Save the Children

COVID-19
IMPACTS ON AFRICAN CHILDREN

HOW TO PROTECT-A-GENERATION AT RISK

PAN-AFRICAN POLICY PAPER,
JUNE 2020

ACKNOWLEDGMENTS

This report is dedicated to all the children of Africa, who have been an "invisible" group in the COVID-19 crisis planning and response, despite being one of the most vulnerable and affected populations. This report has been produced to amplify the voices and specific realities of children during this crisis in the hope that it will enhance the quality of their lives during these unprecedented times. We are inspired by all the powerful and brave child and youth ambassadors across the continent who are raising their concerns to decision makers and sharing information on COVID-19 to other children. We hope this report will raise an alarm to decision makers across Africa to do whatever they can to ensure that we #protectageneration of children.

This report has been written by Eric Hazard, with significant contributions from Vishna Shah, Kijala Shako, Samuel Wandera and Doris Mpoumou as well as a wide range of input from people across the continent..

A number of colleagues from across Save the Children have made helpful comments and contributions to enrich the report. They include Alice Oyuko-Awuor, Alassane Nouroudine, Amanda Azzali, Anderson, Chad, Anta Fall, Anthony Njoroge, Arunga Yvonne, Aurelien Barriquault, Benoit Delsarte, Emmanuel Dori, Geoffrey Oyat, Hannah Newth, Juliet Kyoshabire Kotonya, Kimani Kennedy, Lay Thomas, Luke Harman, Matthieu Moraly, Odette D. Ntambara, Paul Lopodo, Serge Dalexis, Solomon Mulat, Teresa Amorim, Ulrika Cilliers, and Waringa Nganga.

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*Children's names have been changed to protect identities.

Design: Prime Kasuku

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FOREWORD

Diaminatou Kanounté is a Malian citizen of 16 years old. As student of high school, she is the President of the Child Parliament of the District of Bamako (capital of Mali). She is a young advocate for child protection and rights. She wins the competition of Poem organized in February 2020 in Bamako.

"It's been 2 months that the schools are empty
Let the benches begin to wrinkle
A big delay is coming
A desperate look on his face
Wishes are lower
The learning stops
I'm worried about my future but laziness has dominated everything.
Courage diminishes in the plate, the emptiness has slowed me down
My notebook and my pen are running away...
I see myself drowning in this well
My education is in danger
My future is in jeopardy
I'm a student in distress
There are few notions left for me.
Boredom plays in my brain
And to express it, I have only these few words
My dear brothers and sisters' hope must be our inspiration.
Coronavirus will disappear
And we must not lose courage
For the future of this country lies in our arms...
We'll soon see schools opening up
In the meantime, take the distance learning courses
Let's keep reading
Before the Coronavirus passes
Let's review our lessons and do our assignments
In order to better adapt to the opening of classes"

By Diaminatou Kanounté

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COVID-19 IMPACTS ON AFRICAN CHILDREN

HOW TO #PROTECT A GENERATION

EXECUTIVE SUMMARY

The COVID-19 pandemic is unprecedented with the virus spreading in almost all countries in the world. In Africa, 54 out of 55 countries have reported at least one COVID-19 infection. Luckily for Africa, confirmed COVID-19 cases remain comparatively low, at 158,000 as of June 3rd; which is partly attributable to early and decisive action taken by many African governments as well as a youthful population. However, COVID-19 pandemic has hit Africa not only as a health crisis but also as a devastating socio-economic crisis that may persist over the months and years to come. This policy paper underscores that, although children do not represent a high-risk group for direct COVID-19 fatality, the pandemic posts far-reaching secondary impacts that heighten risks to African children's rights and wellbeing.

- The rapid spread of COVID-19 is overburdening the under-resourced African health systems and disrupting routine health services that are likely to increase disease incidences and deaths from preventable and treatable diseases especially children. For instance, following some projections Malaria deaths may reach 769,000 in Africa – levels that were last seen 20 years ago – due to disruption of insecticide-treated net campaigns and access to antimalarial medicines.

- The COVID-19 pandemic is jeopardising Africa's children formal learning, health and safety/protection, particularly the girls. It is estimated that over 262.5 million children from pre-primary and secondary school are currently out of school because of COVID-19 closures, which translates to approximately 21.5% of the total population in Africa. For many poor and vulnerable children in Africa, schools are not only a place for learning but also a safe space from violence and exploitation. It is also where they have a nutritious meal (sometimes the only meal for the day).

- COVID-19 pandemic is unfolding in Africa against a backdrop of worrying hunger levels driven by climate shocks, conflict and economic challenges. Recent estimates of food insecurity suggest that as many as 107 million people in Sub-Saharan Africa were acutely food insecure. The consequences of COVID-19 pandemic are adding to the long list of food insecurity drivers in Africa. Many projections show that the food insecure population could double in the coming months, which of course is a serious nutritional impact for children.

- COVID-19 pandemic is exacerbating existing vulnerabilities. This pandemic has also a catastrophic impact for the most vulnerable who do not have access to social protection system, including the most vulnerable children. Street children, Internal Displaced Peoples and Refugees are not only expose to higher sanitary risk, they are also facing higher limitation to access to health and alternative education system. Children make up 59% of Africa's refugees and asylum seekers and 50% of its internally displaced people, which are heavily impacted by preventing many across the continent from seeking asylum and safety, in violation of the international legal principle of non-refoulement[1].

- COVID-19 pandemic threatens to reverse development progress in Africa. COVID-19 economic aftershocks will derail the progress towards poverty reduction and will increase an additional 59 million people into the extreme poverty bracket in Africa; including 33 million children. The UN estimates that the reduction/loss of household income due to COVID-19 and subsequent cutback on essential health and food expenditure could erase the last 2 to 3 years of progress in reducing infant mortality.

As unprecedented as the crisis is, it has also shown Africa's resilience and ability to tap into home-grown resourcefulness that presents unique opportunities for creating a better future for Africa. Many African governments have taken quick and decisive leadership in managing the COVID-19 pandemic with the international aid community playing a supportive role. This could set the pace for greater government ownership and assertion of control of emergencies and humanitarian crises within their borders. Some African governments have accelerated adaption of technology and multi-media platforms for learning. In future, it provides a means of widening participation to population segments that have traditionally been excluded from learning such as children in hard-to-reach areas and children living with disabilities.

African governments are now facing a Cornelian choice, between the imperative of avoiding the spread of the pandemic and the urgency of responding to the needs of the most vulnerable by reviving the economy. With one of the youngest population in the world, Africa remains very much exposed to many of the collateral impacts of the COVID 19. In coming weeks, they will have to continue to manage a multiple crisis. But they will also have to ensure that this leadership will align with international and continental commitments to children's rights and well-being, and in particular the African Charter on the Rights and Welfare of the Child, which will celebrate its 30th anniversary in 2020. To do so, Governments with the support of African Union will have to:

- Preserve children rights, during the COVID-19 pandemic, through guaranteeing access to quality health, Education and protection services and other rights as set out in the UNCRC and the ACRWC;
- Ensure that each response plan will be driven by the "best interest of the child" and the "do not harm" principles, in line with the African Charter on the Rights and Welfare of the child
- Recognise and integrate in their response plans the specific needs of the most vulnerable, including girls as a central element of the continental and national responses;
- Responding to the long term needs of children through the development and the implementation of social protection mechanisms and policies to protect children and families from any future shocks.
- Ensuring that children have real and safe opportunities to have their voices heard and influence COVID-19 decision-making.

INTRODUCTION

When we think of the impact of COVID-19, children are not visibly seen as the most affected by the pandemic. In fact, empirical data shows that the direct health impact of COVID-19 on children is significantly lower compared to older adults; accounting for approximately 10 percent of all infections[2]. Anecdotal evidence shows that, until now, children who contract the virus appear to have less severe symptoms and lower mortality rates. However, this does not tell the full story, as the secondary and long-term devastating impacts that we are seeing on children's rights, wellbeing and safety, will have a disproportionately larger impact on children from poor and vulnerable households for their entire life time.

On March 30th, most African countries had reported at least 1 confirmed case. Since June 3rd the number of confirmed cases increased from a few hundred to over 158,000. So far, COVID-19 hasn't had the same sort of devastating impact on Africa as it has in other continents such as Europe, Americas and Asia elsewhere. However, the number of cases are increasing with experts

warning that it could overwhelm health services and trigger a pandemic which could cause millions of deaths. The Global Health Security Index, an assessment of global health preparedness to respond to health pandemics, ranks most Sub-Saharan countries among the least prepared. For example, Central Africa Republic has only three ventilators for a population of 5 million while Somalia has only 15 Intensive Care Unit (ICU) beds for its 16 million citizens.

The African Union Commission already reported that *"The consequences, even if they are difficult to calculate, are expected to be enormous in view of the rapid spread of the Covid-19 and the drastic measures taken by countries whatever their size worldwide".*[3] Africa remain diverse, but for many, the restrictions in movement and closing of borders introduced as part of the governments' response plan have and will continue to have a serious impact on the local economy and household poverty, placing children in vulnerable situations. We must not underestimate the impact COVID-19 has already had on communities - including the number of people in informal jobs, earning a daily wage or self-employed, which represents a vast majority of the population – and therefore children who are already facing several vulnerabilities that are likely to be worsened with this pandemic.

Along this pandemic, many African countries are experiencing multiple humanitarian crises that have left millions of children and their families extremely vulnerable and rendered them reliant on external assistance. The UNHCR estimates that Sub-Saharan Africa is home to at least 24 million forcibly displaced people (18 million refugees and 6 million internally displaced persons [IDPs]) – of which 59% are children. In addition, 107 million people in Sub-Saharan Africa are facing severe food insecurity - 50 million in West and Central Africa (WCA) and 57 million in East and Southern Africa (ES) - and WFP projects that the number could double by end of 2020 as consequence of COVID-19. The societal disruptions that COVID-19 pandemic brings with it is likely worsen the existing humanitarian crises and potentially create new ones as discussed in this policy brief.

There are still many uncertainties around how the pandemic will evolve in Africa and the development timeline of effective therapies and vaccines that will contain the COVID-19 pandemic. However, what is certain is that beyond the direct health impacts, the pandemic is a risk to boys' and girls' wellbeing and safety that could turn into a more severe child-rights crisis in the absence of adequate and timely intervention. In Sub-Sahara Africa, this crisis is already disrupting the education of 262.5 million children and will interrupt their access to vital healthcare, protection services, but also wellbeing, including social disruption as well to their interaction with other children and family members or adult caregivers.

As a child rights organisation, we have adapted our strategies and approaches to protect the most vulnerable children and ensure that their rights are protected. But this requires a coordinated effort, led by African governments. This paper outlines some of the main threats the COVID-19 pandemic poses to children in Africa and suggests some of the political and programmatic responses to protect children's rights.

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COVID-19'S IMPACTS ON AFRICAN CHILDREN

As is the case with any infectious disease outbreaks, children face multi-dimensional risks, including exposure to the infection, indirect risks to accessing education and healthcare services as government political priorities and funding are focused on minimising contamination, as well as direct risks to their overall care and protection. While current trends indicate that children are not among the most vulnerable group from direct impact of COVID-19, the implications that the spread of COVID-19, such as the impact of the movement restrictions and lockdowns on livelihoods and wellbeing are having on girls and boys in development and humanitarian settings remains a major areas of concern and are still being examined.

1.1. HEALTH SYSTEMS STUCK BETWEEN COVID-19 RESPONSE AND BASIC SERVICES

First contain the spread of COVID-19
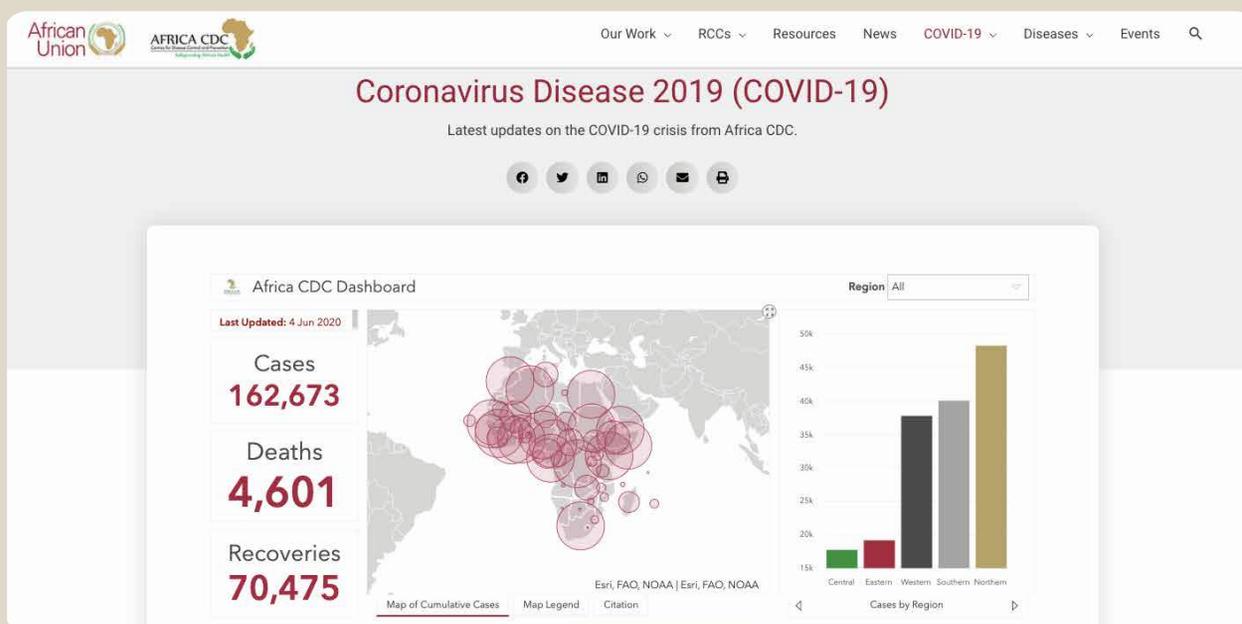
In its joint continental strategy for COVID-19, Africa Union (AU) recognises that *"Because no vaccine yet exists to prevent infection nor medication to cure infection, COVID-19 will likely spread rapidly in communities and healthcare facilities and cause severe illness and death. Although the case-fatality remains low, a high percentage of the African population could be infected in the next year, resulting in large number of deaths, particularly in people with advanced age and/or underlying illnesses"* [4]. Considering this context, *"In Africa, the primary strategy for COVID-19 will be to limit transmission and minimize harm."* [5]

Given that transmission throughout the continent is inevitable, early and decisive action to strengthen health systems, so that people can be tested, isolated, treated and their contacts traced is critical to delay and diminish the peak of outbreak and better manager the surge of patients. Many countries[6] have already started this prevention approach. Up to now, compared to Europe and Americas regions, the mortality rate such as the number of severe cases remains lower[7] and many countries have not seen their Health System collapsing. The only and major caveat: the testing capacities in countries certainly need to be reinforced to have a better, to not say real, understanding of the current situation. The Global Health Security Index, an assessment of global health preparedness to respond to health pandemics, ranks most Sub-Saharan countries among the least prepared[8].

The risk related to non COVID-19 related causes

According to World Health Organisation (WHO, 2020) Africa suffers more than 22% of the global burden of disease but has access to only 3% of healthcare workers and less than 1% of the world's financial resources. The latest readiness assessments by 34 African countries collated by WHO revealed a lack of personal protective equipment (PPEs), few treatment centres and an absence of critical care facilities.

If health systems are adapting and resisting for now, COVID-19 is putting immense pressure by rapidly increasing demand to already fragile and overwhelmed healthcare system across Africa. National healthcare systems have been pivoting to respond to the outbreak and in many cases scare resources have been diverted from routine healthcare services towards planning, containing and responding to the outbreak. While the response is critical, National Health Systems also need to continue to guarantee access to essential quality health services that are crucial for child survival.

Farhia, 38, Midwife from Gardo Hospital, Somalia.

Farhia Muse Ali has been working as a midwife at Gardo General Hospital in Puntland, Somalia, for more than 10 years. Now, along with delivering babies, Farhia is also teaching new mothers about COVID-19 and how to protect themselves and their children from infection. Farhia talks to mothers about the importance of maintaining good hygiene, washing their hands and explains the symptoms of the virus.

Farhia says: "Our health systems are very fragile. We don't have enough Personal Protective Equipment (PPE) but we continue to do our best. Many of us are risking our health to save others. Currently, we are focusing on prevention measures and raising awareness on the virus.

"In the capital, Mogadishu, cases are increasing day by day, and it is only a matter of days before we have them in districts like Gardo and other parts of Puntland. I am worried like any other person in the world. I have family members who are worried about my safety because they don't know what will happen, but they encourage me to work as normal and help people."

"In Uganda, the reporting rate in health management and information system (HMIS) have dropped between 50-80%."

SOURCE: MINISTRY OF HEALTH INFORMATION DEPARTMENT, UGANDA, MAY 2020

In many countries, routine immunisations, antenatal care and other sexual and reproductive healthcare services and services to stop children dying from preventable diseases like malaria, diarrhoea or pneumonia have been disrupted or deprioritised due to lack of human resources, medical supplies or social distancing measures required in managing COVID-19 outbreak. There have been already some reports showing that some health facilities, in countries like Kenya, Ethiopia[9], or Uganda, had temporarily closed or suspended provision of essential health services and were turning away patients who were seeking non COVID-19 health services. In some countries, like Uganda lack or reduction of public transportation and banning multiple people from riding on motorbikes is also limiting access to facility-based care and preventative medicine. The implementation of no movement and curfew guidelines seriously impact pregnant women and girls in accessing critical health services, as well as making access expensive and risky due to lack of safe means of transportation during curfew hours. This is at the expense of children's health and may led to potential of opportunistic outbreaks of (other) vaccine-preventable diseases like cholera and measles. For example, a WHO analysis shows that COVID-19 disruptions to preventive and primary healthcare could result in up to 769 000 Malaria-related deaths in 2020; twice the deaths reported in 2018.

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On top of it, healthcare in most African countries is not free at the point of use. Therefore, the burden of out of pocket payments which is highest among the poor may result in an increase of children and young people deaths due to non COVID-19 related causes. Finally, women are also more likely to be front-line health workers globally, 70% of workers in the health sector are women or health facility service-staff e.g. CHWs, cleaners, laundry.[10] This makes them more likely to be exposed to the virus and dealing with enormous stress balancing paid and unpaid work roles.

Life-saving messages shared in Sudan in an effort to halt the spread of COVID-19

Save the Children sent a fleet of vehicles equipped with loudspeakers and signboards through North Darfur and Kordofan in Sudan, sharing messages with hard-to-reach communities about hand washing, social distancing and other ways to prevent the spread of COVID-19. The country teams recruited a local drama group to bring life and animation to the messages, which are also being played on local radios as well as fixed loudspeakers.

Save the Children also partnered with a local telecommunications company, to send SMS cards with COVID-19 awareness messages across Sudan, which have reached more than 10 million people. The mobile messaging squad is part of a range of activities taking place in Sudan to prevent the spread of COVID-19, as cases continue to rise across the continent.
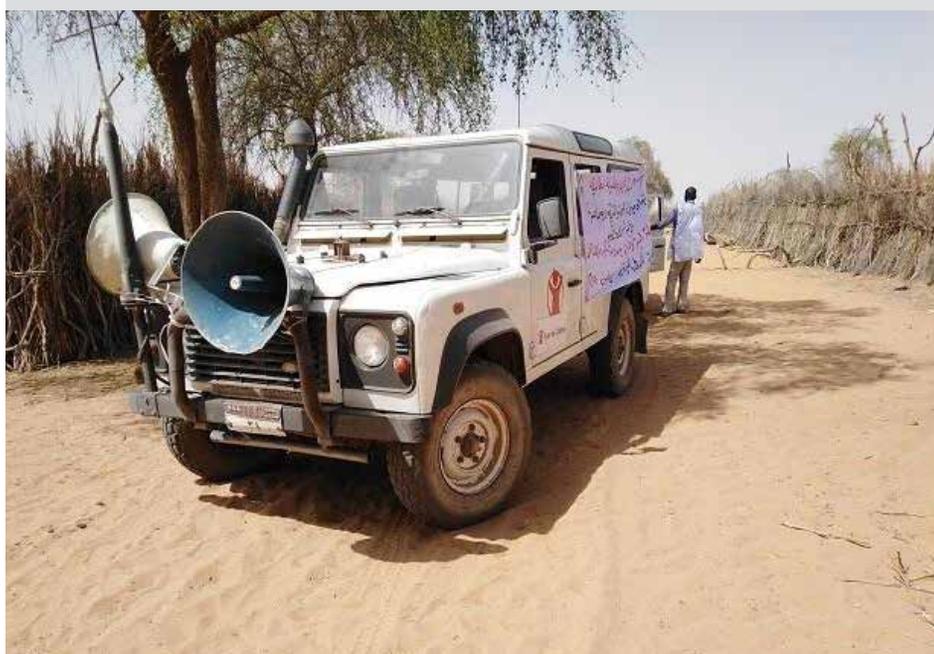
Innovative approach to treat Malaria in schools In Zambia:
In the district of Lufwanyama, with the support of Ministry of Health, Save the Children piloted an innovative malaria test and treat protocol in schools. The aim was to respond to the highest prevalence rates of malaria in the country, in a rural district where clinics are very remote. We successfully screened 1204 pupils and treated 435 children for Malaria in Lufwanyama in just three months saving the children the long journey to rural health centres. Given that attendance in rural health centers is likely to reduce due to fears of Covid 19 this approach will resume and we hope to expand after schools re opening again soon.

Learning from previous crisis

During the 2014–16 West Africa Ebola Virus Disease outbreak, fear of contracting the disease also resulted in fewer women attending health clinics. In Sierra Leone, health workers were lost or diverted to Ebola-related activities[11], possibly denying access to children at a time when they needed it the most[12]. Community health centres attendance decreased by 52 to 73%, with the highest drop in the areas most affected by Ebola.[14] Analyses from the 2014-2015 Ebola outbreak also suggest that the increased number of deaths caused by measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths[15] from Ebola[16.] Therefore, it is crucial that the healthcare system maintains the provision of essential health services to mitigate the risk of system collapse and is equipped to have a protective environment to protect people accessing the space.

The holistic health of children and their caregivers will need to be taken into consideration, which must intentionally take into account their mental wellbeing. COVID-19 now counts as an emergency and humanitarian setting where systems, communities and individuals are facing additional challenges related to contextual circumstances. Provision of Psychosocial Support requires extensive coordination, collaboration, contextualised whole-society and multi-layered approaches to mental health and psycho -social support response with specific recommendations for especially vulnerable populations (e.g. elderly, people with disabilities, children, care providers, adults in isolation, people working in the response) as well as the general public.
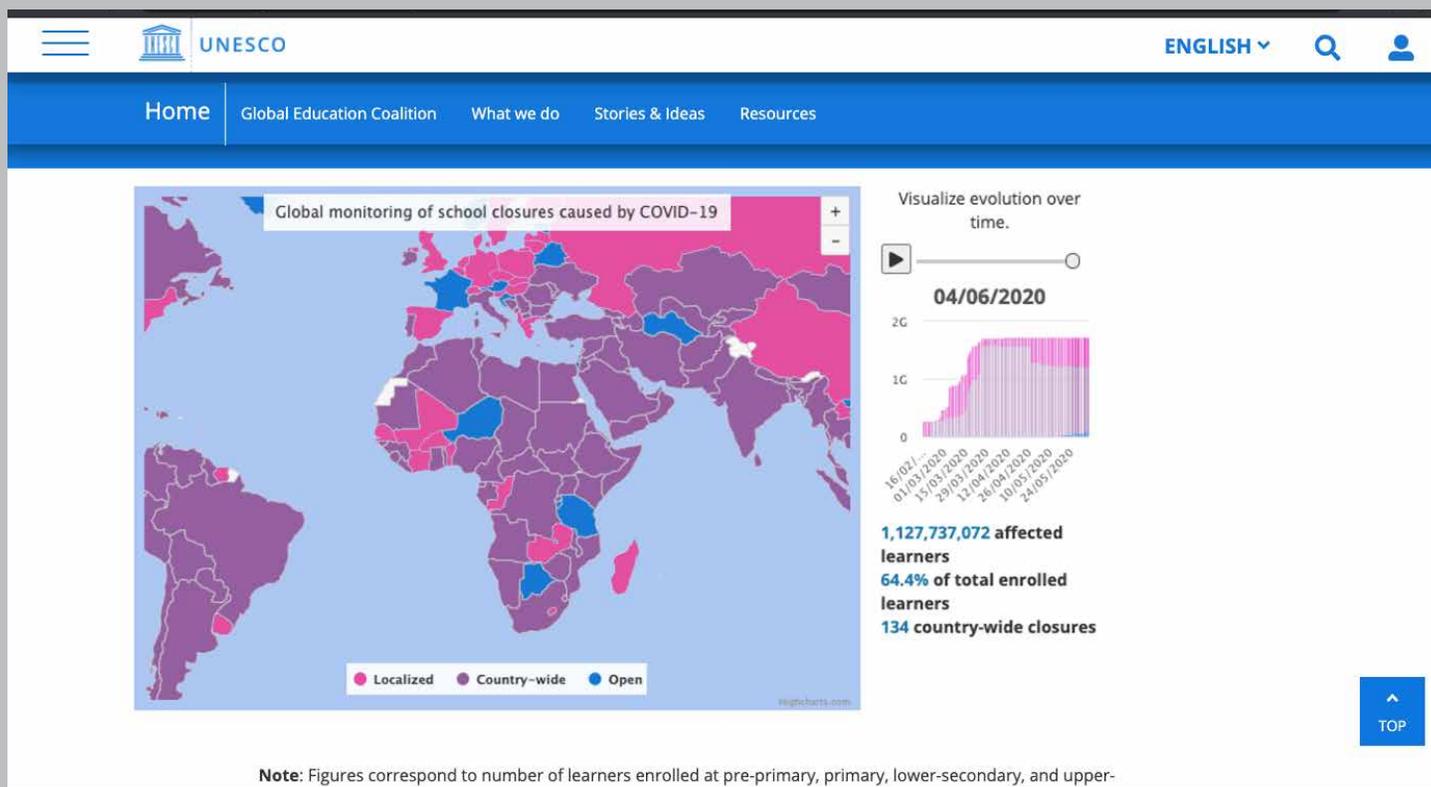
1.2. SCHOOLS CLOSURE: THE NEED TO PROTECT WITHOUT SACRIFICING A GENERATION!

Over 262 Million out of school due to COVID-19

As of April 16th, it is estimated that over 262.5 (approximately 21.5% of total population in Africa) million children from pre-primary to secondary school are out of school in Africa due to COVID-19. Before the COVID-19 crisis, Sub-Saharan Africa already had the highest rates of education exclusion, with more than one-fifth of children aged 6-11 years out of school in normal times. COVID-19 has led to nationwide closure of schools across all countries in Africa, varying for periods between 3 weeks to indefinitely. This prolonged school closure will result in millions more children being denied their basic right to learn. The lack of alternative education system, requires strong political leadership to avoid further weakening an already fragile education system.

The impact on learning has already been significant, and planning assumptions predict disruption of formal and non-formal education over 3 to 4 months. The real risk is to have too many children not returning to school after the pandemic, with a particular risk for the most vulnerable groups, for whom school may no longer be a priority when it comes to survival in the true sense of the word. This is particularly true in countries that have already been suffering from decades of humanitarian crises like Democratic Republic of Congo (DRC), South Sudan, Nigeria, Mali, Mozambique etc. In these contexts, children have already missed substantial periods of learning. In West and Central Africa, over two million of children were already out of the system due to insecurity before the pandemic. The COVID-19 crisis puts the global community's promise to realise the right to quality education for all children and adolescents by 2030, into more jeopardy than ever before.

Note: Figures correspond to number of learners enrolled at pre-primary, primary, lower-secondary, and upper-

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Government must now move from school closure to maintaining learning system

The school planet is currently on pause; nearly all Africans countries are already affected with school closure. If the schools closure was certainly much needed to avoid further spread of the COVID-19, we should not under estimate the real risk for children who had their education interrupted to be totally drop out of school. While many governments have been making progress in including displacement or disaster-related strategies and protocols in education sector planning, no government was ready to face such risk of public health pandemic.

If the limited availability of alternative distance-learning options across Africa is an impediment to the continuity of learning and wellbeing of children, the possibility of having schools not reopening this school year should force the government to develop scenarios to maintain some basic learning for and with children. Online courses when the connection allows, school programs broadcast on the radio or on a specific television channel, the continent's school systems are trying to reinvent themselves as best they can to ensure a little continuity, and rebuild a school routine, saving these times of confinement for African youths.

Many countries, like Cote D'ivoire, Kenya, Ethiopia, Ghana, Mozambique, Senegal, Ethiopia… are advancing the education curriculum through radio and TV to maintain some learning system in place for African children. In Mozambique, the national public television station created a dedicated channel called

TELESCOLA, in which lessons are provided live daily.. And some countries like Mali, Burkina Faso, Senegal, Zambia will reopen the class exams early June, but schools need to adjust to be ready in due time But the proposed remote-learning systems need also to take into consideration the huge disparities to not leave any children behind: "In Sub-Saharan Africa, 89 per cent of learners do not have access to household computers, 82% lack internet access and around 28 million learners live in locations not served by mobile networks"[17]. Developing new ways of learning without forgotten the constraint faced by the most vulnerable girls and boys in urban and rural areas, including refugees and internally displaced is becoming essential.

In Rwanda, Mali, Burkina Faso, Uganda and Sierra Leone, the governments have been started Interactive Radio Instruction. In Burkina Faso and Rwanda, the Ministry of Education created a dedicated radio, with specific frequency, covering the whole country to deliver learning programs. Moreover, an online educational platform for pupils and teachers of primary, post-primary, secondary and non-formal education has been set up for distance learning.

Ghana Learning TV, The TV teaches confined students

The course is broadcast on Ghana Learning TV, a television channel which enables the approximately 900,000 high school students to continue their education…

On Ghana Learning TV, lessons start at 8:30 am, as for an ordinary school day, with forty-five minutes of mathematics for high school students…Classes continue for the rest of the day with English, physics, chemistry and social science sessions.

The channel, launched by the Ministry of Education in partnership with the Ghana Broadcasting Corporation, is currently only aimed at high school students. The government has announced its intention to launch a similar channel soon so that children in primary and secondary schools can also follow their education. … According to World Bank data, 21% of the Ghanaian population does not have access to electricity. Reason why the GNECC advocates for the broadcasting of these same programs on the radio, to allow as many children as possible to have access to them…

Extract from Dylan Gamba' article in le Monde Africa, published on April 22, 2020

Keeping children learning while out of school in Africa

Uganda has distributed home learning packs to more than 100,000 children in some of the most remote rural areas and refugee settlements. Most of these children cannot access radio or TV so would otherwise be left out. The packs include study and reading materials and child-friendly information on staying safe and healthy.

In Ethiopia, in an effort to address the learning needs of over 26 million out of schoolchildren, Save the Children has secured 9 dedicated satellite TV channels free-of-charge until end of 2020 to support remote learning. Save the Children is working with UNICEF and the Ministry of Education to provide education, as well as mental and physical health and hygiene messages so children can keep learning and stay safe while out of school.

In Kenya and Malawi Save the Children is supporting children's learning and wellbeing whilst schools are closed by complementing the national academic radio broadcast curriculum with interactive psychosocial support and social emotional learning activities.

In Mozambique, Save the Children has been delivering literacy and numeracy lessons over community radio, and complementing with the distribution over 35,000 exercise books and materials for primary and secondary students, as well as training teachers on how to support children's learning at home while regular classes remain closed.

In Burkina and Rwanda, Save the Children is purchasing radios for vulnerable households (over 80% of households don't have access to radios) so they can access radio-based education programming broadcast by the government.

Beyond the disruption to education

Governments, school authorities and other education actors must also respond to the negative impact that school closures will have on children's long term learning. According to latest data from World Food Program, "more than 368 million school children are now missing out on school meals on which they depend[18]". In East and Southern Africa, an estimated 3.5 million children are no longer receiving school meals due to school closures. For example, in Mozambique, following the country-wide closure of schools on 23 March, 235,000 children are no longer accessing school feeding programmes and malnutrition is expected to worsen in the period ahead. An estimated 67,500 children will require treatment for malnutrition in the next nine months.

Children who are out of school are also at greater risk of being abused and exploited, or recruited by force into armed group[19] and for girls, they are more likely to never return to school once classes recommence. As pressures mount on low income families, children may need to work to bolster family incomes or become victims of child marriage, and girls especially may also face early pregnancy and a disproportionate burden of caring for family members who contract the virus or taking care of younger children.

Despite that schools are all closed and pupils are no longer there, several educational infrastructures continue to be attacked in Mali and Burkina Faso. Governments, armed forces, non-state armed groups should continue implementing Safe Schools Declaration, take action to establish schools as 'zones of peace' and stop attacks and threats against schools, students, teachers and other school personnel. With the spread of COVID-19, educational facilities and Temporary Learning Centers are more and more used as hubs for medical care in contexts where the demand for health care services and facilities exceed capacity. In Nigeria, the authorities are already manifesting their intention to do so.

Childline Botswana support children and parents experiencing trauma or violence as a result of COVID-19

Save the Children is collaborating with Childline Botswana to provide dedicated psychosocial support services to children across the country. The partnership includes the operation of a nation-wide child protection helpline, which is accessible to children and families 24 hours a day and provides individualised support for children and families experiencing stress or violence. Support people working for the helpline refer and report cases of abuse, identify families in acute need, and provide psychosocial support to children and parents.

Following the outbreak of COVID-19, Save the Children has worked with Childline Botswana to expand and adapt the helpline to transform it into a COVID-19 contact center, answering questions from children and families struggling with various difficulties on account of the pandemic. This is particularly important in light of fears of an increase in sexual or gender-based violence because of school lockdowns.

With partners in the Child Protection Network, Childline Botswana's social workers are also now offer counselling services at quarantine sites for people with or suspected of having COVID-19, and are providing social welfare case management.

Sierra Leone: Aminata* continues her education through radio lessons

Since early April, students like Aminata, 17, and her eight-year-old brother can continue their education through a Radio Teaching Program, developed and broadcasted by the government, with support from Save the Children and other partners. Every weekday, starting at 10 a.m. to late evening, about 40 teachers take turns in front of the microphone in the studio to hold classes for 2.6 million children. This is a first attempt to compensate for the school closures and disruption of education due to the corona pandemic for school children across Sierra Leone.

Aminata* likes History, Literature and English. Every evening, she carries the family's little yellow radio to her room to focus on her studies, because during the days, she must first help her mother with the household chores and then her younger brother with his homework.

It is a bit complicated to have lessons like this. I miss going to school and my everyday life with friends, but this is better than not being able to learn at all, she says. Already back in 2014, during the Ebola outbreak, radio lessons turned out to be an effective way to reach the children. In Sierra Leone, many children live in rural areas with no computers or access to Internet, while some estimates show that the radio medium reaches around 80% of the population.

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At the end of Ebola Crisis in Sierra Leone, the country had recorded an increase of 11,000 teenage pregnancies[20]. One of the consequences has been the drop of the enrolment rates for girls aged 12 to 17 which fell from 50 to 34 percent in many villages[21] either because they were pregnant or they were married. Governments need to put systems in place to respond to these growing vulnerabilities.

In Malawi: we are scaling up existing projects to include COVID19

In Malawi has high rates of Child Marriage and teenage pregnancy, with schools closed there is a very high risk that children, particularly adolescent girls will not return to school. Save the Children is working to understand this risk, advocate with national and district governments and to adapt current/design future programmes that prioritise Adolescent Girls to continue their learning and prepare to return to school through The Responsible, Engaged and Loving (REAL) Fathers. REAL father initiative empowers men in communities to create a positive and supportive environment for girls' education through promotion of positive parenting and non-violent approaches to discipline, trough raising awareness and massive campaign work.

"Young people are expected to assume socially defined gender roles that shape their sexual and reproductive health future. Like other parents in our community, we were powerless and more worried about our daughters becoming sexually active, pregnant and dropout of school. Before REAL Father initiative, we did not feel this was an issue we could raise for fear of being accused of engaging in a sexual relationship with our daughter or niece. Our culture made us believe that we are supposed to distance ourselves from our daughters and talking about sexual and reproductive health was traditionally the role of the women."

*REAL FATHER.

"I am not happy about not going to school, but I try to do some things that make me happy at home"

SA'ADATU, 12, ZAMFARA, NIGERIA

2

THE RISKS FOR THE MOST VULNERABLE' CHILDREN

2.1. LIMITED PROTECTION AND INCREASED RISK OF GENDER-BASED VIOLENCE DUE TO COVID-19

I t is widely recognised that crisis exacerbate inequalities, child protection issues and women and girls are at risk of sexual gender-based violence (SGBV). In the context of COVID-19, children's lives can quickly change[22]. Children's routines and protective coping mechanisms are disrupted due to quarantine measures, restrictions on movements and school closures. Both children, parents and caregivers are being put under stress and are more likely to develop violent behaviours. Stigma and discrimination may make children more vulnerable to violence and psychosocial distress. Child protection risks include physical and emotional maltreatment, injuries and neglect due to lack of supervision, sexual exploitation including sex for assistance and child marriage[23].

In Ethiopia Save the Children has partnered with four major religious institutions to develop and deliver Child Friendly COVID 19 awareness and protection messages through over 310, 000 Churches and over 15 000 mosques, as well as television and radio reaching more than 40 million people across the country.

The most vulnerable children are less protected, including unaccompanied and separated refugee children, migrant and displaced children, street children, children affected by armed conflicts, children in judicial detention, children living with disabilities, and girls and children placed in institutions. They are more exposed to contamination as well as violence and abuse. They may also be perceived as a source of COVID-19 contagion

and subject to discrimination and violence, which may result in further movement. They can be left behind and out of a response strategy where alternative care for most vulnerable children is not in place or is not functioning. By way of example, in the face of heightened sanitary risks, Senegal's government adopted in March 2020 a national action plan aiming to withdraw more than 20,000 children from the streets, including a majority of *talibés* exploited into begging under the pretext of religious education. The operation, still under way, is proving to be extremely complex, putting unprecedented pressure on temporary reception centers and a fragile child protection system and requiring extensive coordination of stakeholders at different levels and the buy-in of religious actors to ensure the sustainable return of children in their home communities. Protection risks are particularly high risk for children with disabilities, who are more likely to be isolated, in residential care settings and in some cases may be at higher risk of contracting COVID-19 and being more severely affected by it.

Learn from Sierra Leone's Experience to protect Girls from SGBV.

During the 2014-16 Ebola Virus Disease outbreak in West Africa, the number of adolescent pregnancies dramatically increased, leaving the girls on their own, and not able to come back to school, after the outbreak. On March 30th 2020, the Government of Sierra Leone, through its Ministry of Basic and Senior Secondary Education announced that the 2010 Government decision to prevent pregnant girls from attending school is overturned. This important decision is a clear recognition of the Gender-Based Violence affecting girls during crisis and should inspire others African Governments to prevent and anticipate the risks children can be exposed to during a crisis situation. Some similar signal from the African Union would be a clear signal to protect Girls from SGBV.

The pandemic also affects girls and boys, women and men differently. Inequalities are exacerbated and women, girls, and other vulnerable populations are placed at risk of gender-based violence. The containment measures, including quarantine, could expose girls to gender-based violence, and force girls and their families to adopt negative coping mechanisms such as sex for basic needs or child marriage. As the economic pressures rise,

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girls and women will endure most of the burden of unpaid care. Women and girls are equally responsible for fetching, handling water, household chores/cleaning, cooking, collecting firewood and with the strained health sector they will be expected to bail out the state by providing care for the sick. This exposes them to higher levels of infection once countries are at the stage of increased local transmissions.

Mali: Children demand accountability for vulnerable children (living on the streets)

The national Child Parliament in Mali, which has been in place since 1996, approached the Government of Mali in April with a letter of concern, to stress the urgency of protecting children living on the streets and children affected by armed conflict during the Covid-19 pandemic. In the letter, the children representatives of the parliament stated that these children are amongst the most vulnerable, as they are more exposed to the disease on the streets and living in the midst of an ongoing raging conflict. They asked their ministers to take action for the children living on the streets and for the government to facilitate access for humanitarian assistance to children living in conflict zones.

To support their demand, the children launched a public campaign to protect children living on the streets. Through TV, social media and WhatsApp, they aim to create awareness on the issue to put even more pressure on their Government to act. Save the Children has been supporting the Children parliaments in Mali by providing guidance and trainings in advocacy, campaigning and child rights issues.

Amidst Covid-19 crisis, save the children supports National Council for Child Welfare to ensure children in Khalwas and reformatories return home safely - Sudan

Children currently living in Khalwas (religious schools) and reformatories across Sudan are now being safely returned home from these institutions, in a joint effort by Save the Children and the National Council for Child Welfare. The action is being taken to reduce the risk of the spread of COVID-19 within these institutions.

As part of this process, Save the Children is providing individual case management for vulnerable children, undertaking family tracing and reunification efforts, and when families are identified, taking children back to their homes. Already, Save the Children has supported the reunification of four children from Khalwas and reformatories with their families, with more children will follow in upcoming weeks.

Over 145,000 children between the ages of 5 and 18 years live in Khalwas and reformatories across Sudan. Many of these children are hundreds of kilometres from their families, and go home rarely, and a number of these children are orphaned, meaning when they leave the institutions, they will need to be placed with foster families or kinship care.

Since the confirmation of the first case of COVID-19 in Sudan on 13 March 2020, the Government of Sudan has taken swift and strong protective measures to mitigate the risks of its spread, including the closure of schools for two weeks from 15 March 2020. Sudan's Sovereign Council has also closed of all airports, ports and land crossings (excluding humanitarian, commercial, and technical support shipments), and declared a public health emergency on Monday 16 March.

"What happened to me in Ebola will not happen during Corona."

In disasters and outbreaks, it's women and children who suffer the most. Kadiatu* 17, a beneficiary of the 'Second Chance' Project by Save the Children lives at the Rokupa wharf, a densely populated fishing community where thousands of people live in makeshift homes built with mud and corrugated metal sheets.

During the Ebola outbreak, schools were closed for almost a year to prevent children and teachers contracting the deadly virus. It was during this period that Kadiatu* faced her worst nightmare: she got pregnant by a boy whose family was well off. *"My family and I were desperate, we hardly had enough money for food. When I asked my mother for food, she would tell me that I'm a big girl, so I should find ways of bringing in money to feed the family."* Coming from a family that could barely provide one square meal a day Kadiatu* became the breadwinner *"That is how I ended up getting pregnant"* she said. *"I dropped out of school when I was just about to take the Junior Secondary School Exams."*

In a study conducted in 2005, after Ebola, findings showed a dramatic rise of over 60 percent in teenage pregnancy rates during the nine months of school closure. To mitigate a recurrence of this tragedy during COVID-19, Save the Children distributed food and non-food items to over 400 child mothers and teenage girls in vulnerable Western Area communities.

Remembering what she went through, Kadiatu* is determined not to let history repeat itself. *"At least with this supply, I don't have to go out looking for food and ending up pregnant."*

Her experience has motivated her to bring girls together with similar stories to do what she calls "small, small sensitization." where she meets with teenage girls to share her story and advise them on the negative impacts of teenage pregnancy. *"We were lucky to give birth safely at such a young age. I worry for some of these children because they might not be so lucky."*

2.2. COVID-19 IS EXACERBATING EXISTING FOOD INSECURITY AND MALNUTRITION

Lockdown and restriction of movements are not the only response

With poorly diversified economies, border and market closures such as restriction of movements affect the Sub-Saharan countries, which are extremely vulnerable to external shocks[24]. The low-income countries devote 37% of their merchandise export revenue to food imports, more than five times the share by developed economies[25]. The vast majority of Sub-Saharan Africa relies on food imports, and food security is vulnerable to revenues lost as a result of slowing economic activity caused by COVID-19. African borders are characterised by a large number of women traders crossing the borders on a daily basis. According to a World Bank report on *Women and Trade*, it is estimated that informal cross border trading is a source of income for 43% of Africa's population. Most of the goods that cross the African borders are agricultural produce.

Distribution of prevention items to health facilities in Mathare and Kibera slums, Nairobi

Save the Children is supporting the Ministry of Health in Kenya to conduct household mapping and registration in Nairobi's Mathare slums, in order to slow the spread of COVID-19 and inform response planning.
Save the Children also distributed Infection Prevention supplies, such a chlorine, sanitizers, gloves, sprayers and surgical masks, to health facilities serving the urban population in both Mathare and Kibera slums.

As the pandemic worsens and countries across the world close their borders, there is growing fear that there will be a potential devastating effect on food security with major food producers and exporters adopting trade barriers or export bans, as experienced during the 2007-2008 food crisis. The G20 has very clearly committed to avoid the rise of export restrictions. Currently, the food markets are firstly affected by logistical constraints and labour shortages. These measures could also have some collateral impact on the situation of the poorest households. The risk for many countries in Sub-Sahara Africa could be in food crisis driven by both lack of food availability and accessibility, due to rising prices. In a long term perspective, it questions the level of diversification of Sub-Saharan Economy.

Small-Scale farmers and households at risk

In Sub-Sahara Africa, around 60% of the population is engaged in agriculture, including small-scale farmers. Women, who constitute around 43 percent of the agricultural labour force in developing countries, are generally disadvantaged, with fewer entitlements and endowments than their male counterparts.[26] They are part of a very vulnerable group, who might be hindered from working on their land/accessing markets to sell their products or buying seeds and other essential inputs. Climate variability and extremes, in part due to climate change, already presents a growing threat to food security and nutrition in Africa. The cumulative effects of climate shocks and COVID-19 induced livelihood disruption are likely to worsen adverse food and nutrition outcomes in Africa.

They may struggle due to higher food prices/limited purchasing power, alongside the millions of children who are already missing out on the school meals which they are reliant on. Even if food supply chains are not hugely affected, social restrictions may have a serious impact on many people who want to buy and access food.

The COVID-19 crisis could lead to potential dramatic human consequences. Potential impacts these coming months will include severe constraints on accessibility to markets and livelihoods (such as seeds, tools and inputs) for the millions of small-scale farmers who must prepare their fields for the rainy season. The mobility of pastoralists will be seriously impeded by restrictions of movement and represent a critical issue for the access to pasture and water for livestock. The disruption of food systems functioning (food supply chain, food value chain, etc.) as well as the slowdown in imports of food and basic necessities are serious risks for households. Finally, the poorest in both urban and rural areas will be at risk of experiencing income reductions because movement restrictions that could lead to a progressive reduction of formal and informal employment opportunities while at the same time, food prices can rise. According to Job Creation Commission of Ethiopia about 1.4m people (largely youth and women) who have been dependent on works that provide them their daily substance have lost their jobs and the prediction is that the figures will increase exponentially. Livelihood concerns will also present new,

First impacts of the restriction on income and Food Security in Senegal:

A study from the Global Center for Development has been looking to the impact of COIVD 19 into households in Senegal. Main conclusion was reported that *"The population seems to be already suffering economically from the crisis with 86.8 percent of respondents who reported a loss of income, and almost half reporting an increase in the price of rice (46.6 percent). The number of respondents also reported a reduction in meal size has sharply increased in Dakar and the rest of Senegal (4 to 7 times a week)".*

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gendered risks of exploitation, abuse and violence for women and children, as well as exacerbate existing ones. Majority of rural women work in the informal economy – i.e. in low-paying, insecure jobs – they can face dramatic declines in incomes and livelihoods security for their children.

This pandemic will further exacerbate vulnerabilities in food security and nutrition

COVID-19 has already spread to vulnerable countries already grappling with hunger and hit by other crises – the Desert Locust outbreak in the Horn of Africa and insecurity in the Sahel, for example. If COVID-19 cases continue to grow, countries that face public health capacity constraints as well as needing external food assistance, or are already experiencing acute hunger, the consequences could be drastic. In populations where women are responsible for food security within the household, food shortages and increased food insecurity places them under heightened pressure and could expose them to intimate partner violence or reliance on negative coping mechanisms, such as resorting to trading sex for basic needs like food, sexual exploitation and abuse (SEA) or even entering girls into child marriage. [27]

The West and Central Africa regional food security task study predicts about 19 million people in West and Central Africa to be food and nutrition insecure between June and August 2020 (Cadre *Harmonisé* analysis, March 2020). The COVID-19 pandemic crisis will further exacerbate existing vulnerabilities and alarming food and nutrition insecurity. Globally, women are more likely than men to suffer from food insecurity; even though women produce more than half of the world's food, they comprise 70% of the world's hungry[28]. In crisis-settings, female-headed households are generally more at risk of food insecurity, due to the fact that there are few work opportunities for women. Globally, women, adolescent girls, and young children are at heightened risk of malnutrition which may in turn increase their susceptibility to infectious diseases such as COVID-19. Almost 50 million people in the region are projected to be in food and nutrition crisis for the coming lean season[29]. This is a 76% increase compared to 2019 figures. The impact of COVID-19 on already stretched health systems and precarious livelihoods, could result in more people dying of the consequences of hunger, of under nutrition or of a mortal disease that will not be treated.

Last but not least, Africa's 1.2 billion people face the highest percentage of undernourishment on the planet, affecting over 20 percent of the population. The COVID-19 pandemic is a major threat for the nutritional status of under five years old children and their mothers in a context already worsened by underlying causes such as high incidence of diseases, endemic level of poverty, limited capacity of health systems, population displacement or lack of access to basic health services due to conflicts, sub-optimal nutrition practices and food insecurity level.

These food insecurity projections along with the potential impact of the COVID-19 in the health systems capacity could impair further the nutritional status of these vulnerable groups. The disruption of supply chain for essential medicine and therapeutic/supplementary foods could lead to delays in the delivery of these commodities at health facility level due to restriction of movements, delays in air freight or confinement measures.

Countries' agricultural outputs play a major role in reducing food and nutrition insecurity. However, the COVID-19 restrictive measures are likely to prevent many farmers in Sub-Saharan Africa (SSA) from tilling their lands leading poor agricultural outputs. The World Bank forecasts a drop of about 3-7% in agricultural production in SSA because of movement limitations. Food imports, viz. rice, flour and the like are also forecasted to fall by 13-25%. If alternative measures are not put in place, several households will not be able to meet their food and nutritional needs until next farming seasons.

50 million people at risk in Sahel region.

Eight regional and international organizations warned of the impact of the coronavirus combined with the lean season and conflict and insecurity, which will stretch the West Africa population...

Food workers are struggling to continue their activities and see their livelihoods threatened. Measures must be taken to protect the most vulnerable and ensure food production, so that hunger and malnutrition are no longer a daily threat.

In the region's main cities as well as in rural areas, despite Governments efforts, many communities are today facing difficulties in accessing food markets, with prices increasing quickly and many basic commodities becoming less available, the consequences of restrictive measures put in place, confinement or curfews, border closures and insecurity in certain areas.

In Burkina Faso, Amadou Hamadoun DICKO, President of the Association for the Promotion of Livestock in the Sahel and Savannah (APESS) says: *"In a few days the 100 kg bag of millet has gone from 16,000 to 19,000 CFA and the litre cooking oil has almost doubled. Likewise, for breeders, the price of a bag of cotton cake to feed their animals has increased. With the virus, in addition to insecurity, I wonder how Ramadan will be lived this year".*

The coronavirus crisis combined with insecurity is exacerbating the threat of market stability and hitting an already very fragile food situation with full force…

Extract from a joint press release about the impact of covid-19 on food security across the Sahel.

2.3. IMPACT ON REFUGEES, INTERNALLY DISPLACED AND MIGRANT CHILDREN

Sub-Saharan Africa hosts more than a quarter of the world's refugee population, many of whom are currently living in overcrowded conditions with limited or no access to healthcare, water and sanitation systems. Refugee, internally displaced and migrant children are amongst the most vulnerable across the continent, and requires particular attention. Children make up 59% of Africa's refugees and 50% of its internally displaced people[30]. If a concerted effort is not made to mitigate the pandemic's impact, we expect to see a huge increase of suffering among refugee, displaced and migrant children in the coming weeks, both as a result of the primary (increased mortality & morbidity) and secondary impact (no learning, decreased livelihoods opportunity etc) of Covid-19.

The living environment of refugees and IDPs provides conducive conditions for the rapid spread of the virus. Refugees and IDPs often live in remote camp locations that are overcrowded with inadequate water supply, sanitation facilities, and under-resourced health services along with the vulnerabilities created by poor nutritional status. In camps like Dadaab in Kenya (which is the largest refugee camp with over 500 000 refugees) and Bidi-Bidi settlement in Uganda (hosting over 230 000 refugees) which is spread out over a vast area, some response measures such as self-isolation would be practically impossible during an outbreak of coronavirus with potentially devastating consequences for children and their families.

General public health measures of hand hygiene, respiratory hygiene, social distancing including stay at home orders, self-isolation and quarantine may not be feasible and appropriate for camp or camp-like settings. These measures may result in

loss of income, restricted access to essential services (including healthcare), reduced access to markets and land, and a rise in prices of basic commodities consequently threatening livelihoods for the displaced populations and their children.

For many asylum seekers, migrants and other displaced populations, their legal status and lack of documentation have serious, negative consequences on their ability to access healthcare and other essential services. Reports of migrants not being able to access food and being excluded from social protection measures are coming to the fore.

Many migrants already fear coming into contact with authorities, but this is likely to be exacerbated by stories of increased detention, deportation and forced return. If these populations do not seek, or cannot access, assistance when they suspect themselves to have the virus, this will lead to increased spread of the disease.

This is compounded by the impact of COVID-19 on the informal sector where most displaced and migrant communities work, which will greatly impact their livelihoods as well as the added risk of discrimination and xenophobia that they are faced with. If the impact of the pandemic on this group is not mitigated, we expect to see a huge increase of suffering among refugee, displaced and migrant children in the coming weeks, both as a result of the health impact of Covid-19 including but not limited to increased mortality and morbidity, but also related impact. Rights of refugees, internally displaced people and migrants are already at risk following some of the measures taken by governments to respond to the Covid-19 outbreak.

Niger: Not forgetting the IDPs despite COVID-19

Save the Children's humanitarian interventions in Niger for refugees fleeing violence from neighbouring countries and internally displaced people continues, with new safety measures in place to prevent further spread of Covid19 in the country. In April 2020, despite the challenges, our distribution team reached a small community of internally displaced people in a remote area of the Tillabéri region. Our team assisted 48 families, the majority of them children. The children and their families received essential goods such as mats, bucket, and kitchen equipment, as well food items, such as rice, beans and oil.

The unfolding multifaceted humanitarian crisis in Niger is driven by wide spread violence and food and water shortages. Malnutrition is a chronic issue and many children have no access to education.

Everyone will be safe or no one will be: Reaching the most vulnerable children and their families in IDP camps across Mogadishu

In Mogadishu, Save the Children has trained over 200 community health workers to support in raising public awareness and sensitisation on the COVID-19. The health workers visit IDP settlements across Mogadishu, meeting people at water points, health centres and other public places to inform them of the risks of COVID-19 and how to protect themselves and their families.

Ahmed Mohamed Omer, Save the Children's Southern States Representative in Somalia, said: "The whole world is struggling to deal COVID-19 virus. The virus has affected children in many ways. We know the healthcare system in the country is fragile and inadequate. Many Somali families, particularly those who live in IDP setting do not have the right information. Many of them do not have basic services like water to keep their environment clean and do proper hand washing.

"To address this gap, Save the Children is conducting awareness campaigns to sensitise communities on the best way to protect themselves and prevent the spread of the virus. We are improving access to water in communities that we work with to enable them protect themselves even better. And we are also working with communities to create hand washing facilities in public places."

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The COVID-19 crisis could not have come at a worse time, as thousands of families have not yet recovered from the two cyclones that hit the country in March and April, 2019 and subsequent flooding.

A year on from Cyclones Idai and Kenneth, over 100,000 displaced people are still living in 76 temporary sites across six provinces. In Cabo Delgado, over 172,000 people have been displaced by additional insecurity and are living in overcrowded conditions in host communities. Heavy rains and flooding since December 2019 have worsened the situation in multiple areas, cutting off hundreds of thousands of people in Cabo Delgado from essential services, damaging thousands of shelters in resettlement sites in areas impacted by Cyclone Kenneth, and causing loss of crops, adding to an already fragile food security situation. People living in confinement, camps or camp like settings, IDPs in resettlement sites or within host communities, with limited access to services, are all at heightened risk as their right to information, access to healthcare, hygiene, protection services and livelihoods are constrained. Ninety-four health centres were damaged during the cyclones.

Many schools were damaged by cyclones Idai and Kenneth and children stopped going to school when their books and materials were destroyed. Some have not yet returned and are still recovering from this shock. Moreover, since 20 March all schools have been closed as part of COVID-19 prevention measures, affecting 5.5m primary and secondary school children across the 6 Idai and Kenneth cyclone-affected provinces, further limiting children's education opportunities. Save the Children has assisted with temporary learning spaces and is providing cyclone resistant school repairs, distributing teaching, recreation and learning materials, as well as delivering distance learning lessons over community radio. Nevertheless, there are still significant needs in the education sector, many of which pre-date the cyclones.

Restricting Movement, without Hampering Rights!

In Africa, it is estimated that there is a total of 18 million displaced persons, with more than 12.5 million are internally displaced persons (IDPs) living in their own countries. Many of them are force to flee their homes due to conflict and violence. Vulnerable children living in informal settlements such as refugee and displacement camps across Africa cannot be forgotten as the world tightens restrictions in a battle to contain the coronavirus outbreak.

Governments are rightly adopting stringent measures to protect public health. Many countries have already closed their borders and movement is restricted to contain transmission. As this takes place, the fundamental principles of refugee and human rights laws are also challenged. Asylum seekers have a right to seek international protection and may not be returned to a country of persecution or danger. Cases of refoulement have already been reported. Whilst an understandable response in terms of limiting the spread of COVID-19, border closures also jeopardise the right to seek asylum and force asylum seekers to go through riskier journeys to reach the country where they would like to claim asylum. In some contexts, access to shelters, camps and reception centers by humanitarian organizations is also severely constrained or has stopped.

The challenge is to strike a balance between the obligations of refugee and human rights law, and the protection of public health. With favourable intensions and creativity, a country can secure both public health and the right of asylum seekers to protection. States can, for example, impose measures at

Rights of refugees, internally displaced people and migrants at risk.

Following some of the measures taken by governments to respond to the Covid-19 outbreak. In Uganda, which hosts the largest refugee population in Africa with 1,411,098 refugees and asylum seekers as of 29th Feb 2020, the Government already took the decision to limit all movement for refugees and has suspended any new arrival for a period of 30 days.

the border, such as health screening, testing, quarantine and self-isolation to manage health risks while also respecting the principle of non-refoulement.

Risks of family separation can increase, as caregivers or single parents may be taken into quarantine, or on-going/current repatriation and family reunification procedures are suspended. NGOs may have difficulties to access camp settings and reception centres to support with essential and basic services and ensure case management, social workers visit, monitoring of the quality of protection and other services. Migrants and displaced children deprived of their liberty, including those held in detention or immigration facilities face higher vulnerabilities due to the high concentration of persons in confined spaces and restricted access to hygiene and healthcare. Chances to identify unaccompanied and separated migrant children due to restrictions on outreach work are restricted increasing their vulnerability and risk of being abused.

> ## "The government should provide alternative ways of learning for us while we are at home"
> MAYOWA, 11, NIGERIA

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3

THE OTHER
COLLATERAL IMPACTS

3.1. A MACROECONOMIC RISK

As previously discussed, all the measures taken to contain the transmission of the disease already have some significant impact for African economies, putting children in high risk situation. The Economic Commission for Africa (ECA) warned the unfolding coronavirus crisis could seriously dent Africa's already stagnant growth. ECA Executive Secretary, Vera Songwe, said *"Africa may lose half of its GDP with growth falling from 3.2% to about 2% due to a number of reasons which include the disruption of global supply chains"*[31].

To look further into the macro-economic impact of COVID-19, assumptions will be based on scenarios put forward by World Bank Group. The variables under consideration will be categorised into International and National Factors.

- International Factors: Raw materials such as minerals, oil and agricultural produce make up a great part of Sub-Saharan African (SSA) exports. Many of SSA countries are net exporters, as a result, will tend to lose in times of low demand and slump in commodity prices. Nigeria for instance, is estimated to lose about US$19 billion due less demand for oil and drop in price. The Nigerian oil sector was already growing at low rate of 2.8% prior COVID-19. Additionally, tourism flows into SSA countries is a major source for economic development. Even with countries like Kenya that still maintain medium-term prospect, the UN World Tourism Organization (UNWTO) estimates a global loss to be between 30 − 50 billion US dollars as outbound flights to tourist attractions sights are halted by coronavirus. Furthermore, with many SSA countries relying on Foreign Direct Investment (FDI) for their economic growths, the advent of COVID-19 pandemic will reduce investments as uncertainty grows among investors[32].

Country	Projects	Jobs created	Capital US$m
USA	463	62 004	30 855
France	329	57 970	34 172
UK	286	40 949	17 768
China	259	137 028	72 235
South Africa	199	21 486	10 185
UAE	189	39 479	25 278
Germany	180	31 562	6 887
Switzerland	143	13 363	6 432
India	134	30 334	5 403
Spain	119	13 837	4 389

TABLE 1 FOREIGN DIRECT INVESTMENT IN AFRICA (BROOKINGS, 2019)

National Factors: Trade, Capital utilization, Labour Productivity and Regional Trade were all affected in the wake government laws passed to reduced human contact and further spread of COVID-19. As cases of infection vary so does the capacity of countries to respond. The affected countries that have low infection rates, adequate health systems and human capital are able to manage and still maintain some local production of essential supplies to fight COVID-19 spread and also keep local economy functioning at minimum levels. Ghana, for instance, is producing PPE and masks locally to meet local demands[33]. Regional and Central Banks have also made provisions to ensure there is enough liquidity flow so there is no shortage of banknotes[34]. National tax laws in some countries have been relaxed as well to lift burden on doing business. The Government in Kenya reduced the value-added tax (VAT) to 14% from 16% to cushion families from any food price increases. They also approved the reduction of Pay-as-you-earn (Paye) tax to 25% from 30% which means more income to spend on food and healthcare, if and when need arises. These initial forecasts capture only the macroeconomic effects of an economic slowdown. But it ignores the effect on poor households, who may be force to abandon their normal livelihoods. However, fear, mobility restrictions and avoidance of workplace will undermine measures governments are taking to ensure economic activity continues. Thus, the likely loss in GDP as voiced by Vera Songwe.

3.2. THE RISK OF FALLING INTO A POVERTY TRAP

Africa is regarded as the last frontier globally in the fight against extreme poverty with seven out of every ten (70%) of the world poorest people living in Africa. One in three Africans (34%) or 439 million people - live extreme poverty. Less than one fifth (17.8%) of the total African population has access to any form of social protection, falling to around 16% of children and mothers with infants.[35] Recent trends show that Africa was making progress (albeit slowly) in poverty reduction. In 2019 – for the first time since the Sustainable Development Goals were agreed - more Africans were escaping extreme poverty than those falling into or being born into extreme poverty. Using this promising trajectory, Brooking Institute projected that Africa would see a reduction in the proportion of its citizens living in extreme poverty from 34% to 24% by 2030. Unfortunately, COVID-19 threatens to reverse these gains and increase for the first time since 1998[36] the population of those falling below the poverty line while worsening the welfare of those already living in extreme poverty. The World Bank estimates suggest that COVID-19 will push 49 million people into extreme poverty in 2020, with Nigeria and the Democratic Republic of Congo among the countries with the largest change in the number of poor[37].

The African Union has predicted that the continent's economy will contract by 0.8 percent this year, African Finance ministers met to discuss ways countries can mitigate a looming economic disaster. Researchers at the AU now believe the continent will slip into a recession this year due to the impact the coronavirus is currently having on trade, remittances, tourism and a huge fall

in global oil prices. The AU report estimates that governments will lose around $270 billion from lost trade and also says governments will need at least $130 billion in additional public spending to fight the virus[38]. The report has categorised the harmful effects of COVID-19 in Africa into two kinds:

- The *Exogenous* effects come from direct trade links between affected partner continents such as Asia, Europe and the United States; tourism; the decline in remittances from African Diaspora; Foreign Direct Investment and Official Development Assistance; illicit financing flows and domestic financial market tightening, etc.
- The *Endogenous* effects occur as a result of the rapid spread of the virus in many African countries. On one hand, they are linked to morbidity and mortality. On the other hand, they lead to a disruption of economic activities. This may cause, a decrease in domestic demand and tax revenue due to the loss of oil and commodity prices coupled with an increase in public expenditure to safeguard human health and support economic activities.

Empirical studies have shown that sickness, such as COVID-19, can be catalyst for poverty spiral at both household and individual level, especially for the poor. Some of direct consequences of sickness that create a poverty spiral include: expenditure on treatment, loss of income, depletion of livelihood assets sale of land or livestock) and negative coping mechanism (withdrawing children from school). COVID-19 has also generated a massive economic shock in African countries. Poorest households are often the worst hit during economic downturns via numerous pathways; higher food prices, less purchasing power, higher risk of losing jobs, and lack of safety nets

But most importantly, COVID-19 preventive measures are not allowing small-scale farmers, pastoralists, and fishermen from

Investing in children during Covid-19 Pandemic in Tanzania

Save the Children as a member of Policy Forum (a coalition of 76 NGOs in **Tanzania**) has contributed to the Budget Working Group (BWG) 2020/21 pre-budget position statement (as part of efforts to make the government accountable on public resources management) on adapting to new realities in the wake of COVID-19. The pre-budget position statement aimed at influencing government to allocate additional resources to child-facing sectors that will be affected by the COVID-19 outbreak.

Targeted COVID-19 related interventions that require funding in the Education, Health and Child Protection sector where proposed. The position statement appeared in two newspapers (The Citizen and The Guardian) on April 21st, 2020 with both having more than 25,000 readers throughout the country. The statement has been well received and will be followed up with further engagement with the national authorities.

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working their land, caring for their livestock, or fishing. Experience from Ebola outbreaks in Africa shows that quarantine and movement restrictions disrupts livelihood activities and causes a spike in hunger and child malnutrition. This is despite that fact that the informal sector in developing countries contributes to about 35 percent of GDP and employs more than 75 percent of the labour force. The size of informality represents nearly 55% of the cumulative gross domestic product (GDP) of Sub-Saharan Africa. The African Development Bank studies[39] showed that it ranges from a low of 20 to 25 percent in South Africa and Namibia to a high of 50 to 65 percent in Tanzania and Nigeria[40]. Excluding the agricultural sector, informality represents between 30% and 90% of employment. Additionally, the informal economy in Africa remains among the largest in the world and consists of a kind of social shock-absorber in major African cities. In many African countries, up to 90% of the labour force is in informal employment[41].

Some African countries have expanded existing social protection systems to cushion vulnerable groups against COVID-19 - for example in Rwanda and Madagascar - that could outlive the pandemic. Yet, still, only 17.8 of the population is covered by at least one social protection benefit in Africa and the benefit levels remain low and typically do not keep up with inflation. Africa remains *"the continent where the greatest proportion of the population does not have access to adequate health care and where the incidence of infant mortality is highest….These are only some of the social risks and adversities being faced in day to day life, but Africa is also the continent where the coverage of social security is at its lowest[42]"*. It is estimated that in sub-Saharan Africa only about 10 per cent of the economically active population is covered by statutory social security schemes, though with increasing informalisation of work, coverage is declining[43]. COVID-19 pandemic is a clarion call to African governments to invest in inclusive social protection schemes that will support children and their families now and in the future, and ensure they are designed to be responsive to future shocks, whether they be economic or climatic. Building schemes that place children at the centre and cover the first 1,000 days of life - the most critical period to prevent long-term damage from undernutrition - reinforces state investments in human capital.

> **"The virus spreads through handshaking, sneezing and coughing in public. Our people do not fully follow the President's directive on social distancing!" Children should maintain social distance everywhere, and wash their hands with soap every time!"**
>
> RONALD, 13, UGANDA

CONCLUSION

On February 27th, 2020, following Sub-Saharan Africa reporting its first case of COVID-19, experts warned of the risk of this becoming a catastrophe for the whole of Africa, given the fragility of the health systems. Three months later, it is clear that Sub-Saharan Africa has not become the epicentre of the crisis as governments, citizens, workers and partners, have all demonstrated their astonishing capacity to adapt and find innovative solutions, alongside commendable political will to respond to a humanitarian crisis of this magnitude.

While the first measures put in place have managed to positively attenuate the spread of the virus, this pandemic has also revealed the deep inequalities and the lack of social protection policies and mechanisms in place to protect a large part of the population. With pre-existing gender norms and inequalities, the COVID-19 virus has been disproportionately impacting the most vulnerable households the most. Many households already faced cornelian choice: earning their daily wage but being at risk to become infected or stay at home but not being able to feed the family anymore.

Moreover, if the number of the infected remains "limited", it will be the secondary and long term impacts of the crisis that will have a devastating impact on the future of children today in Africa. Therefore when all actors across the continent are joining forces to end this health disaster, it is becoming critical to also focus our response on preventing long-term risks to the wellbeing, safety and rights of children. We must act today to protect a generation of children from far-reaching shocks.

Since early on, almost all countries in the continent introduced nationwide school and university closures, affecting 262.5 million learners. If governments and all stakeholders involved in the education sector have been creative to develop alternative learning systems in most countries, education ministers must urgently act not only to ensure continuity of learning, but also to ensure that they are inclusive to the most vulnerable children. We know it is the most marginalised and vulnerable children who risk dropping out of school completely if schools continue to remain closed for an extended period.

The impact of school closures is not only increasing child rights violations, but has exacerbated existing inequalities. Children who are out of school are at greater risk of being abused, exploited or recruited into armed group, and for girls, forced to be married and other forms of GBV and progressively unlikely to ever return to school when classes re-commence. For many children, schools not only provide a safe space to learn and play but also rely on school meals to support their daily nutrition.

This pandemic also has a catastrophic impact for children living in refugee camps like Dabaab or street children in big cities like Dakar, Abidjan and Nairobi. The governments must respond and include some of these most vulnerable children in their response plan, so they will not become victims to further violence or trauma because of this crisis.

However, one of the biggest risks for children in Sub-Sahara Africa remains the risk of COVID-19 becoming a hunger and livelihood crisis ahead of a public health crisis. With the restrictions and impact on the local economy, Sub-Sahara Africa is at risk of doubling the number of people facing severe food insecurity, compared to the projections made in December 2019. It is the responsibility of the governments, with the support of the international community, to take quick actions and develop an early response plan, integrating the needs of the most vulnerable to ensure they will not fall any further into the poverty trap! This needs to be supported by some more adapted movement restrictions, allowing the most vulnerable to continue to get access of their daily income, but also supporting producers to produce the upcoming agricultural season.

With one of the youngest population in the world[44] Africa is very much exposed to many of the collateral impacts of the COVID-19. While the governments have been responding quickly since the first confirmed case in Sub-Sahara Africa, the most difficult part of the journey is starting now.

This crisis is offering a great opportunity to show the commitment of the African Governments vis a vis the UN Convention of the Rights of the Child and the African Charter on the Rights and Welfare of the child and all others instrument develop to protect African children. To do so, Governments with the support of African Union and international community will have to do their best to #protectageneration of children from the impact of COVID19 across Sub Sahara Africa by:

- Preserving children rights, during the COVID-19 pandemic, through guaranteeing access to quality health, Education and protection services and other rights set out in the UNCRC and the ACRWC;
- Ensuring that each response plan will be driven by the "best interest of the child" and the "do not harm" principles, in line with the African Charter on the Rights and Welfare of the child
- Recognising and integrate in their response plans the specific needs of the most vulnerable, including girls as a central element of the continental and national responses;
- Responding to the long term needs of children through the development and the implementation of social protection mechanisms and policies to protect children and families from any future shocks.
- Ensuring that children have real and safe opportunities to have their voices heard and influence COVID-19 decision-making.

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KEY
RECOMMENDATIONS

Health Systems

Save the Children is calling on national governments and international donors to scale up investment in health systems strengthening to allow countries to respond to the outbreak without compromising ongoing vital health services.

MEMBER STATES SHOULD

1. Strengthen capacity of healthcare facilities to manage surge in patient visits and to effectively identify, isolate, and manage people with COVID-19 infection. High priorities include:
   a. Implementing rigorous infection prevention and control, and ensure provision of PPE and proper training and compensation for all health workers
   b. Assessing, developing, and managing in-patient capacity, including the establishment of temporary shelters, where necessary
2. Timely develop national risk communication and community engagement frameworks including child friendly materials so as to allow all partners to align messaging, dispel rumours and disinformation and avoid stigma.
3. Ensure continuous routine healthcare, including but not limited, vaccination campaign and maternal and under 5-year olds healthcare in safe spaces.
4. Invest at least 15% of their annual budgets in health sector to reach the 2001 African Union target to build health centres for long term health system strengthening to respond to future pandemics, improve health sector and ensure Universal Health Coverage for all for 2021.

INTERNATIONAL COMMUNITIES

1. There is an urgent need to support a coherent and coordinated global plan, to support national plans that aim to mitigate and respond to Covid-19, with new resources and logistical support to access to needed material.
2. These plans must aim to support country-driven plans which engage and attracts various voices from the communities including children and have ultimate objective of building strong and resilient health systems that care for vulnerable members of the population.
3. International community must prioritise support poorest countries, those in fragile, displacement and humanitarian contexts and those with a limited capacity to respond, to prevent, mitigate and defeat COVID-19 is imperative.

Education

Save the Children calls on governments, in collaboration with national and international partners, to increase funding to urgently ensure appropriate distance learning solutions are adopted by investing in appropriate low-tech, inclusive, gender-responsive and affordable distance education methods, recognising that school closures will hit the most marginalised children hardest, with psychosocial support and social emotional learning components during and after the COVID-19 crisis.

MEMBER STATES

- Governments should develop clear and gender sensitive strategy to ensure availability of inclusive and long term distance learning options for all children.
  a. Those strategies need to ensure continuity via low cost systems, such as radio program, to integrate the most vulnerable who don't have access to TV and digital platforms and they also need to be accessible in accessible languages;
  b. They also need to identify and respond to the specific needs of the girl, who are most likely to not go back to school;
  c. They also need to support and equip teachers with the skills to provide quality distance teaching.
- Social and emotional learning activities should be integrated into the curricula for online and other forms of alternative distance education, whenever possible to protect child and youth wellbeing and mitigate the impacts of trauma during - and after - the crisis.
- Ministries of education, partners and donors should develop the comprehensive plan for safe re-opening of schools and examinations missed due to the crisis or find an alternative method of certification and progression.

INTERNATIONAL COMMUNITIES

- Advocate for members to request support from humanitarian coordination systems (reference to Education Cluster with UNICEF and SCI as co-leads)
- Increase funding and sharing of proven best practices across regional and international platforms

Ensure Child Protection

Save the Children is calling governments and international communities to develop clear mechanism to protect children and ensure appropriate care for children against any form of violence and risk of discrimination.

MEMBER STATES NEED TO:

1. Integrate in their response plan all children outside of family care, including street children, migrant and displaced, children in institutions or in detention, and children with disabilities are particularly vulnerable, including suffering from discrimination within the community.
2. Police should be directed to ensure that children in street situations are not arrested for not self-isolating, and instead, should be supported by connecting them to health services as well as to child protection and welfare services, including through child helplines.
3. Recognise that girls may also face disproportionate burden and are expose to higher risks during the crisis, thus a specific response to prevent and address abuse and gender-based violence is needed. Cash transfers must be made available to meet basic needs and help prevent negative coping strategies such as increases in child labour and child marriage.
4. Collect sex and age disaggregated data so that we start to see the gendered impact of Covid-19 and ensure governments respond accordingly and their national response plans and budgets reflect this reality.
5. Recognise Maternal, Sexual and Reproductive Health, Gender-Based Violence, Mental Health and Psychosocial Support, and all case management services as essential and ensure continuity while sending out a strong message deterring domestic violence and GBV.
6. Recognize the social services workforce and humanitarians as essential workers, ensuring they can safely access vulnerable children in need of support.

INTERNATIONAL COMMUNITIES

- Need to strengthen accountability mechanisms and amplifying the voices of children

Food security and malnutrition

Save the Children calls on governments to act now, in order to anticipate, prevent and respond at best to food insecurity across the continent:

MEMBER STATES

1. With the support of Africa Union, governments need to urgently implement measures to support the poorest households which have greater difficulties in accessing food, and ensure that children's access to nutritious food is maintained.
   a. This could include but it not limited to food distribution to the most vulnerable families, exemption from taxes on basic food for families with school-age children especially

for workers in the most affected economic sectors;
   b. Focus on the food and nutritional needs of the most vulnerable, especially children. This becomes even more critical taking into account that the most vulnerable children relied on school feeding programs.
2. Scale up Social Protection Programmes include a one-off payment (prior to full blown impact of the crisis as an early action) or ensure multiple payments to help families meet their basic needs
3. Providing complementary entitlements to offset loss of income by small-scale producers
4. Keep their domestic food supply value chains alive and functioning by taking all necessary precautions to ensure that seeds and planting materials must continue to flow to smallholder farmers and animal feed to livestock breeders
5. All Governments, including the major food exporting countries, need to ensure the free flow of food products and refrain from imposing export bans and other export trade distorting measures that can hamper the availability of food imports in vulnerable food-importing countries, and also allow food to come to urban centres from producing regions in order to prevent food shortages and panic buying.

INTERNATIONAL COMMUNITY

1. The international community needs to remain vigilant and ready to take decisive action should food import-dependent developing countries fall victim to overwhelming shocks emanating from international food markets.
2. Net food-importing developing countries may be eligible to draw on the resources of international financial institutions under existing facilities, or such facilities as may be established, in the context of adjustment programmes, in order to address such financing difficulties.
3. Adopt multi-sectoral and multi-stakeholder interventions and approaches that allow for efficiency and effectiveness while minimising on duplication of efforts and wastage of resources

Internal Displace Populations, Refugees and children on the move

Save the Children is calling on national governments and international donors to ensure that restrictions to limit the spread of the virus will not hampered rights of refugees, IDPs and migrants.

MEMBER STATES

1. Must ensure that the most vulnerable populations as well as host communities are included in preparedness and response plans to the Covid-19 health crisis.
   a This should include a continuation of basic services, including education, health, shelter and food. Specific preventative measures, like water, WASH (water, sanitation and hygiene) facilities and protective gear should be foreseen for those living in overcrowded environment.
   b It should also include that testing systems include refugee, internally displaced and migrant children.

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2. Governments need to ensure that accurate and up-to-date information about the virus, access to services, service disruptions, and other aspects of the response to the outbreak is readily available and accessible to all refugee, IDP, migrant populations as well as host communities.

c Messaging about the COVID-19 epidemic should be translated into the languages spoken by refugees, internally displaced and migrants. Messaging should also ensure the use of different forms of communication to ensure accessibility to all.

3. Ensure that all children regardless of documentation, status, gender, disability, ethnicity, religion or language can receive lifesaving testing and treatment in a timely manner. Measures should be taken to ensure that no one is denied treatment for the lack of means

4. Travel restrictions should not be used to deny the right to asylum. If health risks are identified, screening arrangements must be put in place, together with testing, quarantine and other measures.

5. There should be no forced returns based on real or perceived fears of Covid-19 transmission. Any restrictions on freedom of movement, or other measures instituted by governments, should be applied to displaced people in a non-discriminatory way.

6. A moratorium on return should be established, given the current circumstances and the expected lack of support to returnees and returns should not take place without an assessment of asylum claim and should include the protection of each individual from COVID-19 as part of the procedure.

INTERNATIONAL COMMUNITY

1. Financial organisations and multilateral development banks should assess the impact of disruption of the on-going crisis on migrant and host communities in terms of their financial and socio-economic wellbeing and development.

Restricting Movement, without Hampering Rights

Save the Children is calling on national governments and international donors to guarantee children and their families basic rights including but not limited to the Right to Life, Education, Health services Information, to be heard, toFood, Clean water, Shelter, Protection from Harm, Right to Play, for all children without discrimination.

MEMBER STATES

1. Adhere to International human rights law which permits, in an emergency that threatens the life of the nation, that certain rights can be derogated. Such measures must only be taken to the extent strictly required by the exigencies of the situation; not be inconsistent with other obligations under international law; be time bound; and not discriminate. They must also take into account that no derogation is permitted from certain rights, including the right to life.

2. Take all steps to address the digital divide by increasing the accessibility and affordability of internet access, especially in places under lockdown where education, work, and public information on COVID-19 have moved online

3. Providing the public with timely, accurate, and accessible information on the spread of the pandemic, protection and access to treatment options

4. Promote and support children's safe and meaningful participation in all decisions about their lives, with a particular focus on marginalized children and girls.

5. Actively oppose the prosecution of journalists, whistleblowers, and others who have raised legitimate factual concerns about COVID-19

Macroeconomic Impacts

MEMBER STATES

1. Identify strategic partnerships for provision of technical assistance and essential commodities to facilitate an all-of-government approach to COVID-19, consistent with the Africa CDC (Centres for Disease Control and Prevention) guidance.

2. Work with media, key opinion leaders and other member states to provide guidance that is clear, comprehensible, evidence based, culturally appropriate, and adapted to special populations and circumstances. High priority activities include: (a) continuous engagement with traditional and social media, (b) monitoring of rumours and rapid counter-programming to dispel false information, (c) training of government officials across all sectors in proven methods of risk communication.

AFRICAN UNION

1. Collaborate with member states to ensure high-level political commitment and leadership across all sectors involved in COVID-19 response, particularly Peace and Security, Trade and Industry, Economic Affairs, and Rural Economy and Agriculture.

INTERNATIONAL COMMUNITY

1. Ensure complementarity and synergy of guidance, advocacy, and member state support with World Health Organization, other multilateral partners as well as strategic state and non-state actors.

2. Mobilise financing, including through debt relief to unlock funds in developing countries' budgets and the protection and increasing of aid, to meet the needs of children and their families including in relation to children's health education and other basic services.

ENDNOTES

1   UNHCR estimates that 167 countries have so far fully or partially closed their borders to contain the spread of the virus. At least 57 states are making no exception for people seeking asylum, seriously limiting the rights of persons in need of international protection.

2   https://endingchildpoverty.org/en/news/world-news-on-poverty/554-common-questions-and-answers-about-the-impact-of-covid-19-on-children

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7   On April 28th, a total of 753 deaths have occurred in 32 countries, giving an overall case fatality ratio of 4.6% in the region.

8   https://www.ghsindex.org/

9   "A recent assessment by the Ministry of Health shows that, since the outbreak of COVID-19 in Ethiopia up until May 2020, the percentage of people seeking health services at health facilities has decreased by 68% in Afar and by 72% in Somali Regions of Ethiopia." Source: State Minster, Federal Ministry of Health

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44 41% are under 15 years old, with a median age of the continent is 20 years

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COVID-19 THROUGH OUR EYES
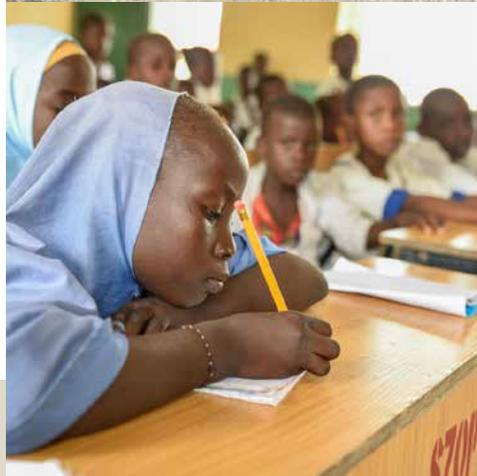
CHILDREN'S VOICES
IN THE MIDST OF COVID-19

"I am looking to resume my education again. Both girls and boys are doing home activities, for instance boys are looking after the cows and goats. Girls are cooking at home, assisting their mothers. I am feeling so emotional about this disease."

NYAKOL HOTH, 14, SOUTH SUDAN

"I don't feel good about the virus. The outbreak has led to closure of activities in the camp for some time now. We don't play in the camp anymore. I am worried because I cannot meet with the other children in the Friendly Space. Now I cannot move from the house, I do house work all the time for my mother and remain indoors all the time. They say anyone who plays with other children from another tent will be affected with the coronavirus'."
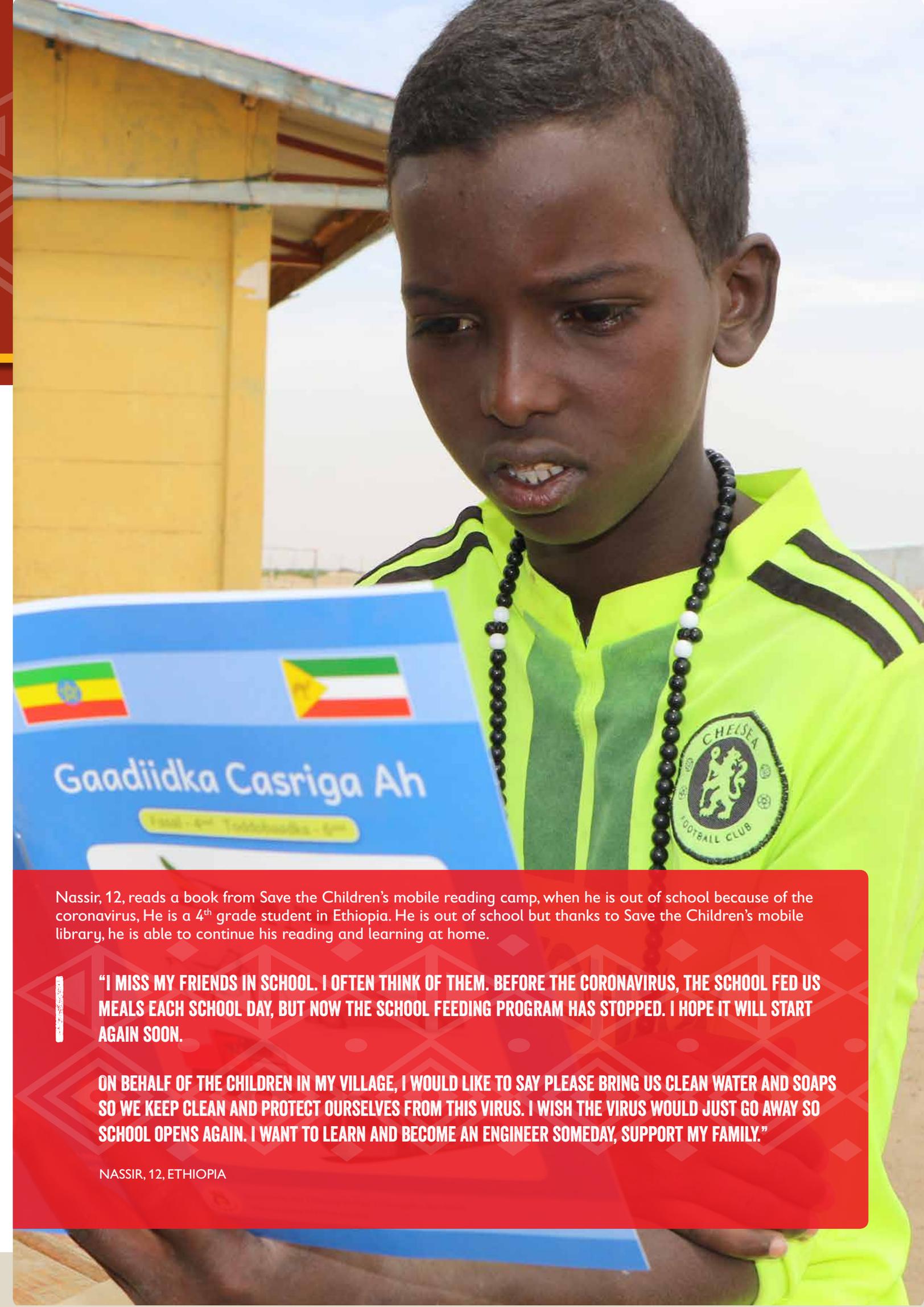
HAUWA HUSAINI, FEMALE, 12 YEARS OLD IDP, BORNO STATE

"We know we have to wash our hands but water is very scarce here. Therefore, it is very difficult for us to get enough water and soap to wash our hands and protect ourselves from the virus."

NASSIR, 12, SOMALI REGION IN ETHIOPIA

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Nassir, 12, reads a book from Save the Children's mobile reading camp, when he is out of school because of the coronavirus, He is a 4th grade student in Ethiopia. He is out of school but thanks to Save the Children's mobile library, he is able to continue his reading and learning at home.

"I MISS MY FRIENDS IN SCHOOL. I OFTEN THINK OF THEM. BEFORE THE CORONAVIRUS, THE SCHOOL FED US MEALS EACH SCHOOL DAY, BUT NOW THE SCHOOL FEEDING PROGRAM HAS STOPPED. I HOPE IT WILL START AGAIN SOON.

ON BEHALF OF THE CHILDREN IN MY VILLAGE, I WOULD LIKE TO SAY PLEASE BRING US CLEAN WATER AND SOAPS SO WE KEEP CLEAN AND PROTECT OURSELVES FROM THIS VIRUS. I WISH THE VIRUS WOULD JUST GO AWAY SO SCHOOL OPENS AGAIN. I WANT TO LEARN AND BECOME AN ENGINEER SOMEDAY, SUPPORT MY FAMILY."

NASSIR, 12, ETHIOPIA

Save the Children

OUR COMMITMENT TO CHILDREN

OUR VISION is a world in which every child attains the right to survival, protection, development and participation.

OUR MISSION is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

OUR VALUES guide our behavior and are the principles by which we make decisions: Accountability, Collaboration, Integrity, Ambition and Creativity.

OUR 2030 AMBITION

SURVIVAL
No child dies from preventable causes before their fifth birthday.

EDUCATION
All children learn from a quality, basic education.

PROTECTION
Violence against children is no longer tolerated.

Save the Children believes every child deserves a future. In Africa and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

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