision making at household level and access financial services.



Strategic Priority

03

- **Protect, assist and advocate for refugees, and host communities particularly those vulnerable to the pandemic through;**
 - Women voices and leadership through the Women Lead in Emergencies' Model
 - GBV prevention, mitigation and response (integrated with SRHR)
 - Psychosocial support (PSS)
 - Mitigating harm and increasing accountability



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