

The logo for ActionAid, featuring the word "actionaid" in a lowercase, sans-serif font. The background of the entire slide is a dark red color with a faint, stylized world map and various geometric patterns like circles and lines.

ActionAid Nigeria

C  **VID-19**

Response Strategy



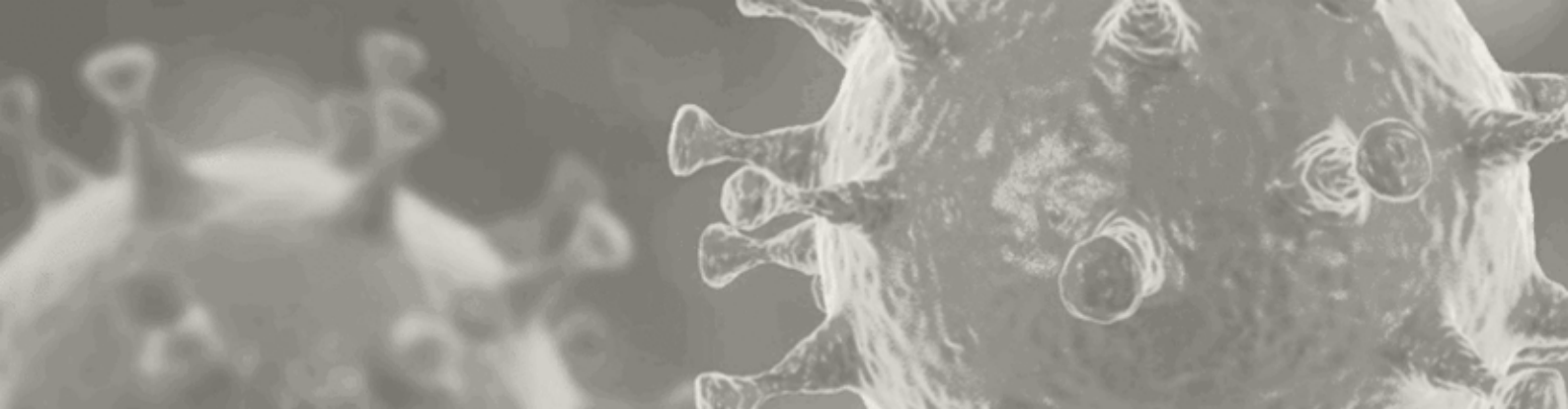
ABSTRACT

This response strategy document describes how ActionAid Nigeria (AAN) proposes to contribute to the eradication of COVID-19 pandemic as well as AAN's support mechanism to the poor and vulnerable, during and immediately after the pandemic.

March 2020

CONTENTS

PURPOSE & SCOPE	01
Timeframe	01
CONTEXTUAL ANALYSIS	01-02
SITUATION ANALYSIS	03
COVID -19 A New Health Challenge	03
Stages of COVID -19 Infection	04
COVID -19 and Nigeria's Political Will to Respond	04-05
POLITICAL ECONOMY ANALYSIS	05
S.W.O.T ANALYSIS	06
Our Uniqueness	06
Our challenges	06
Opportunities Out There	06
Possible Threat	06
RATIONALE	07
Problem Statement	07
Our Response	07
Goal	08
Specific Objectives	08
COMMUNICATION PLAN	09-11
WHO WE ARE AND WHAT WE ARE CURRENTLY DOING	12
WHAT WE NEED TO IMPLEMENT THIS STRATEGY	13
Monitoring and Evaluation Plan	13-16
BUDGET IMPLICATION	17-19



PURPOSE & SCOPE

This response strategy document describes how ActionAid Nigeria (AAN) proposes to contribute to the eradication of COVID-19 pandemic as well as AAN's support mechanism to the poor and vulnerable, during and immediately after the pandemic. The response strategy describes the aggregate approaches of ActionAid Nigeria across its projects and programmes and takes into consideration the plans and efforts of the Government at all levels, INGOs and CSO partners. It also recognises inputs from the humanitarian community and the perspectives of local organisations and community responses.

This plan will focus on preparedness and responses to the immediate and urgent public health and non-public health, socioeconomic and humanitarian needs and in a general context seek to touch on the fallout and consequences of the pandemic and the mitigation and containment strategies to be deployed especially as it affects women, children, youth and Persons' With Disability (PWD). In addition, it addresses the incremental needs from the pandemic, which is currently seen to be eroding livelihood, incomes streams, business and socio-economic life.

While exploring internal existing resources, AAN anticipates that these efforts will be resourced by donors and partners to avoid further loss of lives and sufferings and stem the exacerbation of the vulnerable groups from the pandemic. AAN hopes that these responses will also help affected people to better cope with the novel emergency and will be an important stabilising factor in these unpredictable times.

Timeframe

This strategy is designed to be implemented from 1st April – 31st December 2020, with a review planned in December 2020 to inform subsequent actions.

CONTEXTUAL ANALYSIS

Nigeria with a population of about 201 million people and the size of its economy is referred to as the largest African country. It is also referred to as the 7th largest in the world. As the population grows exponentially, some experts have predicted Nigeria's population to grow above that of the United States of America by 2035. Demographically, Nigeria is host to a large population of youth making it third in the world after India and China, with more than 90 million of its population under the age of eighteen.

Consequently, this growing population gives a lot of concerns to policy makers in terms of how to make public goods available to sufficiently address basic needs like health, water and sanitation, education, shelter, and food among others. While the 1999 Constitution as amended explicitly provides in Chapter II, Section 16 (sub 1a,b,c, and d) for government to ensure security of citizens and maximum welfare, the Nigerian governments both past and present have struggled over the years to comply with these provisions especially as regards the health of citizens. However, government has made efforts towards bridging this gap through the country's National Health Policy and Strategy to Achieve Health for All Nigerians that was launched in 1988, and subsequently revised in 2004 as well as Country's performance quarantine act of 1920. Additionally, is the stride in responding to new health realities, trends, globalization, and climate change by the revision and launch of the National Health Policy by the Ministry of Health in 2016 in line with the National Health Act of 2014. Through the implementation of these health policy and legal frameworks, Nigeria is evidencing considerable successes in combating and containing diseases like Ebola virus outbreak, Guinea worm, Lassa fever, and the Polio virus.

Despite these efforts by the government, the health system in Nigeria is still fragile and weak. The imbalance as well as incapability in public service provisioning due to variations in socio-economic status and geographic location of the different states impedes the efforts, with the poorest of the populations and vulnerable groups such as rural communities, women and girls, persons with disability, young people and children bearing the brunt.

The humanitarian crisis that the country is experiencing further adds complexities to the already weak health system and vice versa. Due to internal crisis and activities of insurgency, resources that would have been solely used in driving commitments in human development sectors such as health, education and agriculture is channeled to addressing security and the attendant humanitarian crisis. It is important to note that with new disease outbreaks which further adds burden to the health system, the humanitarian crisis is further heightened, and this impacts negatively on the Internally Displaced Persons (IDPs) making management of the already weak system to be compromised. Nigeria has one of the highest maternal and child mortality in the world with very few health facilities attending to its population.

Further to this, is the current economic crisis. As at March 2020, the price of crude oil was at \$30 and at its lowest. The 2020 Appropriation Budget is based on \$57 per barrel and results in loss in revenue for the country. However, the oil benchmark has been reviewed downward to \$30 per barrel. This affects the capability of the country to meet its commitments on public good and ensure the welfare of its citizens. Again,

the implication is possible cuts in essential sectors that affects the poor and vulnerable groups such as health, education, agriculture, water and sanitation, and infrastructure development. In non-emergency situations, it is bad and more devastating in emergency periods especially in health-related emergencies.

The National Gender Policy, The Discrimination Against Persons with Disability Act, 2018, the National Humanitarian Response Plan amongst others; are policies and legal frameworks that clearly define and articulate government's commitment with respect to human dignity of all persons as authenticated by the Constitution. The Constitution is premised on the principles of freedom, equality and justice, and for the purpose of consolidating the unity of the Nigerian people. This implies that the welfare of the citizens is of paramount importance to the government hence its efforts at ensuring that sectors important to the citizens are prioritized, therefore government must be seen to live up to those commitments.

SITUATION ANALYSIS

COVID-19 A New Health Challenge

In December 2019, the new strain of Coronavirus (COVID-19) was confirmed in Wuhan-China. It has since spread to all the continents of the world including Africa with the United States of America as the worst hit country. In Nigeria, the first confirmed case of the COVID-19 was announced on 27 February 2020, when an Italian citizen who arrived the country to Lagos tested positive for the virus. On 9 March 2020, a second case of the virus was reported in Ewekoro, Ogun State, of a Nigerian citizen who had contact with the Italian citizen. As at 10 April 2020, Nigeria has 288 total confirmed cases of COVID-19, and there has been a steady increase in the number of incidences of COVID-19 and deaths in the country. As in other parts of the world, the actual number of cases is likely to be higher, however due to limited testing and the way the virus spreads many who may be carrying the virus may not be showing any symptoms.

While the outbreak is not yet overwhelming like in other countries in Europe and America, Nigeria is recording a daily increase of people testing positive. As the number of cases increases daily, there is the fear that the preparedness of the Nigerian governments coupled with the weak and fragile health system especially in poor states may be overwhelmed. From available evidence, Lagos State seems to be the only state that comes close to being adequately prepared in handling the pandemic with three testing sites, namely: the Infectious Disease Hospital, Yaba; Lagos University Teaching Hospital and the Nigerian Institute for Medical Research. Considering the population of Lagos state and Nigeria, these centres are grossly inadequate to respond. All other States rely on these centres as the only one with testing tools at the moment. Nigerian Doctors, Nurses and Health workers at the frontline of the response have however remained committed to tackling the novel virus and their efforts are acknowledged and commended by the citizens.

STAGES OF COVID-19 INFECTION

Right now, Nigeria is at Stages 1 and 2 progression of COVID-19 and needs to be better prepared to halt the progression of the virus to other stages. At stage 1 which is localized to those with travel history to an already affected country; Stage 2: local transmission from the initial cases of those with travel history to people they come in contact with, mostly friends, staff and family. At this stage it is easy to trace spread, quarantine people and contain the virus. While we recognize the efforts of the government in handling these stages of progression, we are however aware that if Nigeria government allows the progression to get to stage 3 where the source of the infection is untraceable as people who have not had travel history begin to get infected by the virus, the spread becomes very fast, extremely contagious and difficult to control; or stage 4, where the spread is practically uncontrollable and there are many major clusters of infection all over the country. At these last two stages, the impact on poor communities and vulnerable groups is unimaginable and no doubt will collapse the already weak health system in the country.

COVID-19 AND NIGERIA'S POLITICAL WILL TO RESPOND

Within the political space, the reality of the pandemic has shut down policy processes, legislatures could no longer hold their meetings, Federal Executive Council postponed its meeting in March, State Governors are going for self-isolation. The social fabric of society is shattered, night clubs, places of worship, schools, markets are completely shut down in some states like Lagos, Ogun, and the FCT with more to join as we count days.

The National and Sub-National governments are putting measures in place to stem the tide of the pandemic. The President; Muhammadu Buhari has inaugurated a 12-member Presidential Task Force for the Control of the Coronavirus in Abuja (PUNCH 9 March, 2020). Unfortunately, the PTF is composed of politicians without civil society participation. It is important to note that the lack of FBOs/CSOs participation in the design and implementation of national COVID-19 response may be a missing link in delivering comprehensive and effective response to the pandemic.

The Federal Government has also made a provision of 920 million Naira (\$2.3m) for health agencies to plan and guard against further spread of COVID-19 in Nigeria (PUNCH 9 March, 2020). The Federal government through the Central Bank is rolling out public resources to support the business community, and the pharmaceutical companies to contribute to solving the problem. However, there is evidence showing the weaknesses in these efforts. Test kits and test centers are not readily available across the country. The measures that seem to be effective, but not sufficient are the social distancing, hand washing, hands sanitization, and in a worse-case self-isolation. The situation is also attracting private sector contributions to secure the most effective measures to tame the pandemic. The donor community is also realigning investments and intervention to address this dreaded COVID-19.

The gender dimension of the pandemic has not been fully considered by the government, hence anti gender-based violence services are not categorised as essentials in the current lockdown directive..

Complete lockdown means that movement is restricted and people are confined in a place, and where the protection system is weakened, women and girls and even children are at greater risk of experiencing violence. In Abuja, there has been 5 reported cases of physical and sexual violence

within this period. In Lagos, there has been a report of burglary and robbery targeting food shops in Adekunle Kuye area of Surulere in the state.

While there are efforts at dissemination of awareness messages on the COVID-19 by government and other actors including ActionAid Nigeria, it is obvious that there is inconsistency in messaging, and messages not designed to reach the poor and rural communities. There is still disbelief on the virus especially amongst the rural populace where the virus is still perceived as "rich man's sickness". This is due to the fact that many of those who had tested positive are top government officials and those who are returning from international travels, thus giving the illusion that it has nothing to do with the poor.

Given Nigeria's history in use of force to ensure compliance and the attendant effect, we are witnessing increased militarism and retaliation by the populace. In Katsina State, there has been a reported case of angry youths burning down Police stations because of being asked not to converge in a gathering above 50 persons.

POLITICAL ECONOMY ANALYSIS

There is a wide cry that there could be misappropriations of resources, which may invariably open windows for "kleptocrats" to divert public resources meant for the health sector at this critical time. Nigeria government has further emphasized that it is going ahead to sustain the Home-Grown School Feeding programme, tradermoney, and conditional cash transfer. The incentives for people in public offices in collaboration with private business owners to divert resources are high, these may exacerbate the constraints to getting out of this precarious time as a country.

There are already questions around the accountability mechanism of the government to demonstrate transparency, and citizens participation in some of the policy choices leading to disbursement of public resources. It is believed that kits and other needed equipment are not produced in Nigeria, therefore there is likelihood that procurement processes would be initiated, but whether the processes would be duly followed is another concern. Even, selection process of qualified suppliers of needed kits and equipment is likely to be marred by both economic and political interest at the detriment of citizens.

At the moment, simple preventive materials like face mask and hand sanitizers are massively imported by unknown companies, concerned citizens are beginning to doubt the credibility of the face mask and hand sanitizers in circulation. We have read and seen cases of massive local production of face mask in the country in recent times. The local production may not be enough to meet the current need but it helps to provide affordable face mask. The government may consider supporting these businesses.

Industrialists are making donations to the Federal government, it maybe connected to some tax exemptions and other incentives reached between governments and these industrialists. However, some business owners are taking advantage of the situation to drive upward prices of some basic materials like face masks, hand sanitizers, and medical goods. This has provoked government response against some business outfits found in this exploitative practice.

The other side of this, is that the pandemic has presented non-governmental actors the opportunity to raise funds for interventions in communities. The need for collective accountability is also important to ensure poor people and those who are affected receive the support they need at this period.

S.W.O.T ANALYSIS

Our Uniqueness

ActionAid Nigeria's uniqueness in the country is community rootedness, strong connections with marginalised groups and hard-to-reach communities, local legitimacy and acceptance, and our cutting-edge approach in mobilizing and empowering communities, challenging structural, hidden and obvious causes of poverty. These gives us a stronger edge to collaborate with FBOs/CSOs, coalitions and movements and contribute to social changes in the country to achieve our collective desired results of eradicating COVID-19. In addition, AAN is able to leverage on platforms such as ACTIVISTA, IFAS, BBMC to deepen its call for accountability.

Our challenges

Though ActionAid Nigeria has footprint in 36 states and the the FCT, but our programmes are operational in 24 States. this however, poses a slight challenge to our ability to conveniently deliver projects simultaneously across the 36 states. Most of our resources are tied to projects, therefore making changes to address COVID-19 would require us having back and forth discussions with donors for clarification and approval for swift response. The COVID-19 pandemic took the world by storm, no organisation including ActionAid Nigeria was prepared for COVID-19, therefore do not have sufficient resources to respond effectively.

Opportunities Out There

There are large scale development efforts to curb COVID-19, we are also riding on these efforts to provide support to governments and other stakeholders to prevent the disease from spreading and causing a high magnitude of set-backs to people especially the poorest of the poor, and vulnerable who live in the rural settlements. The COVID-19 is an ample opportunity to do more advocacy on health sector spending in Nigeria, and effective implementation of the National Health Policy of 2016, and Act of 2014 which are geared towards achieving Health for All Nigerians. The COVID-19 will also provide us with the opportunity to mobilise more bottom-up citizens engagements to hold all tiers of governments accountable. The Governments at the local levels have invited AAN to help with interventions at communities which is a recognition of its capacity and we are already in many communities on COVID-19.

Possible Threat

It is nearly impossible to get the 3 tiers of governments to be accountable to the people. Citizens including journalists that have questioned governments on abuse of offices and corruption have been dealt with through the state instruments. We are aware that spending on COVID-19 is ongoing, our doggedness to challenge some of these spending might be greeted with strong resistance like abuse of human rights, illegal framing, charges, intimidations and threats to our operations in Nigeria.

RATIONALE

Problem Statement

There is a widespread outbreak of a new virus called Coronavirus (COVID-19), which first appeared in Wuhan province in China in December 2019. Since the outbreak, it has rapidly spread to other parts of the world which makes it a pandemic. It is killing people on a daily basis especially in China, America, United Kingdom, Italy, Spain and other parts of the World, with the worst hit in the United States of America as at April, 2020. Nigeria, is not left out in the spread of this highly contagious disease without cure yet. The World Health Organisation has declared it a pandemic with first level behavioural measures to contain its spread.

In Nigeria, the number of infected persons has increased on a daily basis from initial one confirmed person to 232 with 5 death and 33 discharged as at 9pm 5th April, 2020 with. There is empirical evidence indicating that the numbers might increase in the coming days.

Apart from the lethal nature, it is grinding almost , all economic activity to a halt both globally and locally. This has pushed unprecedented hardship on the poorest of the poor in sub-Saharan Africa countries like Nigeria. Daily buying and selling is becoming difficult, and prices of goods and services have skyrocketed since the lockdown in some places.

Consequently when this is not aggressively tamed, it will worsen the poverty situation in Nigeria with its attendants Severe Acute Malnutrition (SAM) of children estimated at 2 million (UNICEF Nigeria) in Nigeria. It will further push more people down the poverty line of \$1.90, increase the number of out of school children, exacerbate the health crisis, insecurity, and may be violence which may lead to political instability. With n this situation, global governments' efforts, especially Nigeria among sub-Sahara African countries would be weakened to be able to contribute to the Sustainable development Goals (SDGs).

The COVID-19 pandemic also has the potential to further exacerbate the existing vulnerabilities of migrant population. Travel bans, closed borders and living conditions of migrants along the migrations and in camps all amplify the increasing risks to migrants. Governments around the world have introduced measures aimed at reducing the rates of new infections. Some of these measures include travel restrictions and prohibition of entry from national of other countries. Yet the mode transmission suggest that such prohibitions can only serves as temporal relief without any log lasting solution.

Policies being implemented by European countries for instance that promote the externalization of borders will further exacerbate the grave human rights violations being faced by Migrants in the face of this crisis. It remains a fact that Nigeria currently ranks the fifth nation in the world for number of citizens migrating to Europe in the effort to escape poverty and conflicts.

Our Response

Our mandate as an anti-poverty and human rights organization requires us to challenge all forms of oppressions against the poor and excluded. This response is in line with the current ActionAid Nigeria Strategic Paper (which is a sub-set of our 6-year strategy "Social Justice to end Poverty")

Goal

A Nigerian society where the health and socioeconomic status of the poor and vulnerable is not worsened as a result of the COVID-19 pandemic and any other related diseases.

Specific Objectives

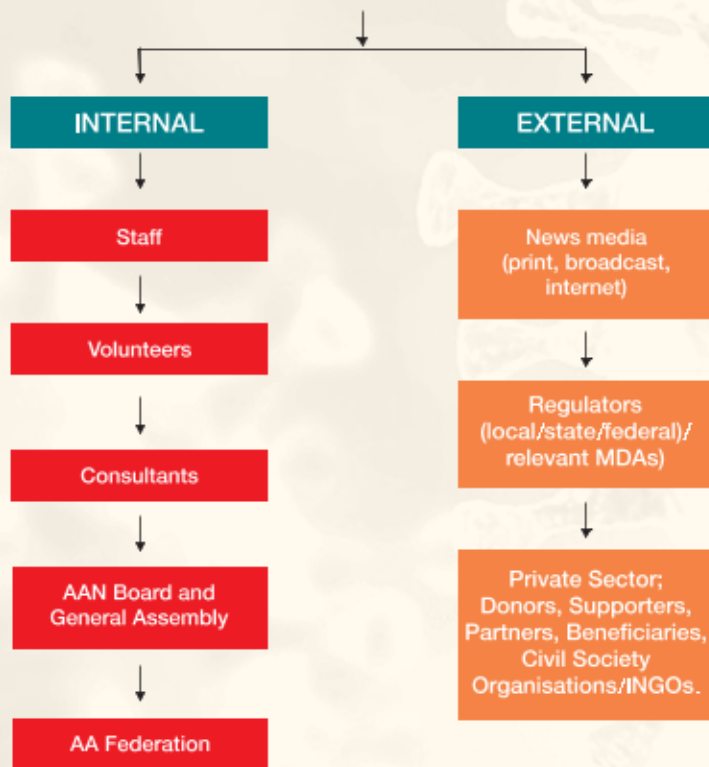
1. Strengthen citizens' preparedness against COVID-19 pandemic and other related diseases across the country with focus on vulnerable population.
2. Facilitate access to prevention and treatment information on COVID-19 across the country, particularly for the poor and excluded communities
3. Strengthen vulnerable group protection livelihood and resilience against future epidemics.
4. Deepen FBOs/CSOs/Citizens groups collaboration with government at all levels and with relevant Ministries, Departments and Agencies (MDAs) in addressing COVID-19 pandemic.

Key Actions

1. Generating, adapting, developing and accelerating access to correct, verifiable and relevant information and data on COVID-19 through print media, social media, radio, SMS, helplines and interpersonal (IPC) communication strategies to deepen primary prevention strategies, reduce stigma with particular focus on Women, Children, young people, IDPs and rural communities in collaboration with Federal Ministry of Health, Nigerian Centre for Disease Control and FBOs/CSOs: Citizens group.
2. Generating and sharing information on COVID-19, generating and sharing treatment protocols and centres and facilitating access to treatment for the poor and vulnerable population such as Internally Displaced Persons, Migrants and refugees
3. Facilitating mechanisms to anticipate, prevent and address the risk of gender-based violence against women & girls and facilitating linkages to networks, legal services, relevant law enforcement agencies, health emergencies in case of any eventualities.
4. Advocating and ensuring that the fundamental human rights of vulnerable populations (women and girls, children, PWDs, IDPs) affected by this pandemic are protected, upheld and respected by all. Check and report violations of people's rights and security brutality in the course of ensuring citizens comply with lockdown (stay at home) directives. Including the rights and welfare of returnees
5. Facilitating learning and education support for children at home during and after school closure as a result of the COVID-19 Pandemic
6. Facilitating knowledge sharing and best practices on effective prevention and treatment of COVID-19 both locally and internationally
7. Facilitate the setup of a COVID-19 situation room (both physical and virtual) that will coordinate the FBOs/CSOs and citizens engagements and responses on COVID-19
8. Ensuring that resources (funds, medicines, equipment and facilities) donated, appropriated or mobilized for the containment of COVID-19 is judiciously utilised and accounted for in an honest, transparent and verifiable manner by all stakeholders. Build capacities of already existing structures and platforms such (ACTIVITAS, IFAS, TPM, BBMC etc) to facilitate demand for accountability at both the States and LGA levels.
9. Mobilising resources and palliatives to decrease the deterioration of human assets and rights, social cohesion and livelihoods. Protect, assist and advocate for women and girls, persons with disabilities and host communities particularly vulnerable to the pandemic
10. Collaborating with other FBOs/CSOs/INGOs to initiate campaigns that will secure political will and funding for the health system from government at all levels.

COMMUNICATION PLAN

The primary aim of the communications plan is to counter misinformation and miscommunication, ensure that affected populations have a voice and are part of the response, and that all primary stakeholders; internal and external are adequately informed on ActionAid Nigeria's response and other actions taken towards combating the novel COVID-19 pandemic and other related issues in Nigeria. The relevant stakeholders, information interests, communications frequency and channels are outlined below:



Stakeholder	Interest	Communication Method	Frequency	Responsibility
Government (local/state/federal government); relevant Ministries, Departments and Agencies)	Recommendations and scalable actions	<ul style="list-style-type: none"> • Media appearances • Targeted Advocacies 	TBD	SMT/Project Managers
Donors	Innovations, Resource utilisation and impact.	<ul style="list-style-type: none"> • Emails • Meetings • Social Media 	TBD	Project Managers/ HRMIU
Civil Society Organisations/INGOs	Common interest coordination, partnerships and opportunities	<ul style="list-style-type: none"> • Email • Virtual Meetings 	TBD	Project Managers/ HRMIU
Private Sector	CSR, immediate support required, partnerships	<ul style="list-style-type: none"> • Media appearances • Targeted Advocacies 	TBD	HRMIU
Supporters	Resource utilisation and impact.	<ul style="list-style-type: none"> • Emails • SMS 	Bimonthly	Supporter Services - RMIU
Project Partners	Implementation direction and implication	<ul style="list-style-type: none"> • Emails • Telephone Calls • Meetings 	Weekly	Project Managers

Beneficiaries (Communities; women, girls, youths, persons with disabilities, men)	Access to services, information, actions, immediate and long -term benefits.	<ul style="list-style-type: none"> • Social Media • Community Based: Traditional • Communications Platforms 	Weekly	Project Managers & Communications Hub
Staff, Volunteers and Consultants	Awareness, implementation direction and updates	<ul style="list-style-type: none"> • Emails • WhatsApp 	Weekly	SMT
AAN Board and General Assembly	Actions, outcomes and impact	<ul style="list-style-type: none"> • Emails 	Bimonthly	CD
AA Federation	Actions, outcomes and impact	<ul style="list-style-type: none"> • Emails 	Bimonthly	CD/ Communications Hub
News media (print, broadcast, internet)	Situation analysis, policy implications, facts, accountability, recommendations, scalable actions	<ul style="list-style-type: none"> • Press Releases • Media Appearances • Media endowment 	TBD	Communications Hub

WHO WE ARE AND WHAT WE ARE CURRENTLY DOING

ActionAid Nigeria targets the dynamics of poverty and injustice in tandem with her vision, mission and values;



ActionAid Nigeria's approach to emergencies focuses on cultivating women's leadership and shifting power to local organisations and movements. Women's leadership in emergencies is a central pillar of our human rights-based approach. We empower women, helping them to play an active role in humanitarian responses. This approach is informed by evidence from our work which shows that disasters, crises and conflicts have a disproportionate effect on women; they increase the likelihood of women's human rights violations, exclusion from decision making and denial of access to resources. Furthermore, women and women's organisations are significantly underrepresented in humanitarian responses.

ActionAid Nigeria is currently responding to the COVID-19 pandemic in partnership with 28 women led organisations, Activista Nigeria, a youth movement consisting 2957 youths, 12 Local Rights Programme partners in 12 states and the CSO Network on Social Protection consisting of 60 CSO groups across the federation. AAN's immediate response is focused on protection services for women and girls, awareness, prevention and control; this we are implementing through community-based facilitators who have received safety kits and the pandemic awareness materials including megaphones, flyers, posters and banners with messages in local languages. Working with community-based facilitators is a safeguarding approach to mitigate the risk of staff and partners infecting or being infected in the response process. The community-based facilitators are leading the awareness campaigns in the communities and providing real time updates on the situation.

Also, strategic funds have been released from AAN to our project partners in different states to cater for the protection of women during the period of the pandemic. AAN has set up a 9-member Committee on COVID-19 to seek innovative ways of working with relevant stakeholders during this period.

WHAT WE NEED TO IMPLEMENT THIS STRATEGY

1. All projects and programs will adopt this strategy and align their activities with this M&E plan, in discussion with the various donors and partners
2. All projects will identify relevant indicators they will be contributing to, from the M&E plan, even as they work as a team to achieve the objectives of this strategy
3. We will secure support and new funding from existing and new donors, following the gaps we have identified from our internal capacity to take up some activities listed here
4. An implementation plan and risk matrix would be developed and reviewed as time goes by and added to this document as annex
5. In implementing this strategy, we will carry out a staff and partner capacity assessment and build relevant capacity to effectively deliver this strategy
6. ActionAid Nigeria COVID-19 Committee will act as the steering committee to guide the implementation and review of this strategy.
7. This strategy will emphasise on learning and sharing of evidence, best practice and knowledge within AAN and across the other stakeholders relevant in the COVID-19 response.

MONITORING AND EVALUATION PLAN

The COVID-19 has been identified as a pandemic with an unprecedented and unpredictable spread. So, the need to keep tabs on both the situation caused by the pandemic and the actions taken to deal with the situation is vital. Therefore, close monitoring and tracking will be deployed by AAN, using its expertise and tools to provide evidence that supports the focus of this response plan. In addition, creative, collaborative and innovative approaches to Monitoring will be applied due to the restrictions on interpersonal contacts. Because this is an emergency response, the M&E implementation will be faster and more dynamic, not undermining the quality of accountability due to community members, donors, government and other relevant stakeholders. Relatively, there will be more emphasis on assessing needs and reporting outputs rather than outcome monitoring. The M&E system is designed to aid the determination of priorities, identify emerging problems and trends during the COVID-19 response and enable or support decision-making.

For this response, AAN will utilise



Table 1: M&E plan table

Goal	<p>A Nigerian society where the health and socioeconomic status of the poor and vulnerable is not worsened as a result of the COVID-19 pandemic and any other related diseases.</p> <p>Expected outcomes:</p> <ul style="list-style-type: none"> • COVID-19 is fully coordinated by National and sub-national governments and relevant actors, reduce its impact and design mechanisms to eradicate the epidemic. • Capacities of relevant stakeholders built to manage COVID-19 pandemic, promote WASH services targeting households, collective vulnerable spaces and help reduce exposure of communities to COVID-19. • Strengthened access to vital preventions and treatment information and key essential WASH supplies are made available for immediate use in communities where the poor and vulnerable live. 				
Specific objectives	Key Actions	Activities	Indicators	Means of verification	Frequency/ Responsibility
<p>Strengthen citizens' preparedness against COVID-19 pandemic and other related diseases across the country with focus on vulnerable population.</p>	<p>Generating, adapting, developing and accelerating access to correct, verifiable and relevant information and data on COVID-19 through print media, social media, radio, SMS, helplines and interpersonal (IPC) communication strategies to deepen primary prevention strategies, reduce stigma with particular focus on Women, Children, young people, IDPs and rural communities in collaboration with Federal Ministry of Health, Nigerian Centre for Disease Control and FBOs/CSOs/Citizens group.</p>	<ul style="list-style-type: none"> • Reach 50 Million Persons (Nigerians) with messages through IPC, SMS, Social media, radio and TV on prevention strategies to COVID-19 • Set up State-level help lines in 14 States, to provide prevention information. • Organise live weekly Twitter & Face engagements featuring discussions, Q&A with key persons in the in the National COVID-19 response • Adapt, customize and contextualize prevention messages and information from NCDC into local languages for AAN communities • Advocate for the provision and upgrade of WASH facilities Across 250 communities in 24 states. 	<ul style="list-style-type: none"> • Number of people reached with correct messaging on prevention of COVID-19 (States, Sex, Age, Medium, Trend analysis data) • Number of States with functional helplines providing prevention information on COVID-19 • Number of Live online engagements organized to promote prevention against COVID-19 • Number of AAN communities with functional WASH facilities in Schools, markets and homes. • Number of communities institutionalizing hand washing, discouraging open defecation and promoting other hygiene practises 	<ul style="list-style-type: none"> • Programme reports • Management information system • Tracking sheets • Photographs • Videos 	<p>Monthly: Programme Managers :ASL manager</p>

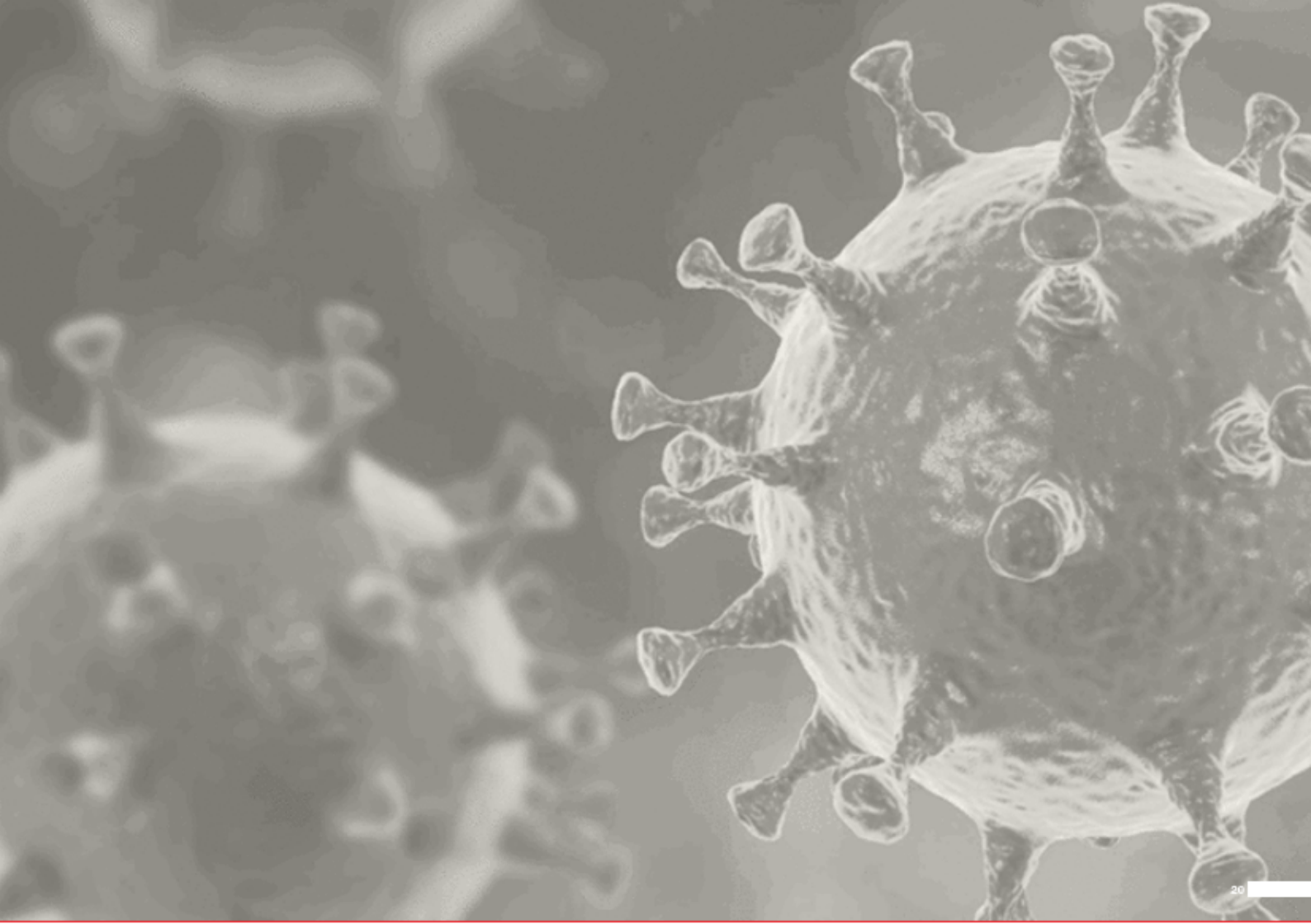
<p>Facilitate access to prevention and treatment information on COVID-19 across the country, particularly for the poor and excluded communities</p>	<p>Generating and sharing information on COVID-19, generating and sharing treatment protocols and centres and facilitating access to treatment for the poor and vulnerable population such as Internally Displaced Persons, Migrants and refugees</p>	<ul style="list-style-type: none"> • Set up State-level help lines in 14 States, to provide information on treatment protocols, health facilities and emergencies. • Develop messages and Behaviour Change Communication Materials (in English and local languages) addressing stigma, reintegration of recovered persons from COVID-19 Palliative 	<ul style="list-style-type: none"> • Number of States with functional helplines providing treatment information on COVID-19 • Number of BCC Materials distributed with information on COVID-19 treatment protocols • Number of calls received based on each categories (treatment protocols, location of health facilities and emergencies) 	<ul style="list-style-type: none"> • Programme reports • Distribution sheets • Trend analysis data • Call log sheets • Trend analysis report 	<p>Monthly:Program me Managers: IASL manager</p>
<p>Strengthen vulnerable group protection livelihood and resilience against future epidemics.</p>	<ol style="list-style-type: none"> 1. Facilitating mechanisms to anticipate, prevent and address the risk of gender-based violence against women & girls and facilitating linkages to networks, legal services, relevant law enforcement agencies, health emergencies in case of any eventualities. 2. Advocating and ensuring that the fundamental human rights of vulnerable populations (women and girls, children, PWDs, IDPs) affected by this pandemic are protected, upheld and respected by all. Check and report violations of people's rights and security brutality in the course of ensuring citizens comply with lockdown (stay at home) directives. Including the rights and welfare of returnees 3. Facilitating learning and education support for children at home during and after school closure as a result of the COVID-19 Pandemic 	<ul style="list-style-type: none"> • Resource local and community networks across 14 states to identify, address and resolve gender-based violence issues • Develop and provide basic guides for para-legal structures to handle and manage violence and fracas resulting from containment strategies. • Design and facilitate a stop gap learning for 20,000 children across identified communities during the pandemic • Provision of seed grants to 300 small scale traders whose livelihood and income were eroded by the COVID-19 containment strategies 	<ul style="list-style-type: none"> • Number of AAN communities with local and community structures addressing GBV • Number of children (State, Sex) reached with learning • Number of persons (State, sex) who are beneficiaries of the seed grants 	<ul style="list-style-type: none"> • Programme reports • Tracking sheets • Call logs 	<p>Monthly:Program me Managers:/ IASL manager</p>

<p>Deepen FBOs:CSOs:Citizens groups collaboration with government at all levels and with relevant Ministries, Departments and Agencies (MDAs) in addressing COVID-19 pandemic</p>	<ol style="list-style-type: none"> 1. Facilitating knowledge sharing and best practices on effective prevention and treatment of COVID-19 both locally and internationally 2. Facilitate the setup of a COVID-19 situation room (both physical and virtual) that will coordinate the FBOs:CSOs and citizens engagements and responses on COVID-19 3. Ensuring that resources (funds, medicines, equipment and facilities) donated, appropriated or mobilized for the containment of COVID-19 is judiciously utilised and accounted for in an honest, transparent and verifiable manner by all stakeholders. Build capacities of already existing structures and platforms such (ACTIVITAS, IFAS, TPM, BBMC etc) to facilitate demand for accountability at both the States and LGA levels. 4. Mobilising resources and palliatives to decrease the deterioration of human assets and rights, social cohesion and livelihoods. Protect, assist and advocate for women and girls, persons with disabilities and host communities particularly vulnerable to the pandemic 5. Collaborating with other FBOs:CSOs:INGOs to initiate campaigns that will secure political will and funding for the health system from government at all levels. 	<ul style="list-style-type: none"> • Setup and operationalize a monthly virtual learning platform on COVID 19 (Zoom, Facebook live, Instagram and e-publications) • Setup a 10-person situation room on COVID-19 (meets thrice in a week) to deepen conversations and issue policy statements on COVID-19 • Organise 3 waves of a (physical & virtual) roundtable meeting with all relevant anticorruption agencies of the FGN and FBOs:CSOs:Citizens group in the anticorruption space to discuss, engage, track and report on all resources deployed for the COVID-19. • Facilitate a think tank of FBOs:CSOs:Citizens group to engage and discuss the impact of COVID-19 on Nigerian's political, economic, social and technology sectors • Facilitate inclusion of relevant FBOs:CSOs:Citizens group in the COVID-19 task force at the Federal and state levels 	<ul style="list-style-type: none"> • Number of media mentioned on COVID -19 as a result of AAN engagement • Number of resolutions:actions taken:reports developed from the roundtable meetings • Number of policy statement or recommendations issued by Think tank • Change in allocation of fund to specific area of COVID-19 as a result of AAN engagement. • Number and type of government response based on resolutions:statements issued as a result of AAN engagement • Number of FBOs:CSOs represented in COVID-19 task force at federal level 	<ul style="list-style-type: none"> • Tracking sheets • Programme reports • Beneficiaries register 	<p>Monthly:Programme Managers:IASL manager</p>
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RELATED OBJ	KEY ACTIVITIES	BREAKDOWN	TOTAL AMOUNT (N)	TOTAL AMOUNT (GBP)
OBJ.1	Reach 50 Million Persons (Nigerians) with messages through IPC, SMS, Social media, radio and TV on prevention strategies to COVID-19	2 NETWORK TV JINGLES (in Wks)	117,000,000.00	292,500.00
		2 NETWORK RADIO JINGLES (in Wks)	12,636,000.00	31,590.00
		INCLUDE COVID -19 MESSAGE TO ONGOING and new SMS	70,200,000.00	175,500.00
		30 TWEET CONFERENCES (N20K) WEEKLY PROMOTIN OF SOCIAL MEDIA	37,440,000.00	93,600.00
		Sub total	237,276,000.00	593,190.00
OBJ.1	Set up State -level help lines in 14 States, to provide prevention information.	Provision of Helplines - Toll Free	1,300,000.00	3,250.00
		Remuneration of volunteers (3 persons for each line and 2 supervisors)	11,934,000.00	29,835.00
		Stationeries	2,184,000.00	5,460.00
		Call Credit	32,760,000.00	81,900.00
		Sub Total	48,178,000.00	120,445.00
OBJ.1	Organize live weekly Twitter & Face engagements featuring discussions, Q&A with key persons in the in the National COVID -19 response	Online Promotion of the tweet conference and the output of the meeting	10,400,000.00	26,000.00
		Data	2,060,000.00	5,200.00
		Sub total	12,480,000.00	31,200.00
OBJ.1	Adapt, customize and contextualize prevention messages and information from NCDC into local languages for AAN communities	Messages into 20 different languages	2,600,000.00	6,500.00
		Production of posters and Flyers	97,500,000.00	243,750.00
		Distribution of posters and flyers	12,480,000.00	31,200.00
		Sub total	112,580,000.00	281,450.00
OBJ.1	Advocate for the provision and upgrade of WASH facilities Across 250 communities in 24 states	Logistics for 20 Persons to pay 5-time advocacy visit in each state	15,600,000.00	39,000.00
		Materials and advocacy messages	1,560,000.00	3,900.00
		Sub Total	17,160,000.00	42,900.00
	Obj 1 Total		427,674,000.00	1,069,185.00

OBJ.2	Set up State -level help lines in 14 States, to provide information on treatment protocols, health facilities and emergencies.	All cost already covered above		
		Provision of Helplines		
		Remuneration of staff		
		Stationaries		
OBJ.2	Develop messages and behaviour change materials (in English and local languages) addressing stigma, reintegration of recovered persons from COVID -19 Palliative	Messages into 20 different languages	2,600,000.00	6,500.00
		Production of posters and Flyers	97,500,000.00	243,750.00
		Distribution of posters and flyers	12,480,000.00	31,200.00
		Sub total	112,580,000.00	281,450.00
	Obj 2 Total		112,580,000.00	281,450.00
OBJ.3	Resource local and community networks across in 14 states to identify, address and resolve gender -based violence issues	Support 1 day virtual capacity building meeting (internet provision)	18,200,000.00	45,500.00
		Training and Logistics for Facilitators	8,808,800.00	22,022.00
		Training Materials and communication (voice)	5,460,000.00	13,650.00
		Sub Total	32,468,800.00	81,172.00
OBJ.3	Develop and provide basic guides for para-legal structures to handle and manage violence and fracas resulting from containment	Support for virtual Paralegal structures monthly meeting in 24 states plus FCT	14,625,000.00	36,562.50
		Protection for women and women's right organization - Shelter transport, accomodation, perdiem for two weeks	149,760,000.00	374,400.00
		medicals for women	18,720,000.00	46,800.00
		PSS - case management	32,760,000.00	81,900.00

	strategies.	Sensitization for women - include messages for GBV - Radio, Social Media	67,392,000.00	168,480.00
		Provide food and nonfood items for vulnerable female headed household and survivors of GBV – 100 household per LGA	159,120,000.00	397,800.00
		Menstrual Hygiene Management kit	56,160,000.00	140,400.00
		Sub Total	498,537,000.00	1,246,342.50
OBJ.3	Design and facilitate a stop gap learning for 20,000 children across AAN communities during the pandemic	Support for 1,000 children in identified Communities in each 14 states with Airtime for virtual learning	27,300,000.00	68,250.00
		Support the design of TV and Radio Program - Consultant (basic subjects and group of classes)	81,900,000.00	204,750.00
		Partnership with Radio and TV states across 6 states (average for radio & TV)	252,720,000.00	631,800.00
		Design of interactive learning materials	39,000,000.00	97,500.00
		Production and distribution of interactive learning materials in most remote communities without light	227,500,000.00	568,750.00
		Sub Total	628,420,000.00	1,571,050.00
OBJ.3	Provision of seed grants to 300 small scale traders whose livelihood and income were eroded by the COVID -19 containment strategies	Provision of grants to 300 small - scale traders	117,000,000.00	292,500.00
		Support virtual training for clusters of women (observing Social Distancing)	145,800,000.00	364,000.00
		Sub Total	262,600,000.00	656,500.00
		Obj 3 Total	1,422,025,800.00	3,555,064.50



ActionAid is a global movement of people working together to further human rights for all and defeat poverty. We prioritise works with the poor and excluded, promoting values and commitment in civil society, institutions and governments with the aim of achieving structural changes to eradicate injustices and poverty in the world.

ActionAid Nigeria is powered by the belief that a Nigeria without poverty is possible.

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