



firelight[™]

COVID 19 Situation Analysis – 2020 Action Taken and Ongoing Needs for 2021

ACTIONS

Firelight's Rapid and Ongoing COVID Grantmaking since March 2020

In early March 2020, Firelight began to engage intensively with our grantee partners across Tanzania, Rwanda, Zambia, Malawi and Zimbabwe to establish what the immediate, medium-term and potentially long-term impact might be of COVID-19. Firelight also consulted with many of our board members and other advisors who were at the forefront of responding to HIV/AIDS, including Mark Lorey of World Vision, Ambassador Jimmy Kolker, former head of HIV/AIDS and UNICEF, Gerry Salole of the European Foundation Center, formerly of UNHCR, Save the Children and the Ford Foundation and Joyce Malombe of the Wellspring Philanthropic Fund, formerly of the World Bank.

At the time, we wanted to remember the lessons of HIV/AIDS and ask all of our grantees and advisors what they would have liked to have had in place at the start of that pandemic. They clearly indicated they would have liked –

- Rapid, unrestricted grants to allow communities to prepare and respond
- Connection to each other and to critical country and regional stakeholders to ensure a coordinated response
- Regular check-ins to monitor and respond to the changing nature of the situation

Since that time, Firelight has –

- Raised over USD \$700k for COVID-19 rapid grants
- Made emergency/rapid-response grants to 66 organizations across Tanzania, Rwanda, Zambia and Malawi
- Established country-wide networking calls and WhatsApp groups for all grantees in each country to assist with inter-grantee connection, connection to other civil society organizations, knowledge sharing and information gathering
- Established a regular monthly check in for all grantees with Firelight staff to they can share ongoing or new concerns, developments and needs

We continue to assess the situation(s) in each country and will continually update both the individual grantee/country/issue needs analysis as well as the overall situation to determine our collective next steps.

Firelight Grantee-Partner Actions since March 2020

In some ways, the story of COVID 19 in Southern and Eastern Africa is a story of deep challenge but it is also a story of incredible success because of the community-based sector and its actions. Almost immediately, our CBO network was called to action as an extension of government, helping to prepare communities for COVID 19 and to prevent the spread of the virus. In all of the countries in which Firelight supports CBOs they were designated essential services so they could move around freely. They have been able to complement their existing work with COVID 19 preparedness messages and materials.

Activities Being Undertaken by CBOs Directly Related to COVID 19 Prevention and Preparation

Where schools and ECD centers re-opened (Tanzania, Zambia, Rwanda and Malawi), partners followed government guidelines on prevention by providing masks, hand washing buckets and soap.

Putting in place COVID 19 prevention measures when people needed to meet physically.

Conducting direct COVID awareness/preparation campaigns, including:

- distribution of buckets with taps
- educating community members on proper handwashing according to WHO guidelines
- training village leaders, ward officers and social workers and appointed ambassadors and 10 girls and 10 boys from each street to work with families and children
- hand washing demonstrations
- buying and distributing soap
- buying and distributing plates to discourage communal eating
- distribution of sanitation (hand washing) facilities to the most vulnerable households with young children and public places in target communities
- training the community on the development/production of their own simple, low cost and local available hand washing materials/hand facilities
- photocopying government COVID 19 prevention/preparation leaflets and distributing them and/or developing/printing COVID-19 preventive information fliers/banners to use for awareness rising
- COVID 19 awareness campaigns using PA systems, going around the streets within their districts
- use of empowerment workers to deliver education materials on COVID 19 to communities
- meeting with young mothers at health clinics to train them on measures to take to avoid the spread of the virus
- addressing local remedies and how they can be risky to or positive for children (e.g. steaming) and how to protect children against the spread
- making masks and distributing them to families – including masks for young children
- conducting awareness campaigns at churches and mosques
- “Let’s talk about COVID 19” targeting children through parents via information stored on flash drives, DVDs
- small radio advertisements targeting children and parents on COVID 19
- conduct workshop to women on the production of liquid soap that can be produced locally to support hygiene
- training young mothers with entrepreneurial skills and capital sourcing

<ul style="list-style-type: none"> - providing nutritional education to vulnerable households with young children and work with them on how to grow nutritious food such as orange fleshed sweet potatoes and sweet corn and providing them with seeds - participating in networks with like-minded institutions in their geographical locations to strengthen response to emerging community needs
Coordinating with community health workers and working with health centers to ensure people feel safe to come and report symptoms.
In Tanzania, one can notice a change of attitude by some members of the communities who relaxed after hearing from the government that “there is no virus.” The ongoing awareness campaigns on COVID 19 have actually helped community members to start taking COVID 19 seriously. The same attitude is seen in Malawi and Zambia. There’s no official communication that there’s no virus but since the officially reported cases are few, this has allowed people to relaxed and less precaution is taken. CBO grantee partners continue with raising awareness in rural areas on the fact that COVID 19 still there a threat and taking precaution measures is necessary.
Incorporating COVID-19 awareness messages in on-going ECD, children’s care and children’s rights activities e.g. during trainings, home visits, group counseling, reflection meetings, parenting sessions etc.
Participating in CSO networks and network calls to share the general COVID 19 situation within their communities, challenges they are facing and possible solutions as well as to complement government efforts in prevention of COVID-19.
Training community volunteers on COVID-19 to enable them to mainstream covid-19 messages when working with communities.
Providing information, protective and sanitization materials and creating safe working environment for their own CBO staff.
Use of technology - e.g. purchase of tablets - for field staff to facilitate communication on updates on COVID-19 .
Acting as reporting agents – reporting to the health authority anyone with COVID19 symptoms within their communities.
Conducting door to door visits to families – especially mothers with young children - and educating them – not just on COVID 19 – but on other considerations for young children including baby nutrition, food to boost immune systems, safe breastfeeding protocols etc.
A culture of handwashing has not only begun to protect communities from COVID 19 but also from other diseases that are as a result of poor hygiene.

Activities Being Undertaken by CBOs Addressing the Impact of COVID 19 and Related Prevention Measures
<i>Supporting Education</i>
<p>Activities being undertaken where schools and ECD centers have re-opened –</p> <ul style="list-style-type: none"> - Ensuring provision of and use COVID 19 PPE (face masks, sanitizers, hand wash soaps) in ECD centers and primary schools - School feeding programs in ECD centers so that children don’t have to leave school during the day minimizing their contact with the general public - Facilitating community members food drives to contribute food items like maize meal for children’s feeding programs. porridge during sessions.

<ul style="list-style-type: none"> - Teacher training has resumed and incorporates COVID 19 Prevention training. Training also takes place on weekends and public holidays because teachers are not allowed to participate in anything else during the school hours to keep them in school - Strengthening home visits to supplement learning that was missed when schools were closed and awareness creation on COVID - Conducting school clubs with para teachers - Payment of water and electricity bills for ECD centers in order to address issues of sanitation and hygiene - Renovations of ECD centres and replacement of play learning equipment, learning materials and furniture
Working with government in countries that have yet to reopen schools or in countries that have closed schools again as part of coordinated taskforces that will determine if, when and how schools will open.
Supporting continuous education through – <ul style="list-style-type: none"> - Para teachers who support families with in-home learning - Working with local teens to organize study groups - Support for alternative out of school programs, radio and TV lessons, giving homework at home and providing writing materials for children to study at home - Facilitating that children attend radio lessons so their continue with their schooling during the lockdown - Reaching out through teachers to have parents keep their children safe and learning at home - Economic empowerment for ECD center caregivers
<i>Preventing Violence Against Children and Protecting Children’s Rights</i>
COVID 19 parenting support has brought some runaway fathers back to their families. During the pandemic with everyone being at home, some parents (the majority being fathers) left their homes in search for greener pastures and never came back. After receiving training on good parenting skills, some have decided to go back home.
Sensitizing parents against violence against children.
Positive parenting to families with children of different age groups with a focus on reminding parents that children should not become the sources of income for the families since they are out of school.
Developing and supporting tools to track /capture gender-based violence.
Tracking cases on violence against children and women and working with the government to intervene.
Engaging families around awareness of violence against women and children, child rights and child labor and the relationship of parents to children.
With local community “ambassadors of children’s rights,” conducting meetings to discuss the challenges faced by children at home during COVID 19 and action to take to care for and protect them.
Working with local Child Protection Committees, Ward Child Protection Committees and health facilities to prevent and follow up on reported cases of child abuse.
Responding to concerns about increased cases of child abuse, especially amongst highly marginalized children by hosting caregiver trainings on child rights and rights-based approaches to inclusive early childhood care and education.
Rolling out nutritional training to pregnant mothers and mothers with young children both at home and at clinics to reduce the risk of malnutrition in children under 5.

Mitigating the impact and risk of child abuse or family violence by providing temporary shelter, medication and food for victims of violence.
Supporting vulnerable households with - <ul style="list-style-type: none"> - food packages - home visits - cash transfers - medicine - capital to re-start businesses - alternate income generating projects - training on financial savings skills - Skillful Parenting
Reaching out through teachers to have parents keep their children safe at home and reporting vulnerability and/or violence in the home.
Providing psychosocial support to parents of young children to prepare them for the strain of COVID 19 and/or economic stress with the goal of reducing the threat of child abuse from the parents to the children.
Sensitizing the communities on coping mechanisms and resilience in times of trouble like this and on the impact that the pandemic is bringing to children.
<i>Supporting adolescent girls</i>
Social, economic and parenting sessions with young mothers aged 14-17 and 18-24 in small groups.
Providing sexual and reproductive health and rights information to young people.
Procurement and distribution of food and sanitation and hygiene hampers.
Tracking and trying to understand how to respond to exponential rises in teenage pregnancy, including – <ul style="list-style-type: none"> - How the pregnancies occurred at such high rates - The impact on teenage girls - The future needs of these young mothers - The future of teenage pregnancy prevention
Working with community leaders to prevent child marriages through community conversations, sensitization and discussion.
Supporting vulnerable families with teenage daughters with economic or social support to prevent them marrying their daughters.
Working with men and boys to help them understand and prevent teenage pregnancy and child marriage.
Providing loans or grants to help vulnerable individuals and families re-start their businesses after lockdown. For example – <p>Girls in Rwanda received grants to restart their businesses such as selling vegetable, running their hair salons and this has improved their financial situation. They are now gaining money that help them to feed their families and their young children.</p> <p>Some grantee partners in Zambia are adapting to emerging needs from the communities according to changing context for example providing revolving funds to boost income generating among needy households in target communities.</p>

ONGOING COMMUNITY NEEDS

COVID-19 Cases

While community action was so important and successful in prevention cases of COVID-19, virus variants along with relaxed restrictions may have contributed to recently increased cases and deaths, according to a February 2021 statement from the African CDC. While the continent is not seeing a “massive” number of deaths, they are experiencing a “second wave” which Firelight and our grantee partners are closely monitoring.

The enormous social cost of COVID 19 mitigation measures

The economic cost of COVID-19 prevention has been deeply felt, with the restrictions on movement and social distancing measures having impacted African economies and individuals in unprecedented ways -

- A majority of the families served by Firelight’s grantees relied on conducting small businesses at open markets which were closed or restricted for several months. Though the markets have since opened in almost all the countries, families have already suffered huge losses and it will take some time for them to recover.
- There has been a drop in business transactions due to travel restrictions and self-imposed restrictions. Families who rely on cross border trade in South Africa are still out of business as the borders remain closed for passenger traffic. The requirement for testing before travelling will further out a strain on the families involved in cross border trade. The COVID 19 costs between US\$60-100. This is beyond the reach of many cross border traders.
- Finally, some communities near borders relied on cross border trade and with many borders closed or restricted it has crippled household income.
- Those families that rely on employers are back at work but many have had to endure salary cuts and some have lost their jobs completely.
- Exacerbating the problem are some restrictions imposed by some governments which have caused disruption of food supplies and price spikes.
- Others who rely on children and relatives working abroad (e.g. South Africa) are further suffering because lockdowns in those countries mean they are no longer getting any remittances from relatives.
- Though the lockdowns have been eased, most companies and restaurants are still operating reduced hours and few people have been called back to work.
- Number of reported cases has dropped with fewer deaths and in most of the countries , life is slowly getting back to normal and in some countries life has gone back to normal
- In Tanzania where the belief is that there is no COVID 19, partners had to change their strategy when conducting activities related to COVID by generally talking about infectious diseases including COVID and what to do prevent and further stop the spread of the diseases.

Negative social outcomes are already being reported from these restrictions on movement. Some of those that have been reported to us include –

- Economic shock due to lack of access to income.
- Children back in school but the challenge is that there are few or no measures put by the government to prevent the spread of the virus in schools. Some schools have crowded classes

and some schools do not have running water for handwashing. Some schools do not have adequate facilities to facilitate social distancing.

- In Malawi, Centers have only opened for children over five years to in order to prepare them for primary school. Children under-five (5) years will start to attend in January 2021.
- Increased numbers of children connected to the streets.
- Hunger and malnourishment – especially amongst children - which had been exacerbated by the closure of schools.
- Kinship and other relatives struggling to care for children.
- Increased rates of child and early marriage as well as early pregnancy.
- Increases in reported cases of child abuse - a partner in Rwanda reported 26 new cases of pregnant girls in the district they are operating. Girls are between the age of 12 and 16 and all cases are related to child abuse that happened at their homes.

Most Significant Observed Impacts on Children

Malnutrition is a threat because food insecurity has increased dramatically. Not only have incomes reduced, but children who out of school are also missing out on important school-provided meals that are often a necessary nutritional part of their day.

Violence against women and children. There has also been a significant increase in violence against women and children because of economic stress and children out-of-school. Whether this has manifest itself in a lack of parental engagement in the wellbeing of children who are now at home. And as a result of economic stress in some families, there are increased cases of families being abandoned, where a father being the head of the family decides to run away from the burden of taking care of the family.

Children not learning. While some children have been able to return to school, the fact of their absence from the learning environment there is a significant potential loss of gains that continue to be made in children's education. In addition, in countries where children are still out of school, many of them remain unable to learn. Many governments have been promoting alternatives such as radio and TV programs or online learning but these options are not effective for so many children –

- Many have no access to the internet or television
- Many parents are gone all day and unable to supervise learning
- Often children themselves are working now to help the family earn a living

Truancy and children not returning to school. Tanzania reopened schools since July and many children have not returned and grantees are beginning to see the same elsewhere too. We saw during Ebola that the longer adolescent girls were out of school, the less likely they were to return to school and this has been one of the challenges that schools are facing anew. There are a number of reasons to why children stop going to school – for example - they have gone on to work, they have been married early. In Tanzania, one appalling abuse of girls rights that really affects girls returning to school is mandatory pregnancy testing every after three months. Either as a way to adhere to the national ban on girls' re-entering school after pregnancy or as a way of "preventing" adolescent pregnancy, the local government in Shinyanga has ordered mandatory pregnancy testing. This has created fear to some of girls and contributes significantly to truancy.

The number of teen pregnancies has gone up exponentially. Through an informal source in one area of Tanzania - for example - the data shows over 200 teen girls were reported pregnant for the month of May and June, average of 4 girls per day and this is more likely to increase. It is even worse in Malawi where over the past four months reports from two districts indicates teenage pregnancies have increased with a total of

12,721 cases registered. Kondowe¹ an organization based in Malawi has reported 5,447 cases of teenage pregnancies in the southern Phalombe district, while over 500 girls have entered into early marriages since the onset of the pandemic. The District Education Officer for the southern town of Nsanje was quoted by a local radio station (Capital Radio) stating that over 300 girls in the district were nursing unwanted pregnancies since schools closed. In the eastern district of Mangochi, at least 7,274 teenage girls have become pregnant from January to June this year. The figure is 1,039 more compared with those who became pregnant during the same period last year, according to the District's Youth Health Services Coordinator Peter Malipa. That figure included at least 166 girls aged between 10 to 14 years old. A CBO grantee partner had reported there are 26 new cases of pregnant girls between the age of 12 and 16 from the area they are operating just for the month of November. Many of these cases are a result of child abuse at home during the time when schools were closed. They are now working with the government of the possibilities of these girls going back to school and support them even after delivery.

Lack of parental engagement in the wellbeing of children who are still at home. Little or no parental care is able to be provided, especially if parents are having to work or earn a living outside the home. No clear guidance from the government has been provided on the role of the parent to the child at home, nor has guidance been given to other stakeholders like CBOs.

Increasing cases of child marriage. Girls are at a high risk due to reduced economic activities in the communities as a result of COVID 19 and the closure of schools. As evidence of the situation one of our partners reported to have handled a case of child marriage attempt by the mother. A fourteen-year girl was married off for MK 20,000(\$27USD). The case was reported to the CBO by a community member. When the mother was brought for questioning she did admit that she had “sold” her daughter and indicated that it is her poor financial situation that made her do it. The girl fled and now lives with her aunt. Most of the cases are not reported by the parents due to the fear of the actions that will be taken against them and fines imposed by the local chiefs.

Young girls are resorting to transactional sex which has resulted in some being pregnant and some eloping to be married.

Child sexual abuse. Some partners are also reporting more sexual abuse cases of children, mostly girls, under 14 years. The spike is directly attributed to the closure of schools which serve as a safe place for children in low income or rural communities.

All of these impacts are consistent with an August report from UNICEF, which indicates that violence prevention and response services have been severely disrupted during the COVID-19 pandemic, leaving children at increased risk of violence, exploitation and abuse².

Risks as countries relax restrictions

Prior to the “second wave” there was a significant push to ease of some restrictions on movement and gathering and a push to adapt to the reality of COVID. But this also came with risks.

² <https://www.unicef.org/press-releases/covid-19-causes-disruptions-child-protection-services-more-100-countries-unicef>

Social distancing is often not possible. For example, in June the president of Tanzania announced a decline of COVID 19 cases with fewer cases at the hospitals. Schools reopened but as a result, communities faced significant challenges as schools lack protective materials, running water or enough buckets for washing hands. They also lacked soaps and masks. Students and teachers continue to be concerned because it is impossible to maintain social distance in a class with more than 50 students as is the current average class size in Tanzania. Even where masks are readily available at partner ECD centers, the practicality of having children and teachers in masks all day is impossible to enforce. In partner countries, e.g. Tanzania where government continues to play down Covid 19, some of Firelight’s grantee partners have expressed challenges in maintaining the prevention measures they need or want to continue instituting, especially while they are among the community. This is because community members do not believe that Covid 19 exists. There is a fear of “looking foolish” for wearing masks or insisting on social distancing when community members do not think it is necessary.

There has been a significant increase in intimate partner/gender-based violence and we are concerned about the long-term effects of this on children and youth.

Children who are returning to school also face the additional challenge of spending longer hours in school as educators try to resume and complete the years curriculum. It has put significant pressure on teachers who are forced to leave the school compound late in the evening hours. This has affected the overall morale and productivity of teachers and has led to teacher turnover in some centers as teachers choose alternative job prospects.

The gaps in learning are significant. Hard earned gains made in numeracy and literacy have reduced and schools as well as ECD centers are finding they may not be able to recover these gains with the time left in the year.

Other/Big looming concerns

Civil society in some places (such as Tanzania) is being overwhelmed by increasing requirements and restrictions in operations. As a result of this increased pressure, Tanzania Government has allowed CSOs to undertake some profit-making ventures and activities in order to increase their funds base and enable them to meet increasing needs from their communities.

Shrinking donor funding due to global economic crisis caused by COVID-19 threatens future programing with young children.

Massive increases in teenage/adolescent pregnancy have swept up (almost) entire generations in certain communities - <https://allafrica.com/stories/202007280771.html>

Child marriages are rising exponentially too but in lower numbers than pregnancy - <https://www.telegraph.co.uk/global-health/women-and-girls/child-marriages-skyrocket-malawi-covid-19-closes-schools-figures/>

Detailed Risks and Actions

Present Risks of COVID 19
While African countries have made great efforts to contain the coronavirus, increasing COVID 19 numbers are still being reported in partner countries. With countries aiming for

people to adapt to living in the reality of COVID and with the “second wave” even more cases are likely to be seen.
The continent still faces significant challenges of population disparity—with many cities swelling and rural areas remote. The level of awareness in rural villages is still low, increasing the risk of the spread of the virus. Both Malawi and Rwanda have reported the need to continue raising awareness especially in rural areas where the level of awareness is still low.
Some governments – such as Tanzania - are no longer reporting cases of COVID infections and though there are reports of COVID related deaths in cities and rural towns, these deaths are not officially reported as COVID 19. Firelight’s grantee-partners worry that this will create a false impression that COVID is over and lead to even more illness and deaths.
In some countries, schools have closed again. And where they have not, there are challenges such as overcrowding and inadequate protective measures.

Present Risks for Children and Families Related to/Created by COVID 19 and Pandemic Mitigation Efforts	Where
Children under 14 years facing sexual abuse	Malawi/Zimbabwe/Rwanda
Physical abuse of children through beatings and corporal punishment - increased child physical abuse cases as reported to Local Government Authorities and Gender desks	Tanzania
Mandatory pregnancy testing after every 3 months for girls in secondary school	Tanzania
For many countries, the current health burden of AIDS, tuberculosis, malaria and cholera remains and is getting worse	All
Grantee-partners who implement for children with disabilities have seen less and less access to physiotherapy services and it has negatively impacted the health wellbeing of these children	Zambia/Tanzania/Rwanda
ECD centers remain shut down and where they have re-opened, the impact of COVID-19 has led to poor attendance and performance for pupils	Tanzania
Low parental and community involvement in school activities due to reduced income	Tanzania
Fewer contributions for food, ECD care-givers allowances	Malawi
ECD centers have lost caregivers who had gone to seek employment elsewhere when schools closed	Tanzania
Children are/were out of school and not learning so progress made in literacy and numeracy outcomes may not be realized. AND government alternatives e.g. radio and TV programs not reaching everyone especially low-income populations	Zambia/Malawi/Rwanda/Tanzania

Increased rates of malnutrition because of decrease in family income or children out of school and not getting meals.	Zambia/Malawi/Rwanda/Tanzania
Children out of school and at risk in the home – there is a significant risk of child abuse or unhealthy environments at home because parents are stressed and/or because children are at home with perpetrators	Malawi/ Rwanda/Tanzania
Increased gender-based violence reported in the home	Tanzania/Zambia/Malawi/Rwanda
Increase of teenage pregnancies as girls have been/were out of school for a long time	Tanzania/Malawi/Rwanda
Girls getting engaged in transactional sex to get income	Rwanda/Malawi
More children in the mines	Tanzania
Adolescent girls being married off for a small amount of money	Malawi/Tanzania
Children at risk of missing vaccination/growth monitoring/ARVs if parents fear visiting health facilities for their clinic – fearing COVID or considering hospitals and health centers as high risk areas, parents of children 0-3 are not going for regular health checks for growth monitoring and grantee-partners are seeing more malnutrition and much slower growth rates for children	Zambia/Malawi/Tanzania
Children are participating in income generating activities that are too much/inappropriate for their ages	Zambia, Malawi/Tanzania
Children who are HIV positive are getting sick and malnourished because of lack of food as parents/guardians are not able to generate level of income they did before COVID	Zambia