United Nations Development Programme

Country/Region/Global: Regional

Initiation Plan

Brief Description

As part of the efforts to strengthen Africa's response and preparedness in combatting the COVID-19 pandemic, the African Union Commission through the Africa Centres for Disease Control and Prevention (CDC) and UNDP have jointly designed a programme to support on-going efforts in Africa. The programme aims to coordinate the COVID-19 response and recovery efforts with Member States, Regional Economic Communities and Regional Mechanisms as well as Civil Society Organisations and Faith-based Organizations to ensure holistic cooperation and communication approaches to the pandemic. Six areas of intervention are proposed for this joint project: 1. Joint coordination and operations support; 2. Impact assessments of COVID-19; 3. Capacity building through knowledge sharing and virtual academy; 4. Public communications campaigns; 5. Preparedness and response in cross-border areas; 6. Sexual and Gender based violence .

Project Title: Regional Response to COVID-19

Expected SP Outcome(s):   STRENGTHEN RESILIENCE TO SHOCKS AND CRISES

Expected SP Output(s):   SP Output 3.3.3: Health systems enhanced, inclusive and integrated crisis management enabled and social and economic impact assessment conducted for agile and effective responses to COVID-19

Expected RP Output(s):   Regional Response to COVID-19 in Africa

Initiation Plan Start/End Dates: March 2020 – December 2020

Implementing Partner: UNDP

Programme Period:	_____	Total resources required	$1,100,000
		Total allocated resources:	$1,100,000
Atlas Project Number:	_____	• Regular	$1,000,000
Atlas Output ID:	_____	• Other:	
		o Donor	100,000
Gender Marker:	_____	o Donor	_____
		o Government	_____
		Unfunded budget:	_____
		In-kind Contributions	_____

Agreed by UNDP:

I.   PURPOSE AND EXPECTED OUTPUT

I. Background and Purpose

A novel coronavirus disease (COVID-19) has spread rapidly around the world since it was first identified in January 2020 in the People's Republic of China. Existing data from China and other countries with outbreaks suggest that COVID-19: transmits readily through person-to-person contact; causes death from severe respiratory illness in approximately 2 percent of infected persons; and may be transmitted by infected people who have no or minimal symptoms. 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.

This pandemic represents a major crisis for countries across the African continent, not only in the risk to lives. Africa has a young population, which should decrease the numbers of severe cases, but it has large numbers of people with underlying health conditions which make them vulnerable and, perhaps most significantly, health systems have very limited capacity to treat severe cases. Importantly, the economic impacts will be severe. Measures to contain the spread of COVID-19 will inhibit economic activity and could hit the poor hardest, especially those living in cities. The World Bank's bi-annual Africa's Pulse report suggests that sub-Saharan Africa could experience its first collective recession in 25 years. GDP will likely contract between 2.1 and 5.1 per cent – much harder than many other regions. The global economic recession will decrease demand for African exports, especially of natural resources and manufactured goods. Further fuelled by the decline in oil prices, reduction in exports of textiles, fresh-cut flowers and tourism has the potential to push 27 million people into extreme poverty, reversing hard won development gains.

The African Union Response: Role of the Africa CDC

The African Union has been proactive in responding to the COVID-19 pandemic. Through its Africa Centers for Disease Control (Africa CDC), the AU adopted the [Africa Joint Continental Strategy for COVID-19 Outbreak](). The strategy is anchored in two broad objectives: the first is to coordinate efforts of Member States, AU agencies, the World Health Organization, and other partners to ensure synergy and minimize duplication. The second objective is to promote evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of COVID-19.

Since the adoption of the continental strategy, Africa CDC has made great strides in supporting Member States preparedness and response to COVID-19. These efforts have been centred around the following priority areas: surveillance; laboratory; counter-measures guidance; healthcare preparedness; risk communications and social engagement; supply-chain management; and supporting coordination meetings and communiques. There have been some concrete achievements have been registered. Africa CDC has successfully completed distribution of test kits from Jack-Ma and Alibaba Foundations, an online testing programme of 110 participants to address some FAQs on laboratory testing issues, equipment footprint analysis of GeneXpert for Roche and Abbot platforms. It further plans to address the challenges to the expansion of testing through the distribution of 40,000 more test kits, and the shipment of Oxford Nanopore Technologies.. In the area of healthcare preparedness, Africa CDC has been holding weekly webinars of clinicians with approximately 300 participants, and has created an online portal of training materials to support evidence-based care of COVID-19 patients.

Though the Africa CDC's mandate is limited to disease control, it is the entry point for collaboration with the AU Commission on COVID-19 response. As part of the Africa Continental Strategy, Africa CDC is mandated to be directly responsible for all major technical activities and will report to members of the working group.

Furthermore, Africa CDC are required to report to the AU Peace and Security Council on matters relating to the impact of COVID-19.

The African Union has also taken steps to boost its international advocacy efforts by appointing four eminent African personalities namely: Dr Ngozi Okonjo-Iweala, Dr Donald Kaberuka, Mr Tidjane Thiam and Mr Trevor Manuel as Special Envoys of the African Union to mobilise international support for Africa's efforts to address the economic challenges African countries will face as a result of the COVID-19 pandemic.

UNDP's COVID-19 Strategy

Building on UNDP's crisis response and disaster risk reduction capacity and long-standing partnership with the Global Fund which focuses on providing health services in challenging operating environments, UNDP is well positioned to support countries in their COVID-19 responses. In line with its Strategic Plan 2018-2021 and HIV, Health & Development Strategy 2016-2021, *Connecting the Dots* and UNDP's Role in Health Crises: Corporate Guidance for Response and Recovery March 2020, UNDP COVID-19 Offer and UN Framework UNDP's work on health contributes to its broader commitment to eradicate poverty, reduce inequalities, strengthen effective and inclusive governance, and build resilient and sustainable health systems.

As the pandemic unfolded, UNDP immediately developed a COVID-19 Integrated Response which was based on strengthening preparedness, response and recovery. Under this approach UNDP has been supporting countries to strengthen their health systems, including by helping them procure much-needed medical supplies, quickly leverage digital technologies and ensure health workers are paid. It has also been supporting country-level work across key sectors to slow the spread of the virus and to provide social protection for vulnerable populations; promoting a whole-of-government and whole-of- society response to complement efforts in the health sector; and making gender and women's empowerment considerations central to its support. To this end UNDP has also been supporting countries to conduct gendered social and economic impact assessments of COVID-19 and take urgent recovery measures to minimize long-term negative impacts, particularly for vulnerable and marginalized groups.

To address the challenges posed by the pandemic more effectively and to take active measures towards preparing and responding to COVID-19 in Africa, the proposed way forward is for UNDP and its partners to enhance support to the AU, specifically the Africa CDC to implement the Africa Joint Continental Strategy for COVID-19 Outbreak. UNDP Regional Service Centre for Africa and Africa CDC are committed to collaborating closely in this area and building a stronger COVID-19 partnership in the process.

UNDP has now launched the second phase of its COVID-19 partnership with its programme countries entitled *Beyond Recovery: Towards 2030.*

The proposed programme is in line with the second phase of UNDP's COVID-19 Integrated Response and the Africa Joint Continental Strategy for COVID-19 Outbreak and is intended to strengthen interventions, knowledge exchange, mutual learning and institutional collaboration. Both the AU and UNDP have accumulated considerable know-how and technical expertise to strengthen effective and inclusive governance and build resilient and sustainable health systems. This initiative kick-start a longer-term regional COVID-19 partnership.

III. Project Strategy and Outputs

The UNDP Regional Service Centre for Africa (RSCA), proposes a programmatic response to the above context with the overall goal of reducing the negative impacts of COVID-19 in Africa. The project is aligned with the

joint operating framework of the AU and UN and will be implemented in partnership with Africa CDC. A core tenet for the project is to combine and draw from the rich experience and technical expertise of both institutions for the stated common goal.

Six areas of intervention are proposed for this joint project: 1. Joint coordination and operations support; 2. Impact assessments of COVID-19; 3. Capacity building through knowledge sharing and virtual academy; 4. Public communications campaigns; 5. Preparedness and response in cross-border areas; 6. Sexual and Gender based violence . These components are elaborated in more detail below.

1. Joint coordination and operations of CDC and Member States enhanced to respond to the COVID 19 epidemic

The objectives of this output are to enhance the coordination and operational response to COVID-19 and support the institutional capacity of the Africa CDC including gender machineries. Africa CDC has an established coordination mechanism with the Member States and respective agencies within the AU. In efforts to support the implementation of the Continental Strategy, weekly ministerial meetings are held as well as frequent engagement with Africa CDC's regional hubs in Egypt, Zambia, Gabon and Nigeria, whose mandate is to support Member States.

For the purpose of this project it is essential to facilitate coordination meetings to share experiences and to de-conflict the support provided to member states. Drawing on UNDP's presence in Africa through our country offices and regional hub, Africa CDC benefit from the insights, experience and tracking of support provided to member states. This will also facilitate UNDP's sub-regional offices to support to regional bodies in a coordinated manner.

A. Proposed Activities

- Establish an effective and gender sensitive and a multi-sectoral coordination platform bringing together regional institutions, governments, UN regional bodies and international providers of essential services share information and build synergies to enable effective immediate response to COVID-19;

- Design and implement systems to track and monitor delivery and use of equipment and other supplies delivered to countries as part of the COVID-19 response;

- Strengthen management and multi-sectoral coordination systems, including liaison, communications and meetings with countries and other continental partners on COVID-19;

- improve tracking and enable timely notification of COVID 19 developments in Africa.

- Provide technical support to strengthen gender dimension in the coordination platform and encourage key regional partners including Gender Departments of AUC and RECs to be part of the platform.

B. Activity results

- Shared understanding of support provided to member states by UNDP and Africa CDC including PPE, equipment and essential commodity.

- Real-time information and gender disaggregated data on the status of the pandemic.

- Deepen multi-sectoral coordination and intensify the interaction among the institutions concerned on COVID-19.

2. Regional Socio-economic and Governance, Peace and Security impact assessments conducted for effective response and recovery from COVID-19 impacts

As part of efforts to support a regional response to COVID-19, UNDP will be supporting the AU Commission in deepening understanding on the impact of COVID-19 on governance, peace and security on the continent. It will also provide thought leadership on socio-economic assessments and interventions required to mitigate the impact of COVID-19 on communities.

The objectives of this output are to enhance and increase the level of preparedness for response and recovery at AU level to mitigate COVID-19 impact on peace, security, governance and socio-economic well-being of communities and nations while taking into consideration the gender dimension.

Given the massive disruption on societies and given the demands that COVID-19 creates for government action, it is inevitable that COVID-19 will have effects that are multidimensional, including direct and indirect effects on men, women and children. The economic dimension could range from its direct negative impact on agriculture, trade, small business, tourism, forestry and mining activities with a substantial loss of income and employment; to indirect effects associated with domestic inflation and weakened fiscal position of governments through higher expenditures and reduced tax revenues. Particularly affected will be:

- persons employed within the informal sector, and women (i.e., own-account workers and their informal enterprises, employers and employees of informal enterprises,
- contributing family workers working in informal enterprises,
- members of informal producers' cooperatives);
- persons in informal employment outside the informal sector and
- people in non-standard employment (i.e., employees in formal enterprises and paid domestic workers not covered by national labour legislation, social protection or entitlement to certain employment benefits such as paid annual or sick leave;
- contributing family workers working in formal enterprises including short term contracts, domestic workers and unpaid workers.).

Social protection systems are also generally weak, reflecting the overall governance structure and regulatory frameworks, although we recognise the role of non-state actors in providing social protection through community-based structures. Controlling COVID-19 and managing its effects places almost unprecedented demands on governments. Government effectiveness, and the current state of peace and security, could have a significant impact on the ultimate toll of COVID-19 on lives and livelihoods. Countries with weak state capacity for policymaking and for delivery of core services (especially health and basic security), or where the security situation inhibits required actions, are at risk of being overwhelmed.

Conversely, COVID-19 could have a significant impact on governance, and on peace & security. On one hand, countries imposing strict control measures may face backlashes – especially in places where trust in government is low or where there are real or perceived differences in how measures are applied to different groups of people. Emergency powers may be misused or extended beyond the purpose of tackling COVID-19. On the other hand, there may be some cases where the threat of COVID-19 prompts improvements, e.g., ceasefires or breaking logjams in political negotiations or long-needed reforms to strengthen governance.
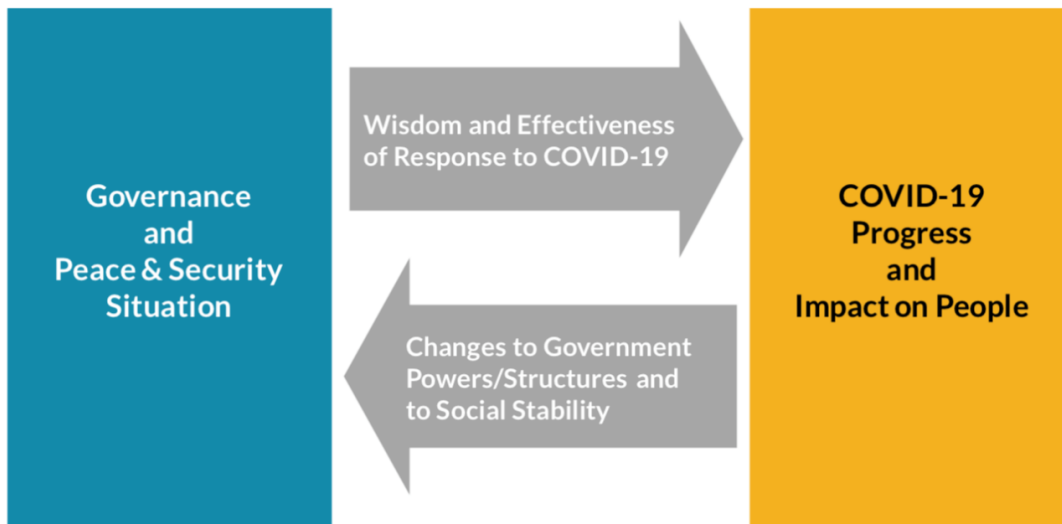
In collaboration, with Dalberg, country and regional monitoring briefs are being conducted in the Horn of Africa, comprising of Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan and Tanzania. In the Sahel, comprising Burkina Faso, Chad, Mali, Mauritania and Niger.

The impact assessments aim to identify emerging trends, risk and opportunities in order to provide tangible recommendations for interventions and policy decisions in the region.

A. Proposed Activities

- In conjunction with specific AU departments and Regional Economic Communities and Regional Mechanisms (RECs/RMs), IFIs conduct targeted country, regional and sub-regional analysis on social, economic and political impact of COVID-19;

- In collaboration with Africa CDC country and regional monitoring briefs will be developed in the Horn of Africa and the Sahel.

- Map and/or collate gender and age disaggregated data on available health services and infrastructure;

- Peer review and validate gender responsive regional social, economic and political impact of COVID-19 study, to ensure equal voices of women in decision making to fully tackle the real or likely impacts of epidemics and pandemics;

- Provide support to governments in strengthening their existing institutional arrangements and processes for crisis response and recovery for the preparation of medium to long term recovery plans as a result of COVID-19.

- Provide gender expertise to support the gender dimension of the regional and sub-regional analysis on social, economic, governance and political impact of COVID-19

B. Outputs

- In-depth monitoring briefs and analysis on the COVID-19 impact for strategic response and gender responsive policy design.

- Socio-economic surveys and modelling of the COVID-19 impact to inform the design of policies and programmes to address the socio-economic impacts of the pandemic on different vulnerable groups.

- ▪ Shared understanding of the trends, projections and trajectory of the impact across peace, security, governance and socio-economic taking into consideration gender dimension.

- ▪ Real-time information and gender disaggregated data and analysis on the government and civil society response to the impact of COVID-19.

3. **Capacity of key target groups strengthened to prepare, respond and recover from COVID risks and impacts**

Enhancing knowledge sharing and capacity building of specific target groups such as health workers, faith-based organizations, CSOs, community based organization youth and women groups to appropriately respond to the risk of the virus is essential to supporting the public's response to COVID-19. Africa CDC has successfully launched their online virtual academy running webinars sessions across a range of topics. However, risk communication is critical in times of crises. Especially in public health emergencies such as the one the world face today. Risk communication includes the range of communication capacities required throughout the life of a risk management action or strategy for preparedness, response and recovery phases of a serious public health event.

The goals of risk communication are to share information vital for saving life, protecting health and minimizing harm to self and others; to change beliefs; and/or to change behaviour.[1] This type of risk communication will help ensure engagement with affected populations, and allows for informed decisions to protect themselves and their loved ones. It can and should utilize the most appropriate and trusted of channels of communication and engagement. Locally targeted information on risk is of vital importance in avoiding the misinterpretation of warning information in relation to social cues and in promoting adequate responses. On the other hand, one-way generic, non-contextualized information dissemination of public health risk can be dangerous and counterproductive. For the public, the risk is great when their sense of emotional engagement is great - fear, anger, outrage.[2] Therefore it is equally important to understand risk perception.
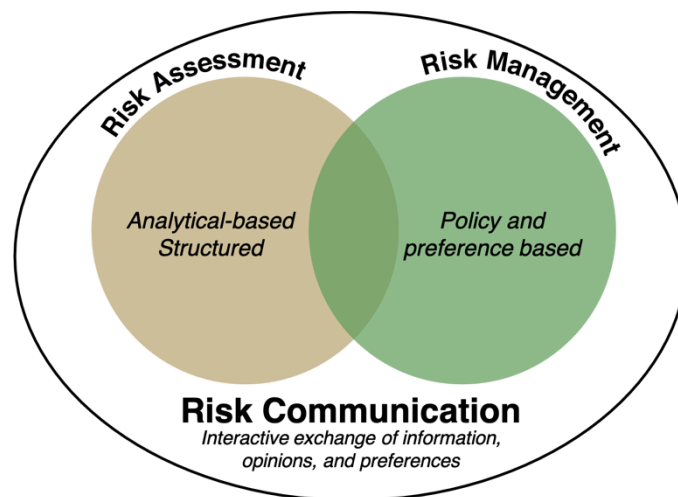

Figure 1. Risk Communication Framework as a Function of Risk Assessment and Risk Management

Experts judge risk in terms of quantitative assessments of morbidity and mortality, or financial or other loss. Yet most people's perception of risk is far more complex, involving numerous psychological and cognitive

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[1] Communication Risks and Benefits: An evidence-based Users' Guide; Published by the Food and Drug Administration (FDA), US Department of Health and Human Services, August 2011.

[2] Peter Sandman, 13 EPA J. 21 (1987) Risk Communication: Facing Public Outrage

processes. Therefore, risk communication, as shown in Figure 1, is a function of both risk assessment and risk management. A well-developed risk communication strategy needs to bring together a diverse range of expertise in the field of communication, social sciences (mass media, emergency and crisis communication, social media, health education, health promotion, communication for behavior change, etc.) and systems strengthening techniques in order to achieve public health goals in emergencies. Public health communication specialists and key stakeholders across Africa need a platform and the tools and training to educate and equip themselves for the expanding communication responsibilities of public health in emergency situations.

The project intends to support Africa CDC to launch a series of webinars on risk communication through launching a community of practice forum which will encourage knowledge sharing and capacity building in efforts to enhance the COVID-19 response. The webinars will target regional bodies such as IGAD, ECOWAS and other regional mechanism which UNDP is working with on COVID-19.

A. Proposed Activities

- In collaboration with Emory University and learning institutions networks across the Global Policy Network (GPN) develop, implement, launch and scale up virtual training for medical practitioners and health workers;

- Produce knowledge products and virtual training on response practices;

- support Virtual surge for knowledge, learning and skills development;

B. Outputs

- Enhanced support to member states, health reporters, civil society and faith-based organization.

- Access to information, toolkits and learning materials on risk communication.

- Increased capacity of member states, health reporters, civil society and faith-based organization to report on COVID-19.

- Reducing misinformation and encouraging fact-based reporting amongst the beneficiaries.

4. Public communications campaigns upscaled to strengthen response and preparedness in combating COVID-19

The objectives of this activity are to support public awareness raising campaigns amongst the general public but specifically targeting vulnerable populations. The aim is to disseminate relevant COVID-19 information through creative and gender responsive works with the view to empowering the most vulnerable communities to prevent the spread and transmission of infections using basic hygiene and sanitation practices. These creative and gender sensitive campaigns are aimed at supporting ongoing efforts in Africa to strengthen response and preparedness in combating COVID-19 pandemic through targeted creative campaigns directed towards the most vulnerable populations in Member States and Regional Economic Communities (RECs). The desired accomplishments include well informed members of the most vulnerable communities.

A. Proposed Activities

- Support the creation of a comprehensive and gender responsive plan around COVID-19, paying special attention to countering misinformation and rumors around COVID-19;

- Support the development of additional COVID-19 informational materials that are clear, gender sensitive, comprehensible, evidence-based, and adaptable to different cultural contexts;

- Run and support public campaigns, social media centered, to create awareness and engagement around COVID-19, as well information of support structures;

- Strengthen Africa CDC partnerships with media outlets to produce and disseminate PSA messaging on COVID-19.

B. Outputs

- Widespread campaigns that are innovative, gendered and culturally sensitive and reaching hard-to-reach populations.

- Access to information to semi-urban and rural populations through outlets, platforms and sources that appeal to the targeted population.

- Creative approaches to format and deliver the messages including comic animation and in African languages.

5. Capacities of Communities, Health systems and border security in cross-border areas strengthened to Prepare and respond to COVID 19 Epidemic

Africa's borderlands face considerable difficulties in controlling the spread of COVID-19. It is essential that these territories receive a targeted response to ensure that no one is left behind. The serious threat posed by the disease – and the urgency of the response – is most apparent in its spread to areas of intractable insecurity, such as the Chad Basin, borderlands in the Sahel, and the Mandera Triangle between Kenya, Somalia, and Ethiopia.

Borderland regions pose unique challenges to the disease response. They tend to be areas with weak governance institutions and limited state authority. Healthcare systems in borderlands tend to be weak and underfunded, and these regions are likely to experience acute shortages of much needed materials such as clean water, soap, hand sanitizer, and personal protective equipment (PPE). More generally, the supply chains to Africa's borderlands are dynamic and unpredictable even in times of relative stability. These regions are also especially vulnerable to the negative impacts of disease control measures, in particular those involving movement restrictions that hinder cross-border and informal trade. If action is taken fast, strategies developed in close cooperation with borderland communities could still mitigate the worst of the outbreak.

The project seeks to provide targeted responses in two regions, the Manor River Union (MRU) and in cross-border regions in the Horn of Africa. In partnership with IGAD, the Horn of Africa interventions seeks to understand the impact of COVID-19 in cross-borders while taking into consideration the gender dimension; provide immediate relief through small scale interventions; and raise public awareness and tackle misinformation.

In the four member states of the MRU (Liberia, Guinea, Sierra Leone and Cote d' Ivoire), there has been a number of positive cases that are rapidly increasing across the region. The spread of COVID-19 in the Mano River countries presents on the one hand a space for practicing lessons learned during the EBOLA outbreak while on the other hand, it raises grave concerns considering the continued high levels of poverty, inadequate healthcare systems, inadequate funding, insufficient training of healthcare workers amongst other challenges. A resurgence of a disease outbreak that equals or surpasses the EBOLA outbreak could plunge the MRU countries into dire circumstances if a concerted and well-coordinated approach is not used.

Possibility to expand the interventions in the Lake Chad Basin in collaboration with other existing UNDP projects working on COVID-19.

The proposed activities in the border communities will support the preparedness and response to the specific challenges borderlands face and to mitigate the impact of COVID-19.

A. Proposed Activities

- Facilitate bilateral and multi-lateral discussions on cross-border implications of COVID-19 in IGAD region, focusing on cross-border gender sensitive strategies and measures for containment and prevention of community transmissions;

- Strengthen the cross-border dimensions of national COVID-19 response plans and IGAD partners to support strategies.

- Build the capacity of the MRU countries for cross border gender responsive management aimed at significantly reducing cross border transmission of COVID-19;

- Improve cross border gender aware surveillance and cooperation between the Mano River Union countries thus making the fight against the virus borderless;

- improve risk communication, community engagement and awareness-raising: This will involve strengthening mechanisms for disseminating information and raising awareness among populations on behaviour change.

B. Outputs

- The capacity of Border Security strengthened to enhance COVID-19 response at the border.

- Gender responsive Health services at Point of Entry and other border points enhanced to manage risk reduction of COVID-19 and minimize transmission;

- Public awareness increased as a result of the public awareness raising campaigns and increased prevention measures of the virus.

- Positive behavior changes through leveraging community influencers and stakeholders.

- Risks of spreading misleading information on the virus mitigated.

6. Strengthened capacities to integrate Sexual and Gender Based Violence (SGBV) in prevention, response and recovery plans.

GBV increases during every type of emergency -whether economic crises, conflict, or disease outbreaks. As the COVID-19 pandemic is exacerbating existing gender inequalities, it is also deepening economic and social stress, significant risk factors for GBV. The COVID-19 outbreak is putting at risk the progress made to date towards achieving gender equality. It is having a disproportionate effect on women. First, women comprise the majority of workers in health and social care. According to WHO, women comprise 70% of world health care workers. Moreover, the traditional role of women as caregivers responsible for nursing sick family members poses a higher risk of infection. At the same time, the closure of schools adds further responsibilities to women to care for the young. Second, the majority of women in Africa are engaged in informal work, low paid activities, and other sectors such as tourism and services that are highly predisposed to be disrupted during emerging disasters and emergencies. Data from UN WOMEN shows that 89% of women in SSA work in the informal economy. In some regions, such as the Mano River Union, women make up 70 percent of the cross-border traders, and the closure of borders restricts their access to markets.

Third, the crisis has resulted in an increase in gender-based violence (GBV) and a weakening of support to GBV survivors. First, Women and girls are at risk of increased intimate partner violence and domestic violence due to heightened pressures in the household. Second, services for safety, security, and access to justice are disrupted as government institutions shift resources to the public health crisis. This leaves many women and girls without protection and support.

With the implementation of lockdown policies, many women are being forced to stay at home with their abusers while services to support survivors are being disrupted or made inaccessible. Studies show that the 2013-2016 Ebola outbreak in West Africa placed women and children at higher risk of exploitation and sexual violence. Currently, reports from countries like South Africa, Botswana, China, and Italy are showing that COVID-19 is driving similar trends.

This output seeks to provide relevant technical support and policy advice to ensure the effective integration of SGBV in prevention and response, health policies and health crisis response to guarantee effective protection of GBV and help them to access essential services.

This project aims to ensure effective consideration, prevention and mitigation of the impacts of COVID-19 on SGVB.. It will build on the existing collaboration in this areas with Cote d'Ivoire, Senegal, Democratic Republic of Congo, Zimbabwe, Ghana, South Africa, Kenya, Malawi and Mauritania as well as collaboration with IGAD.

A. Proposed Activities

- Provide policy advice to governments on integrating SGBV in national and sub-national COVID-19 response plans and budgets

- Support police and justice actors to provide adapted services during periods of confinement, lockdown and beyond.

- Build the economic resilience of SGBV survivors: This will include integrating SGBV prevention into women's economic empowerment initiatives to prevent the likelihood of "backlash" within the household.

- Support the establishment of coordinated, multi-sectoral SGBV response services for cross-border areas

- Develop a SGBV Management Information System to facilitate tracking of incidents and trends in both humanitarian and development settings for appropriate regional responses that complement national actions

B. Outputs

- Governments capacity to identify critical areas of focus to integrate SGBV in COVID-19 response plans and budget are strengthened

- SGBV response services are designated as essential and remain open and accessible

- Economic empowerment of SGBV survivors improved

- Systems to share information and track SGBV incidents on national and regional level developed and strengthened

- SGBV effectively integrated in cross border response as a result of a well-coordinated and multi-sector engagement

II. MANAGEMENT ARRANGEMENTS

I. Project Coordination

The UNDP RSCA will form a task team with the Africa CDC of the AU for the overall coordination for the project. Africa CDC will manage the coordination of entities within the AU, member states and joint engagement with RECs/RMs to inform the context and the status of COVID-19. UNDP will coordinate technical inputs from the side of the UN, including the UNDP RSCA itself along with RBA Headquarters and DPPA, and draw necessary support from PBSO, particularly the UN Peacebuilding Fund. The task force team will report directly to the Regional Programme Coordinator at the RSCA.

II. Project Implementation

The project will be implemented by UNDP under the Direct Implementation Modality (DIM), and within the framework of the Africa Regional Programme. The implementation of activities will be coordinated by a task team composed of staff of Africa CDC, AU PSD and UNDP. From the UNDP side a Technical Consultant will be appointed working under the supervision of the Regional Programme Coordinator.. The AU-UNDP task team

will collectively assume overall responsibility for the organization and coordination of above-mentioned activities, with UNDP providing necessary operational support during the implementation of programme. The AU will seek support from its member states to ensure access and increase ownership and sustainability of activities. Documentation and reporting will be approached from a learning perspective to serve a wider agenda of knowledge management.

III. Stakeholder Participation

The initial direct beneficiary will be Citizens and Diaspora Organisation (CIDO) and the Directorate of Information and Communication (DIC) of the AU, who will also act as major implementors of this PIP for the AU. The overall PIP is designed to assist Africa CDC, RECs and RMs, along with individual member states who will directly and indirectly benefit from the implementation of this programme.

In addition to the above-mentioned stakeholders, during the implementation process the project task team will actively seek cooperation with other organizations and partners working on COVID-19 in the region, such as the UN Office to the African Union, the World Health Organisation (WHO), the World Bank Group, African Development Bank and major development partners including the European Union, U.S. Agency for International Development, Japan and other possible donors who are interested in supporting COVID-19 response and recovery. .

III.   MONITORING

The Initiation plan will be monitored through the following monitoring and evaluation mechanisms:

Monitoring activity	Purpose	Frequency	Expected Actions
Track results progress	Progress activity results against the output indicated in the Initiation Plan will be analysed to assess the progress of the project in achieving the agreed outputs.	At the end of each activity	Slower than expected progress will be addressed by project management.
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended outputs.	Quarterly	Risks will be identified by project task team and actions are taken to manage risk.
Learn & Initiation Phase Report	Knowledge, good practices and lessons will be captured at the end of the project.	End of Initiation Plan	
Project Document	At the end of the Initiation Plan, a Project Document will be developed following UNDP's programming policies.	End of Initiation Plan	

IV. WORK PLAN

Period[3]: From March 2020 to July 2020

EXPECTED OUTPUTS	PLANNED ACTIVITIES* *List activity results and associated actions*	TIMEFRAME 2020				RESPONSIBLE PARTY	PLANNED BUDGET		
		Q1	Q2	Q3	Q4		Funding Source	Budget Description	Amount
	1. Joint coordination and operations support;		x	x	x	UNDP RSCA Africa CDC	Core	conference, venue, facilitators, travel per diem, stationery, publishing, etc.	$6,230
	2. Impact assessments of COVID-19;		x	x	x	UNDP RSCA Africa CDC	Core	Consultant and/organisations	$663,520
	3. Capacity building through knowledge sharing and virtual academy;		x	x	x	UNDP RSCA Africa CDC	Core	Consultant and/organisations	$80,250
	4. Public communications campaigns;		x	x	x	UNDP RSCA Africa CDC	Core	PPE, communication, flyers etc.	$100,000
	5. Preparedness and response in cross-border areas.		x	x	x	UNDP RSCA Africa CDC	Core	PPE, communication, flyers etc.	$150,000
	6. Capacities to integrate Sexual and Gender Based Violence (SGBV) in prevention, response and recovery plans are strengthened		x	x	x	UNDP RSCA	Non-Core		$100,000
TOTAL									$1,100,000

* This is a simplified list of activities; see section I.III for the full descriptions

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[3] Maximum 18 months

	SP OUTCOME 3: STRENGTHEN RESILIENCE TO SHOCKS AND CRISES											
	Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets: Regional Response to COVID-19 in Africa											
	Applicable Output(s) from the UNDP Strategic Plan: SP Output 3.3.3: Health systems enhanced, inclusive and integrated crisis management enabled and social and economic impact assessment conducted for agile and effective responses to COVID-19											
	Project title and Atlas Project Number: Regional Response to COVID-19 in Africa; UNDP1/00120956											

EXPECTED OUTPUTS	OUTPUT INDICATORS[4]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)							DATA COLLECTION METHODS & RISKS
			Value	Year	Month 3	Month 4-5	Month 6-7	Month 8-9	Month 10-11	Month 12	FINAL	
Output 1 *Joint coordination and operations of CDC and member states enhanced to respond to the COVID 19 epidemic*	*1.1 Number of Coordination Mechanism/platforms used at the regional level for effective response to COVID-19;*			2020								
	1.2 Number of meetings held at regional level to address preparedness and response to COVID 19 impacts taking into consideration gender dimension			2020								
Output 2 *Regional Socio-economic Impact assessments conducted for effective and gender response and recovery from COVID-19 impacts*	2.1 Number of countries utilising the recommendations from the impact assessment's in partnership with Africa CDC benefiting from durable solutions to combat on COVID 19 epidemic			2020								
	2.2 Number of gender responsive monitoring briefs and analysis on the COVID-19 impact developed for strategic response, resource mobilization and policy design			2020								

EXPECTED OUTPUTS	OUTPUT INDICATORS[5]	DATA SOURCE	BASELINE	TARGETS (by frequency of data collection)								DATA COLLECTION METHODS & RISKS
Output 3 *Capacity of key target groups (30% women at least) strengthened to prepare, respond and recover from COVID risks and impacts*	*3.1 Number of toolkits and learning materials on risk communication produced*		2020									
	3.2 number of virtual capacity building initiatives/ webinars on risk communication launched and scaled up		2020									
	3.3 number of knowledge products on response practices produced		2020									
Output 4 *Public communication campaigns upscaled to strengthen preparedness and response in combating COVID-19*	*4.1 number of vulnerable communities in semi-urban and rural areas that have access to tailored information on COVID and its impact (disaggregated male and female)*		2020									
Output 5 *Capacities of Communities and health care systems in*	*5.1 number of risk communication initiatives developed for disseminating information and raising awareness among communities on behaviour change in border crossing areas*		2020									

cross-border areas strengthened to Prepare and respond to the COVID 19 Epidemic	*5.2 Number of MRU countries with gender responsive management strategies aimed at significantly reducing cross border transmission of COVID-19;*			2020									

EXPECTED OUTPUTS	OUTPUT INDICATORS[6]	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)								DATA COLLECTION METHODS & RISKS
Output 6 Capacities to integrate Sexual and Gender Based Violence (SGBV) in prevention, response and recovery plans are strengthened **Through RECs**	*Number of countries supported to integrate SGBV in national and sub-national COVID-19 response plans and budgets*			2020									
	Number of Member States that that support women's economic empowerment to build resilience of SGBV survivors			2020									
	Number of capacity building provided to train justice providers to handle SGBV virtually			2020									
	Existence of Management information system to track incidence and share information at regional and national level			2020									