

Semi-Annual Global Program and Policy Report

October 2020

April – September 2020



Children Believe is helping children cope with COVID anxiety, fear and depression in a number of ways. Issues addressed through counselling include education-related stress, child-protection and forced child marriage, child labour and family issues such as domestic violence and alcoholism.

I—INTRODUCTION

This report (April – September 2020) presents Children Believe’s (CB’s) program response measures to prevent transmission of COVID-19 and mitigate the consequences of the virus on the health, education, and social and economic circumstances of vulnerable children, women and families we support, as well as targeted communities.

During the reporting period, Children Believe repurposed program priorities and adjusted Key Performance Indicators (KPIs) so that we could effectively respond to the threat of COVID-19 in our communities and continue our mission of serving the best interests of children. This report, therefore, introduces the context of the COVID-19 situation across the globe, in general, and highlights the situation across six Children Believe operational countries, in particular.

II—CONTEXT

Seven months since the start of the outbreak of COVID-19, the virus has infected more than 34 million people from 216 countries, areas or territories, of which the death toll has reached over one million (3%). Almost 18.5 million cases, or 55 percent of all global cases, were from three countries: the United States (7.2 million), India (6.4 million) and Brazil (4.9 million).

India is the first of six Children Believe implementing countries to have been widely affected by COVID-19. Unlike the initial prediction of huge numbers of potential cases in Africa, the COVID-19 outbreak on the African continent has registered total confirmed cases of only 1.2 million, and almost 996,000 cases (83%) have reportedly been resolved (as of Sept. 30/20).

While South Africa continues to bear the highest burden of COVID-19 in Africa (57%), two of our countries of operation, namely, Ethiopia and Ghana, ranked second (Ethiopia, at 6.5%) and fifth (Ghana, at 3.9%) out of total COVID-19 cases on the continent. The other three Children Believe implementing countries, namely Burkina Faso (156th), Nicaragua (132th) and Paraguay (68th), appear to have experienced relatively lower rates of COVID-19 cases in their respective regions.

An analysis of program achievements follows; this aligns with the four COVID-19 program priorities collectively identified and agreed upon by Child Fund Alliance member organizations:

- i. Stopping COVID-19 from infecting children and families;
- ii. Ensuring children get the food they need;
- iii. Keeping children safe from violence, physically and emotionally; and
- iv. Helping children continue learning.

Finally, the report outlines how program implementation will move forward across our six country locations during the reopening of schools and other social and economic sectors in the post-COVID-19 recovery period.



The COVID-19 outbreak on the African continent has registered 1.2 million cases, with 996,000 (83%) reportedly being resolved (as of Sept. 30/20).

As the COVID-19 crisis continues to unfold, it is clear that the pandemic has already created severe impacts on the United Nations (UN) Sustainable Development Goals (SDGs); with regressive trends not only for public health, but also for economic outcomes, social stability, and national and global politics.

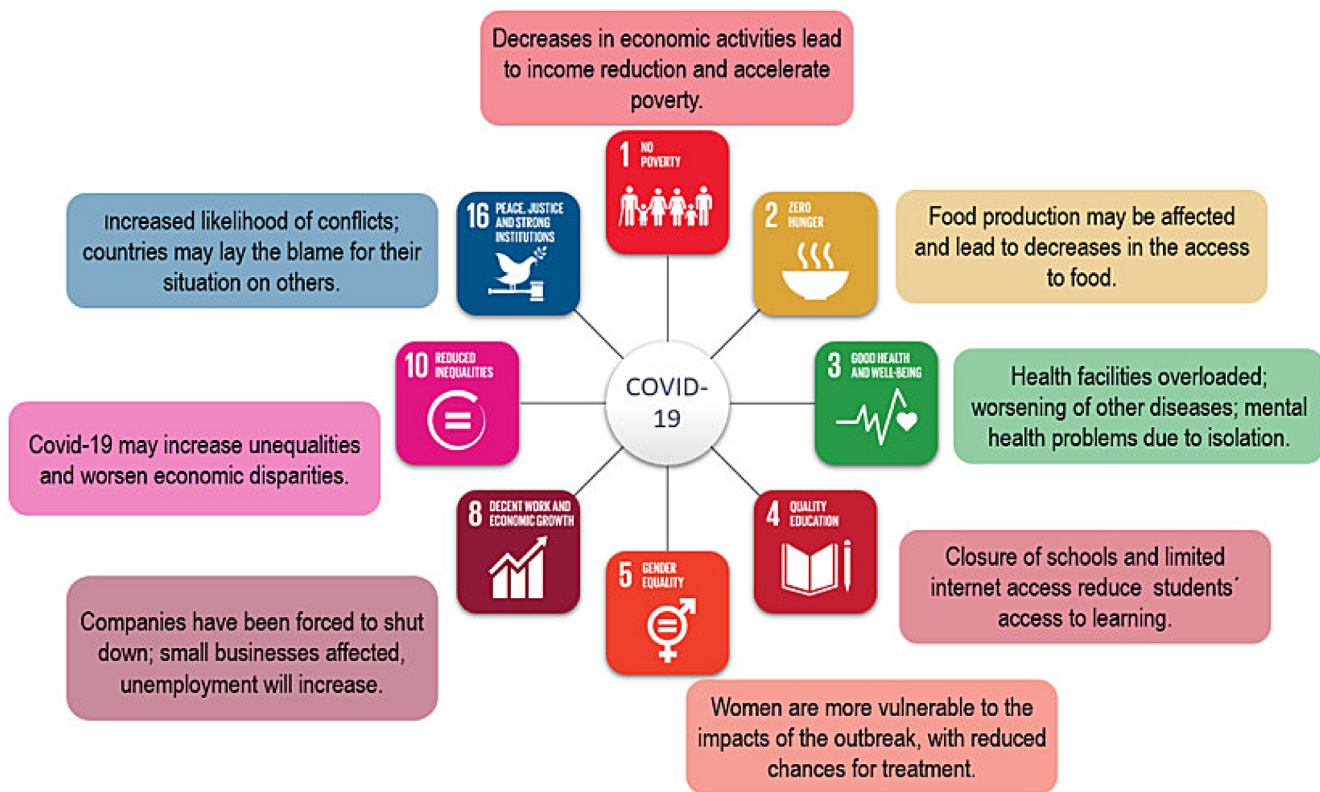


Fig. 1— The impacts of COVID-19 on relevant Sustainable Development Goals. (The framework was adopted from UN, SDG: <https://www.un.org/sustainabledevelopment/blog/category/covid-19/>)

According to the United Nations Development Programme (UNDP) 2020, COVID-19 has aggravated human suffering, disrupted the global economy and overturned the lives of billions of people around the world. It is obvious that progress on health and wellbeing (SDG 3) has been thwarted, with already-scarce resources and health facility capacities being overwhelmed by prevention and care measures needed for COVID-19 infected people.

Therefore, the COVID-19 context across our operational

countries shares the same negative impact on social-economic development as described above. This has necessitated the continuous repurposing of our program priorities and adjustments being made to our original KPIs, which, in turn, have resulted in alignment of our program implementation tied to the four related priority areas: stopping COVID-19 from infecting children and families; ensuring children get the food they need; keeping children safe from violence, physically and emotionally; and helping children continue learning.

Billions of students are out of school (SDG 4). Millions of people have lost their jobs (SDG 8). The global economy has taken a big hit, erasing trillions of dollars from the global GDP. The ongoing economic crisis, due to the pandemic, has pushed millions of people into severe poverty and inequality (SDG 1). The negative consequences of COVID-19 have become more complicated in countries experiencing weak political leadership and protracted wars, conflicts, displacement and natural disasters.



Children Believe has changed priorities, but continues to ensure children have access to education.

III—OUR PROGRAM RESPONSES AND ACHIEVEMENTS: (APRIL-SEPT 2020)

1: PROGRAM PRIORITIES AND REACH

During the past six months, Children Believe has repurposed our program priorities and resource allocations across all country offices focusing on four priority areas.

Table 1—COVID response priority areas disaggregated by country of operation

Priority	BFASO	ETH	GHA	IND	NIC	PAR
Stopping COVID - 19 from infecting children and families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ensuring children get the food they need	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Keeping children safe from violence, physically and emotionally	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Helping children continue learning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

It is important to highlight, children and women are central to all of our programming and this was amply demonstrated during the past six months of our COVID-19 response. We worked with the following groups of children.

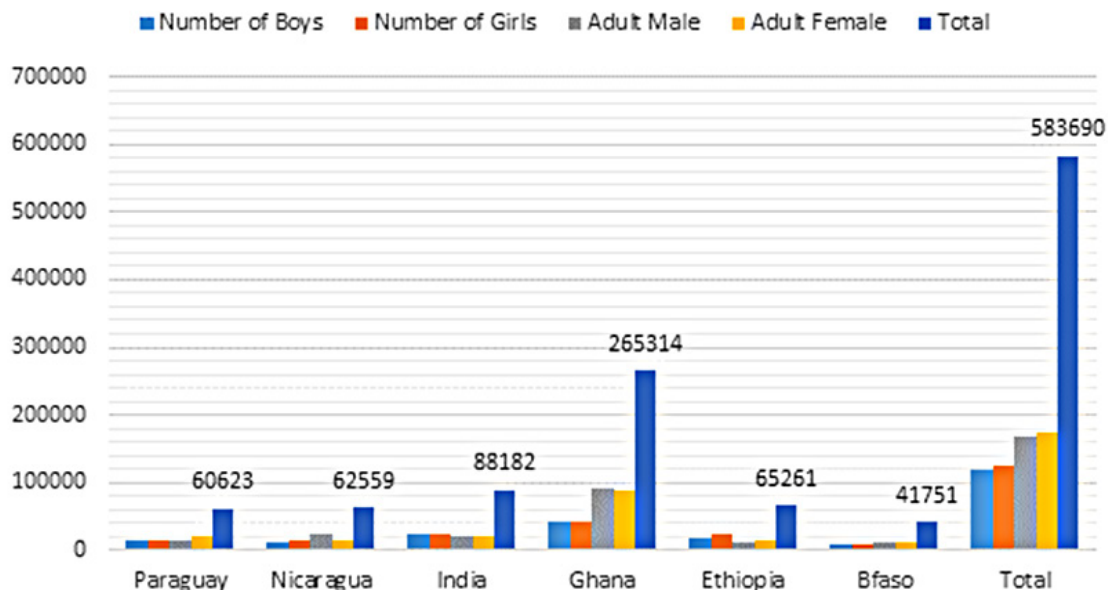
Table 2—Groups of children that CB worked with by country of operation during the reporting period

Group of children	BFASO	ETH	GHA	IND	NIC	PAR
Children enrolled in school	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Children with disabilities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marginalized children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Girls who face gender-specific barriers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children at risk of abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child labourers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Children not enrolled in school	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ethnic/religious minority children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Child refugees	<input checked="" type="checkbox"/>		<input type="checkbox"/>			

Children Believe reached more than 241,900 children (51.3% girls) and 341,790 adults (53% women) during the past six months of our COVID-19 program response

interventions. This means the total number of people whom benefited from the various forms of COVID-19 program responses during the reporting period was 583,690.

Table 3—Distribution of children and adults reached through COVID-19 response, disaggregated by sex and by country



2: PROGRAM RESPONSE— SAVING LIVES

Children Believe worked with 25 local partners to stop the spread of the Coronavirus among the poorer communities where we work and ensured that children, women and vulnerable families received relevant, rapid and adequate lifesaving preventive measures.

The COVID-19 awareness creation and prevention interventions included such actions as the installation of community handwashing stands, provision of personal protective materials and supplies, and distribution of various reading materials.

Table 4—Types of program interventions implemented by CB to stop COVID-19 from infecting children and families

Types of interventions	BFASO	ETH	GHA	IND	NIC	PAR
Installing community handwashing stands	✓	✓	✓			✓
Educating communities about symptoms, hygiene measures and where to get tested or treatment	✓	✓	✓	✓	✓	✓
Distributing soap, hand sanitizer, gloves and masks to families and frontline health workers	✓	✓	✓	✓	✓	✓
Creating child-friendly spaces with age-appropriate toys and reading materials	✓	✓		✓		✓

Children Believe also strengthened health care services and preventive health practices by equipping local health services with basic materials and supplies and extended training and incentives to local health care staff to maintain their services, especially in remote and vulnerable

communities. Table 5 shows the scope of training, materials and supplies delivered to reduce poor hygiene practices and increase the sanitation of existing health, education and community-based efforts.

Table 5—Types of awareness, supplies and materials delivered and mobilized by country

Types of awareness, supplies and materials	BFASO	ETH	GHA	IND	PAR	NIC	Total
# of Information, Education, Communication (IEC) materials	2,345	805	16,242	31,600	4,792	647	56,431
# of Virtual awareness sessions	4	109	166	1,449	96	15	1,839
# of Educational facilities provided with a handwashing facility	61	23	45	5	31	0	165
# of Health facilities provided with disinfection equipment and items	18	36	35	49	6	8	152
# of Health workers who participated in health or hygiene training	4	127	86	97	-	37	351

Overall, 56,431 child-friendly, COVID-19-focused educational materials were distributed and 1,839 community awareness sessions were held in local languages through FM/community radio, TV spots, automobile loudspeakers, WhatsApp, text messages, mobile phone audio messages, flyers and posters across Burkina Faso, Ethiopia, Ghana, India, Nicaragua and Paraguay.

Our country offices and partners provided 165 educational and 152 health facilities with PPE kits including masks, gloves, body covers as well as sanitary kits including soaps, hand sanitizers and alcohol to enhance awareness and promote COVID-19 prevention. They also trained 351 (female – 205) health care workers on World Health Organization (WHO) protocols and handled testing of COVID-19 cases.

3: PROGRAM RESPONSE— PROTECTING LIVELIHOODS

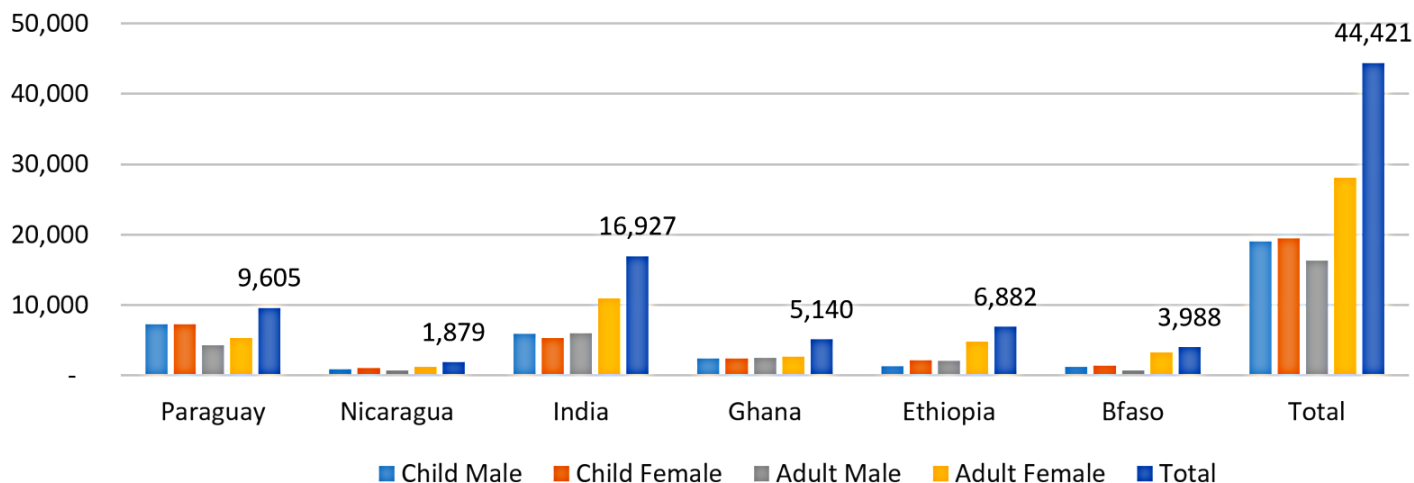
Children Believe worked with local partners to increase the availability and access of immediate relief assistance and essential items to reduce malnutrition and protect livelihoods primarily for the most vulnerable children, women and families.

Table 6—Types of livelihood support extended to children and families by country

Types of livelihood support by country	BFASO	ETH	GHA	IND	NIC	PAR
Providing cash for families that most needed support	✓	✓				
Distributing food and other basic supplies directly	✓	✓	✓	✓	✓	✓

Children Believe provided cash, vouchers or food rations to 44,421 people (28,115 female), representing primarily sponsored child families and the most vulnerable community members.

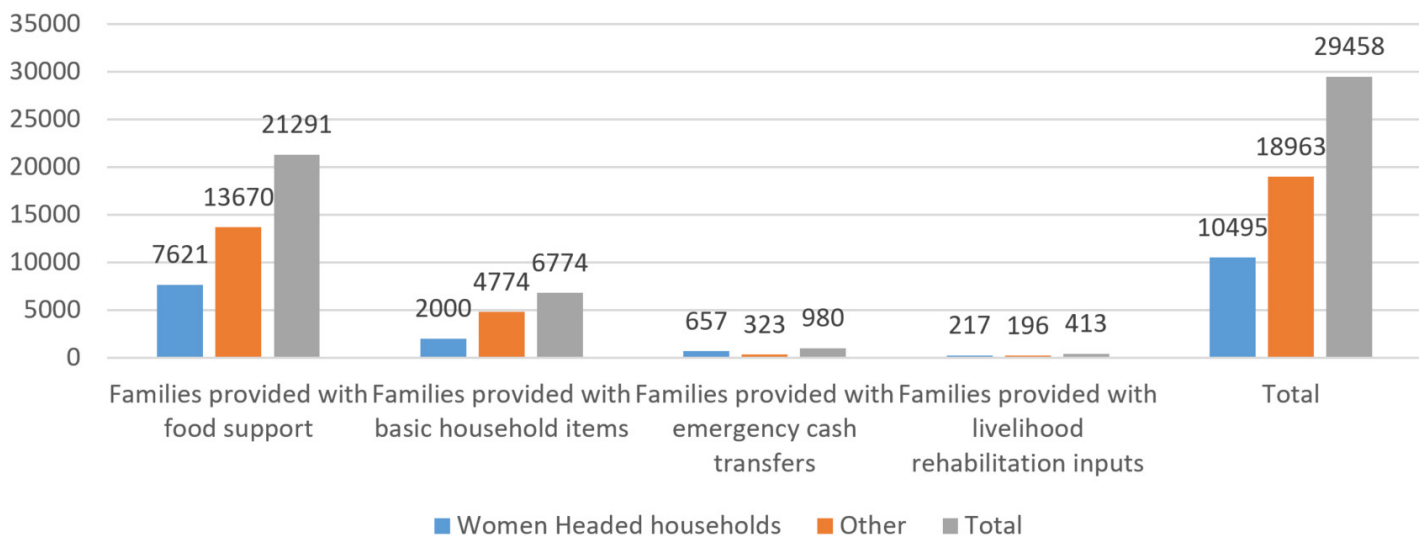
Table 7—Children and families reached with food or cash support



During the reporting period, 29,458 families (36 percent female headed) received different types of livelihood support. Accordingly, 72 percent of the families (21,291) received

monthly dry food rations (rice, wheat flour, oil, pasta and other supplementary food or food ingredients) urgently needed to survive.

Table 8—Distribution of families by types of livelihood support



4: PROGRAM RESPONSE— MAINTAINING CONTINUITY OF EDUCATION

Children Believe worked to maintain the continuity of education during COVID-19 through various mechanisms including accessing virtual and alternative learning/education

platforms, particularly geared to the girl child. Children Believe collaborated with ministries of education to help primary school children access education.

Table 9—Distribution of activities implemented to maintain continuity of education by country

Activities to maintain continuity of education by country	BFASO	ETH	GHA	IND	NIC	PAR
Conducting activities and tutoring over phone, online or through radio	✓				✓	✓
Distributing home learning materials and guidelines for thier use	✓	✓	✓	✓	✓	✓

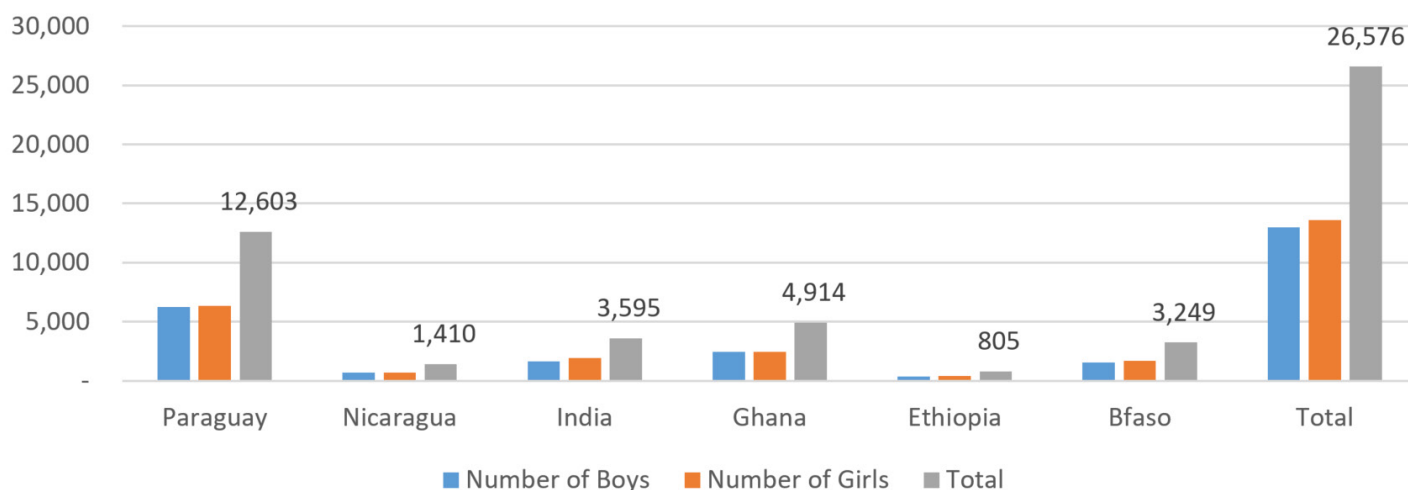
Table 9 indicates that various methods, including radio and TV spots, flash-drives, printed material with recorded lessons to children with no access to radio, were employed to ensure the continuity of education during the lockdown.

Children Believe partnered with education actors on alternative or innovative learning methods to sustain educational gains. We arranged special support for adolescent girls in particular to sustain their education

and protect them from risks such as child labour, early marriage, or teen pregnancy, which could increase through COVID-19.

As indicated in Table 10, a total of 26,576 (13, 586 girls) students were provided with creative aids (arts and crafts materials) and learning aids (books, printed materials and notebooks) to help them continue learning during the pandemic lockdown.

Table 10— Total reach: Helping children continue learning



5: PROGRAM RESPONSE— PROTECTING CHILDREN AND WOMEN FROM VIOLENCE

Children Believe worked to reduce and mitigate potential negative impacts from COVID-19 on children and women.

Whether due to loss or separation from primary caregivers, loss of protection services, limited access to community supports, disruption in family income and social connections, fear and anxiety caused by the pandemic, or the increased risk of children's exposure to domestic violence and/or violence against them in the home, protective measures were employed.

Table 11—Forms of violence reported and verified by country

Form of violence/exploitation	BFASO	ETH	GHA	IND	NIC	PAR
Child marriage	✓	✓		✓		
Early pregnancy	✓					
Sexual violence	✓	✓		✓		
Rape		✓				
Corporal punishment		✓				
Labour exploitation/child labour		✓		✓		
Gender-based violence					✓	
Citizenship insecurity					✓	
Domestic violence				✓		

To address these forms of violence, Children Believe collaborated with local governments to strengthen community-based child protection programs that reduce vulnerabilities of children facing discrimination – whether due to caste/ethnic identity, disability, forced migration displacement, or difficult circumstances such as homelessness.

Our efforts also sought to reduce stigmatization and discrimination against children diagnosed with COVID-19 and/or children whose caregivers may have suffered or died from COVID-19.

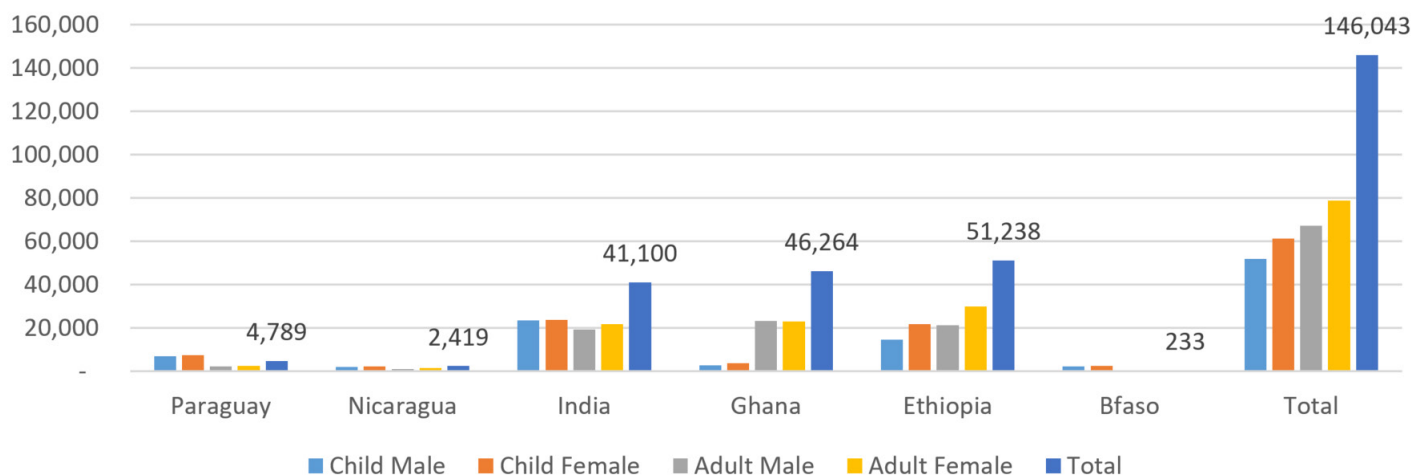
Table 12— Types of activities implemented to keep children and women safe from violence

Types of activities to keep kids and women safe by country	BFASO	ETH	GHA	IND	NIC	PAR
Supporting community-based child protection systems that identify, respond to and refer cases of abuse, neglect, violence or exploitation	✓	✓	✓	✓	✓	✓
Providing virtual/online psycho-social first aid and counseling		✓	✓	✓	✓	✓
Supporting temporary shelters for children who live on the street	✓					
Arranging safe and appropriate care for children separated from their caregivers	✓					

CB worked with partners to design and implement programs and services in the context of the growing risks appearing in the shadows of COVID-19 and addressing the surge in gender-based violence. All our community awareness education programs encompassed gender-based violence (GBV) and advised on how community leaders, caregivers and children should prevent and report

on GBV. Our country offices and their partners have worked with local law enforcement bodies to bring abusers to justice; while supporting the availability of psychosocial counselling services for victims. Overall, Children Believe reached over 146,043 children and women and enabled them to prevent or be protected from various forms of violence.

Table 13— Total reach: keeping children safe from violence



IV—KEY LESSONS AND INSIGHTS FROM FIELD PRACTICES

The need for prevention of the disruption of the achievements gained in maternal and child health care services — Field practices and collaborations with program stakeholders across the six countries, most notably in Burkina Faso, Ethiopia, and Ghana, indicated that there were disruptions in the provision of immunization services for children and delays in the provision of maternal health services such as antenatal check-ups and post-natal care for mothers.

Thus, it is evident that the COVID-19 pandemic should not be allowed to turn back the important progress we have made in previous years for children and future generations. It is time to strengthen and increase our program responses towards

saving lives, and keeping investing in stronger, more resilient health systems.

The urgency of assuring the continuity of education and facilitating the safe reopening of schools — Schools in our countries of operation are struggling with the concept of reopening plans. At least two out of every five schools in the three African countries where we work lack either basic handwashing services; have working water facilities but no soap or sanitizer; or have water facilities with no water, soap or sanitizer.

These are certainly the basic conditions for schools to

be able to reopen and operate safely in the midst of the COVID-19 pandemic. Children Believe and its partners shall continue to undertake a thorough audit of the current state of school conditions across our operational areas and explore opportunities to work together with education departments to render these facilities safer for re-opening.

The significance of narrowing the digital divide and increasing access to non-formal education – Pupils from disadvantaged backgrounds do not often have the parental support needed to learn on their own. Lack of access to technology or fast, reliable internet access across our six implementing countries, and most predominately among the three African countries, has hampered students from participating in alternative distance learning. Thus educational media, mostly FM radio, was found to be more accessible in these contexts, ensuring continuity of education and creating awareness about prevention of the virus.

Most of our country offices and local partners have tested smart phone applications to engage children and youth in the context of COVID-19. Investing in alternative virtual educational systems, innovation hubs and narrowing the digital divide in education is critical to accessing education among vulnerable children and families.

The urgency of reversing the increasing trends of gender-based violence and the vulnerability of girls in post-COVID-19 – The pandemic has brought a worrying trend of gender-based violence and a temptation to push girls into child marriage. Girls' dropout rates from school may increase as school closures continue. This calls for enhanced practical program response measures and services for girls and young women.

The need to strengthen community-based mental health services – As schools are hubs of social activity and human interaction, many children and youth are currently losing contacts with others that are essential to learning and development. The lack of social interaction caused by the pandemic has had profound effects on children and youth mental health. COVID-19 has also impacted adult mental health, spreading anxiety and fear. Stigma and discrimination are becoming widespread.

This calls for scaling up and inclusion of mental health services in rural hospitals or health centres. CB and its local partners have to continue to monitor the emotional health of children and adolescents and strengthen services at the local level.



Children Believe has provided hygiene kits and training to help educate against the spread of COVID-19.

The urgency of addressing children's uncertainties, insecurity of livelihoods and economic shocks – Economic hardship experienced by families due to lockdowns and the lack of employment opportunities have become a source of concern for children and youth in many of our supported communities. The effects of COVID-19, coupled with conflict and displacement, have increased vulnerability to accessing food or income. This is likely to contribute to increased hunger and malnutrition and enhanced risk to children's mental health and wellbeing in countries such as Burkina Faso and Ethiopia.

The injection of cash or food assistance as well as the integration to local food safety nets for the most vulnerable families was found to have a significant positive effect on improving livelihood. Given the negative impact of the COVID-19 on livelihood, CB and our partners need to develop more and larger-scale development projects to scale up cash for COVID relief so that affected and infected populations have income to buy basic food rations, targeting the most vulnerable and affected people as per the Sphere standard for humanitarian cash transfer.

Harnessing the motivation of youth and their volunteerism to fight COVID-19 – The response to the COVID-19 pandemic has ignited the spirit of volunteerism and the actions of mutual support, especially among grassroots youth. We observed incredible voluntary initiatives by children and youth groups to prevent COVID-19 and support families and senior citizens who have been seriously infected and affected by the virus.

Youth mobilization and voluntary service could be more

effective in preventing the surge of COVID-19 new cases in relation to large gatherings of people, including at stadiums, nightclubs, places of worship and crowds. There is a need to continuously engage youth and their voluntary services in awareness raising that can help communities adhere to public health protocols in our countries of operation.

The importance of enhancing collaborations and partnerships with host governments and all other stakeholders — We have observed that political leadership and community engagement, especially at the grassroots level,

are fundamental to addressing the negative consequences of COVID-19.

Children Believe's response could only be sustained and have a greater impact when our efforts are complemented and scaled up through collaboration with government and other non-governmental stakeholders at grassroots and national levels. This requires developing and implementing a long-term, sustainable preparedness plan for health security and resilience which adopts a child, youth and women-focused approach to COVID-19 program response.

V—LOOKING FORWARD

As we enter the second semi-annual planning period (October 2020- March 2021), we fully expect the pandemic to continue leaving negative repercussions on the lives and livelihoods of children, families, and communities across our six countries of operation. We also recognize that there can be new partnership opportunities and innovative solutions that will help us to promote collaborative COVID-19 program responses and achieve our strategic goals.

To this end, we will prioritize the continuity of education and the re-opening of schools. In fact, the virus is preventing many more children from having access to learning. Schools in our countries of operation are struggling with reopening plans. Many schools in our communities—particularly in Ethiopia, Ghana, and Burkina Faso—lack adequate handwashing services, which are a basic prerequisite for schools to reopen. We will work to reverse the noticeable gaps created by the pandemic and search for innovative solutions to achieving our targets for increasing access to inclusive and quality education for girls and boys.

We will continue to undertake a thorough audit of the current state of school conditions across our operational areas and explore opportunities to work with education departments to make them safer for reopening. We will work with other like-minded organizations on innovative

and digitally-supported learning activities, especially in remote villages.

We have learned that the pandemic has caused major disruptions to the delivery of essential health services in our operational areas. The safety of health workers, especially in the three African countries, continues to be a critical concern as growing numbers of health workers lack access to personal protective equipment (PPE).

As a result, many health professionals have become infected and sent to quarantine centres, while those whom remain healthy and able to perform have become increasingly scarce. We will bolster support to local health facilities to protect health workers and increase COVID-19 awareness and prevention efforts at the community level. We will seek innovative local mechanisms that strengthen child protection systems and reduce violence against girls and women.

COVID-19 is expected to have significantly negative political, economic, and social impact in all of our six countries of operation. Most notably, Ethiopia, Burkina Faso and to some extent, Ghana, have all gone through the additional hardships of natural disasters, conflicts, and displacement that will require closer monitoring and program intervention supports.

In FY20, Children Believe's Ethiopia, India, and Paraguay offices launched their centres of excellence. The two remaining centres will be launched in West Africa (Ghana and Burkina Faso) and Nicaragua in FY21.



Children Believe works globally to empower children to dream fearlessly, stand up for what they believe in — and be heard. For 60 years, we've brought together brave young dreamers, caring supporters and partners, and unabashed idealists. Together, we're driven by a common belief: creating access to education — inside and outside of classrooms — is the most powerful tool children can use to change their world.

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