
UK AID DIRECT

Community Partnership Application XN77-6F7F-PC

Able Child Africa

I Matter Too: Ensuring Rwandan children with disabilities
are clean, happy and safe during COVID-19

Application

Organisational Details

1.1 Please enter the details of your grant holder organisation.

Able Child Africa

Grant Holder - GB-CHC-326859

Registered Address: Viaduct Business Centre, 360A Coldharbour Lane, Brixton, London, SW9 8PL, United Kingdom

Postal Address: (As above)

1.2 Please confirm that your implementing partners will remain the same for your COVID-19 response.

Yes

1.3 If you would like to update the primary contact for your UK Aid Direct grant, please provide their details.

First Name

Second Name

Email

Phone Number

Skype ID

1.4 Please minimise use of acronyms in this application, but if necessary please provide here.

ACA – Able Child Africa
CwD – Children with disabilities
DPO – Disabled persons' organisations
GwD – Girls with disabilities
LYDA – Lead Youth with Disability Advocate
NUDOR – The National Union of Disability Organisations in Rwanda
PwD – People with disabilities
UWEZO – UWEZO Youth Empowerment
WASH – Water Sanitation and Hygiene
YwD – Youth with disabilities

Context

2.1 Project title

I Matter Too: Ensuring Rwandan children with disabilities are clean, happy and safe during COVID-19

2.2 In which country/countries will your proposed project be implemented?

Sub-Saharan Africa

- Rwanda

2.3 Outline the proposed area(s), province(s), district(s), sub-district(s) that the proposed response would be implemented in.

The project will be implemented in 5 districts in Rwanda: Musanze; Gasabo; Kicukiro; Nyarugenge; Nyanza. Within each of these districts, the project will be implemented within the following 10 subdistricts (known as 'sectors' in Rwanda): Muhoza and Nyange sectors (Musanze district); Ndera and Nduba sectors (Gasabo district); Masaka and Gahanga sectors (Kicukiro district); Kimisagara and Butamwa sectors (Nyarugenge district); Busasamana and Kigoma sectors (Nyanza district).

2.4 Provide a brief overview of the current national/local government response to COVID-19.

Rwanda reported the first case of COVID-19 in March 2020. As of 19th May, Rwanda has 308 confirmed cases of COVID-19, with 209 recovered, no reported deaths and 52,335 tests nationwide. Tests are not reaching children with disabilities. On 20th March, Rwanda was the first African country to enforce complete lockdown where Rwandans were only allowed outside for medical care, food or financial services. Special permission was required to travel for other purposes. The initial lockdown of 2 weeks was repeatedly extended until more relaxed measures were imposed on 1st May. New measures include: no travel from 8pm to 5am except with permission; masks be worn in public at all times; schools, universities, and places of worship remain closed; transport between different provinces and the city of Kigali not permitted; mass gatherings prohibited; and essential workers may resume work. New measures are expected until mid-June by our implementing partners but no formal timelines have been given.

2.5 What stage is the pandemic currently in the proposed locality?

2. Initial response

2.6 How are you coordinating with other organisations and local government who are also responding to COVID-19?

UWEZO has an established partnership with officials in all five target district governments through existing delivery. A needs assessment conducted in March facilitated in-depth discussions with officials to understand their COVID-19

response strategy and the gaps in provision for CwD. District government officials also approached UWEZO directly to engage them in government response, with this input further informing project scope. A collaborative approach has been achieved to identify the most vulnerable CwD and agree the additional support required, with officials granting special permissions to UWEZO to enable full delivery. In addition to membership of multi-organisation networks, UWEZO is part of Disability Coordination Forum (DCF), a platform for all government agencies and NGOs working with or for PwD in Rwanda. All partners are sharing information, best practices and resources related to COVID-19 related interventions, with UWEZO informing disability inclusive approaches nat

Proposed Response

3.1 What response type are you proposing to deliver?

2. COVID-19 response: WASH (incl. hand-washing related activities)

3.1.1 If 'Other', please specify.

3.2 What are the gaps in the current COVID-19 response in this locality?

At the outset of lockdown, UWEZO undertook a needs assessment to identify governmental and non-governmental response strategies and understand specific gaps to CwD inclusion. Through existing strong relationships with district government, officials detailed their own response strategy and mapped out possible discrepancies in their approaches to meet the needs of CwD. The project's LYDAs contacted all beneficiaries to understand the individual circumstances of each child, with the majority identified as extremely vulnerable and coming from extremely poor families. Liaison with organisations across UWEZO's networks further developed their understanding of the current support structures available to CwD and their families, with specific activities targeting this group seen to be severely lacking. A mapping exercise informed by the needs assessment identified further gaps. While current responses include food distribution and awareness raising, there has been a limited focus on CwD. WASH is promoted; however information is inaccessible for CwD and government provision of emergency hygiene kits fail to meet their needs. Families of CwD are unsupported, with DPO network information channels largely focused on adults. No considerations have been made for CwD mental health related to the pandemic. Lockdown has exacerbated the challenges many children with psychosocial disabilities experience and the disproportionate isolation and discrimination that many CwD are experiencing in lockdown has increased the likelihood of them experiencing additional psychosocial barriers. Furthermore, parents of children with disabilities have not been supported to address mental health concerns, with many parents experiencing anxiety themselves during this period of extreme stress. Lockdown has put CwD at higher risk of abuse, neglect and harm. Awareness of CwD safeguarding rights are low, with reporting mechanisms unused, inaccessible and costly.

3.3 Explain how your proposed response addresses the gaps. Outline the specific activities and what you intend to achieve.

A holistic approach to disability and child inclusive programming will ensure the project strategically addresses the immediate inequalities faced by CwD. An initial 110 CwD have been identified, with 25 further vulnerable CwD to be identified during implementation. Activities designed to achieve the project's three outcomes will ensure the most vulnerable CwD are clean, happy and safe during the COVID-19 crisis. To ensure CwD understand and follow public health guidance of COVID-19 preventative measures to keep clean during the pandemic, CwD will receive emergency tailored WASH supplies, in addition to two home-based WASH induction sessions by LYDAs. 20 experienced LYDAs from the existing project will receive customised disability inclusive WASH training by a local expert and 2 UWEZO Female WASH Mentors (PwD) to equip them with the knowledge and skills to improve the practices used by CwD and

their parents. LYDA training will specifically explore how information can be transferred to CwD to ensure they do not continue to miss critical public health information. A COVID-19 WASH focused comic book containing inclusive imagery will be designed and distributed in accessible formats, used as an innovative aid to support CwD understanding. Responding to the clear lack of psychosocial considerations for CwD during the COVID-19 crisis, the project will provide crucial mental health support to ensure CwD are happy. LYDAs will receive bespoke training on understanding mental health and wellbeing methodologies by a professional psychologist, with monthly wellbeing sessions provided to CwD during LYDA home visits. Training will ensure LYDAs understand inclusive and appropriate ways to broach what can be a highly sensitive subject, with a form created collaboratively and used by LYDAs during wellbeing sessions to assess individual needs. In severe cases, CwD will be supported to access professional counselling by a district psychologist, ensuring CwD with existing psychosocial disabilities, and those whose mental health has been adversely affected by COVID-19, receive the right support. Addressing the lack of social protection for CwD, activities will ensure CwD are safe during the pandemic. Inclusive materials and games will outline CwD equal rights to that of their peers during the COVID-19 crisis. A new toll-free anonymous helpdesk will incentivise reporting of CwD safeguarding incidences within target districts, with video calling and SMS enabled to cater differing communication needs. Operated by UWEZO, Able Child Africa's Safeguarding Officer will ensure a clear robust referral system, which adheres to inclusive safeguarding guidelines. District radio broadcasts will raise awareness of the importance of preventing CwD abuse and getting CwD back in school for their protection once they reopen. Radio, targeted newspaper advertisements, posters and word of mouth in LYDA home visits will promote the helpdesk, ensuring CwD abuse is reported and stopped.

3.4 **Who are you targeting and how will you accurately identify and include the most vulnerable and marginalised groups?**

Able Child Africa works with and for children with disabilities, and this remains this project's target group. CwD tend to be one of the most vulnerable and marginalised groups in society, facing stigma, discrimination and elevated levels of abuse. Able Child Africa has extensive experience of ensuring their inclusion in delivery. UWEZO was established by YwD and serves as a platform for identifying and meeting the needs of vulnerable CwD and YwD. Through their extensive knowledge of disability and strong relationships with civil society and government, they have gained a national reputation as a leading expert in disability inclusion. In our existing DFID Raising Aspirations project, UWEZO successfully works with government and communities to identify highly vulnerable and marginalised beneficiaries, including children with multiple complex disabilities, girls with disabilities as well as children with psychosocial and intellectual disabilities. Since the start of the pandemic, UWEZO staff have worked with LYDAs and local community leaders to identify 110 of the most vulnerable CwD. This includes CwD with complex care needs, those whose parents are at most financial risk, as well as those most vulnerable to sexual abuse or violence during lockdown. Through their current inclusive WASH project, UWEZO staff have gained expertise in working with girls with disabilities who face the double discrimination of gender and disability when accessing WASH. UWEZO staff and LYDAs have also received multiple disability and gender sensitive safeguarding trainings. The trainings and experiences have ensured including the most vulnerable CwD (in particular girls) is central to UWEZO best-practice. The presence of the LYDA network, which is well established across target districts, is the project's greatest asset in swiftly identifying those children with disabilities who are most vulnerable and are in greatest need of immediate intervention.

3.5 **Outline what the current - or predicted - impact COVID-19 is having on your target groups.**

While disability-specific data is scarce, the qualitative evidence emerging from UWEZO and LYDAs makes it increasingly clear that the inaccessibility, isolation and discrimination experienced by CwD is being exacerbated during this crisis. Able Child Africa has published an evidence paper on the effects of COVID-19 on CwD: <http://ablechildafrica.live/COVID-19>. In Rwanda, a lack of disability and child friendly resources means that hygiene kits and public health information are not being accessed by many CwD. This has increased the risk of COVID-19 infection and risks the long-term physical health of our target group, many of whom already experience complex health conditions. Lockdown has greatly impacted the incomes of CwD families, many of whom are single parent households, with levels of poverty rising steeply. School closures have worsened the crisis for CwD reliant on school for social protection systems such as feeding programmes, counselling and safeguarding reporting routes. There is a real risk that CwD who leave school now may not return, meaning they will continue to not access key services and protection a school environment offers. Crucially, CwD in Rwanda have not been helped to understand guidelines and have been unable to access everyday contact (schools and community) that supports their mental health. For these children quarantine has been distressing, with serious long-term implications on their mental health and development. The double barrier of psychosocial disability puts them at increased disadvantage, further reducing their ability to participate in society in the future. More worryingly, increased poverty increases the risk of neglect of CwD and school closures have led to an increased risk of abuse and sexual assault of CwD by those now caring for them. Alongside this, inclusive safeguarding systems are no longer functioning without the personnel and mechanisms to enable reporting. As such, CwD are at immediate increased risk of abuse.

3.6 **What will you do to address disability inclusion and gender equality?**

Disability inclusive approaches are mainstreamed throughout the project, with CwD representing the core target group. LYDAs (YwD themselves) will receive trainings and continual guidance to empower the most vulnerable CwD in target districts. This project will provide immediate, inclusive support to CwD in all delivery in a way that is both disability and child friendly. The project will provide inclusive psychological support, and all materials distributed to CwD will be accessible using large font, Braille and pictures where appropriate. The helpline to report CwD safeguarding incidences will be fully accessible, allowing PwD to use text or video call as a communication method. Specialised BFM's will ensure the voices of CwD are captured, and project activities adjusted accordingly to ensure genuine inclusion, such as the provision of sign language interpreters for home visits to deaf children. Our project strategy recognises the double discrimination faced by GwD, with 56% of the most vulnerable CwD identified as female during the project's needs assessment. Building on UWEZO's successful inclusive WASH for GwD project, their extensive experience will ensure the full requirements of individual GwD are met for their equitable inclusion. The project's provision of sanitary pads in WASH kits alongside menstruation information within the comic book will specifically target GwD. Our Inclusive Safeguarding Policy considers all CwD, but especially GwD, who are more susceptible to sexual abuse, a risk increased further during lockdown. Many CwD in Rwanda are part of single mother families, creating an additional burden felt by women during this crisis. The project will address the gendered economic difficulties faced by these mothers through the provision of supplies and support. Project MEL approaches will disaggregate all data by disability, gender and age, with learnings on disability and gender specific approaches shared across networks.

3.7 **What beneficiary feedback mechanisms will you incorporate into your proposed response and why?**

Feedback will be collected continually through structured and planned BFM which will allow for feedback from LYDAs, CwD, parents, government officials and project staff. YwD (the LYDAs) will lead on most feedback mechanisms, drawing on the training and experience that they have gained in the existing DFID project. This grassroots approach will allow us to capture more accurate feedback from parents and CwD, with whom the LYDAs have an existing and supportive relationship, as well as feedback from the LYDAs themselves. Feedback will be collected from the outset of the project; LYDAs will complete feedback forms after each training session on WASH and mental health, and at each home visit LYDAs will fill in both a home visit log and a wellbeing log for each beneficiary. This method will capture any immediate needs and concerns and will allow more rapid response and support during the uncertainty of the crisis. After each call to the helpdesk, UWEZO staff will ask every caller whether they feel the call has addressed their concern, and this will be collated in a helpdesk feedback log. A key priority will be ensuring that all tools used to collect feedback from CwD are genuinely inclusive and accessible. This will include questionnaires, informal conversations, communication maps, and drawing tools. Due to budgetary limitations and issues of disability accessibility, feedback mechanisms that use technology have been avoided. Face-to-face and image-based tools are also preferable when working with CwD and in areas of lower literacy and high poverty. The provision of multiple feedback tools also aids the inclusion of different disabilities and different age groups. Evidence and lessons learned will be shared regularly, both to UWEZO staff and among LYDAs to share best practice. The existing monthly LYDA meetings, whether in person or conducted remotely, will also form a key element of sharing and collecting feedback, with the opportunity for rapid response to concerns.

3.8 **What safeguarding measures do you have in place to prevent and respond to exploitation, harassment and abuse?**

CwD are at a higher risk of harm, abuse & sexual exploitation. Multiple barriers prevent CwD from protecting themselves or reporting safeguarding incidents. Able Child Africa takes disability-inclusive safeguarding extremely seriously and is an expert in the field. The Head of Programmes sits on the DFID Resource & Support Safeguarding Hub (RSH) Consortium Advisory Group and is the Co-Chair of the International Disability and Development Inclusive Safeguarding Task Group. Our Inclusive Safeguarding Policy recognises the specific vulnerabilities of CwD, providing a Behavioural Code of Conduct for practitioner interaction with CwD, as well as guidance on recognising specific signs of abuse. A summary of this policy is provided to downstream delivery partners annexed to partnership agreements and adherence is a condition of the partnership. Able Child Africa delivers annual safeguarding training to partner staff and key stakeholders. Trainings include context-specific scenarios and include practical guidance on recognising, responding, and reporting to incidents in a gender-sensitive and disability-inclusive way. Able Child Africa believes the best way to safeguard a child is to empower them to protect themselves. This project will strengthen children with disabilities own understanding of their rights during COVID-19 and inform them of the disability-inclusive routes available for them to report incidents. Before any project starts context, specific safeguarding responsibility chains and referral maps are designed. Reporting processes for staff & project stakeholders are also outlined in our Inclusive Safeguarding Procedure which requires an individual to listen to reports, inform the child/vulnerable adult of the next

steps and ensure their removal from any immediate danger. We require project stakeholders and beneficiaries to submit a child-friendly and disability-inclusive cause of concern form to the relevant Safeguarding Officer within 24 hours.

3.9 Describe the monitoring and learning systems that will enable the collection, review and analysis of disaggregated data.

The Monitoring, Evaluation, Accountability and Learning (MEAL) of this project will be bolstered by systems embedded in our existing DFID project. The Lead Youth with Disability Advocates (LYDAs) who have received multiple trainings on validity, ethics, and privacy of data collection over the last 2 years will collect primary data during regular home visits. The Project Coordinator will oversee the MEAL framework, designing and distributing tools, ensuring methodologies are consistent, data collected is complete, and ensuring data is verified prior to reporting. A central data collection tool for the project is LYDA COVID-19 monthly reports. These reports provide significant aspects of data collected for the existing project and are well established mechanisms for reporting activity delivery. These reports will be redesigned to suit the indicators included in this project including distribution lists, training records and referrals for mental health sessions children with disabilities receive. To ensure data collected is reliable and consistent, multiple data collection methods will be used to triangulate and corroborate results, for example LYDA COVID-19 monthly reports will be verified and supported by WASH kits distribution lists managed centrally. Data relating to safeguarding incident reports will be managed centrally by the UWEZO safeguarding lead and kept confidential. All data will be stored in password protected external encrypted hard drives by UWEZO, in addition to Able Child Africa's Salesforce system and secured files. Project activities will actively seek to include those most marginalised such as children with intellectual impairments and girls with disabilities and so all indicators will be disaggregated by gender, impairment type and disability according to the Washington Group Short Set (WGSS) questions.

3.10 Outline the major risks you foresee in implementing the proposed response and planned mitigating actions.

Level	Risk descriptions
Major	<p>Increased in-country costs of project</p> <p>During the uncertainty of lockdown, prices of goods and services in Rwanda have fluctuated. There is a risk that the costs of some budget lines, such as the venue for training and transport, will increase again by the time of project implementation and there will not be sufficient funds to cover the inflated costs.</p> <p>Mitigations</p> <p>This has been mitigated through the project design by adding additional budget to several lines (the hotel for LYDAs; food and room hire for the LYDA training; transport costs) to reflect the possibility of inflated costs for these items. This mitigation has therefore already been built into the budget, minimising the risk that this will negatively affect project delivery, or the project's ability to stay within budget. A conservative exchange rate has also been selected based the % drop in Sterling against the Rwandan Franc over the last 3 months which should further protect us from fluctuating interest rates and an additional economic downturn.</p>

Major

Lack of sufficient psychological support for CwD

This project recognises the potentially severe psychosocial impact that the pandemic and lockdown will be having on CwD. The project will deliver emergency mental health and wellbeing support to all beneficiaries, and it is anticipated some CwD will need additional support that goes beyond what can be offered by the LYDAs in their current capacity. This has been accounted for in the project through the provision of 1:1 support from a professional psychologist for those CwD who are assessed as needing additional support. However, a risk is that the demand for additional psychological support will outweigh the level of professional help that can be provided, leaving some CwD without the support they need. Furthermore, due to the relatively short length of the project, mental health-focused activities provided by the project could end required support prematurely, or some children who need additional support could be missed during the referral process.

Mitigations

Within the LYDAs' two-day mental health and wellbeing training, LYDAs and project staff will work together with a trained psychologist to finalise a robust referral system for project beneficiaries. This will include a form used by LYDAs to assess a child's wellbeing, with qualitative as well as certain 'yes/no' questions included. LYDAs will discuss all individuals' responses with UWEZO before a decision is made to refer a child for professional support. This clear system will minimise the risk of children in need of referral being missed. The referral system will also detail other appropriate referral channels for additional support if the project does not have capacity, including government services and other NGOs. Beyond the scope of this project, LYDAs will be continuing in their roles as part of the existing DFID project and so will continue to use their training to offer wellbeing support to CwD and liaise with UWEZO to refer CwD to other appropriate psychological services.

Severe

Lockdown measures are tightened, impeding activity delivery

Currently Rwanda is moving towards easing lockdown measures, for example allowing travel between 5am and 8pm. Furthermore, people can travel within districts, which allows most of the project's planned travel for activities to take place. However, there is a risk of a second wave of infection leading to the government imposing stricter restrictions again. This could impact UWEZO's ability to deliver several of the project's activities; for example, the WASH and mental health training sessions for LYDAs wouldn't be able to be delivered in person; LYDAs wouldn't be able to travel to do home visits; UWEZO staff may not have permission to travel and deliver WASH kits and other materials and psychologists wouldn't be able to travel within the districts to visit CwD.

Mitigations

Current information suggests a low risk of increased measures; new COVID-19 cases in Rwanda are being tracked individually and quarantined and infection rates have been steadily declining. Nonetheless, a contingency plan exists to ensure all project activities can be conducted remotely. The training for LYDAs will be delivered digitally in the form of an inclusive webinar. The current DFID project has identified that all LYDAs can access a computer or smartphone allowing them to access training and to carry out their mentoring sessions remotely. Mentoring sessions will be conducted remotely, with the budget for LYDA travel pivoted for phone credit and purchase of smartphones to facilitate CwD participation via video if unable to communicate using voice calls. To mitigate potential travel restrictions, UWEZO have existing government permissions, ensuring mitigation plans are government compliant and UWEZO has the granted permission to travel to carry out activities within districts.

Major

Extreme poverty is uncovered and beyond the project's scope

There is a proven link between disability and poverty, and many families of CwD are on the brink of starvation during this time. In Rwanda, the stigma attached to disability means that many CwD come from single parent households. Families whose incomes have been adversely impacted during this crisis are unable to purchase necessities, including food, hygiene products or medicines. The risk is heightened for CwD, many of whom come from the poorest families. As such, LYDAs and psychologists who visit the CwD at home may encounter families who are living in extreme poverty, who are starving or unable to buy medicine for their CwD. The project does not have the capacity to provide 6 months of food and medicine for these families, with the risk that UWEZO will not be able to alleviate all challenges faced by families in desperate need, and can't help to keep CwD wholly safe and healthy.

Mitigations

UWEZO will utilise its well-established network of contacts with government and non-government agencies to source alternative support not included in this project to ensure families receive other essential support. The Rwandan government is working to provide food items to those most in need, and UWEZO will consult relevant government services to flag the families who need immediate additional assistance, a role they have already been playing over the last 3 months. We will also link with other humanitarian focused NGOs who are providing emergency relief in these districts to ensure that no family is left without food or essential medicine. This process will also be included in the safeguarding referral system, which will be created collaboratively at the outset of the project during LYDA training to ensure it is based on current context and is effectively utilised.

Moderate

Serious safeguarding concerns are not handled appropriately

CwD are 3.7 times more likely to be victims of violence and 2.9 times more likely to be victims of sexual violence. The current pandemic has put many CwD at further risk, as CwD are more likely experience abuse or sexual assault in their homes and are more likely to be abused by those who care for them. The closure of schools has meant many more CwD are at home, therefore at increased risk of abuse. This project, even more so than other projects, may incidentally expose safeguarding concerns, as it is specifically designed to uncover incidents of serious harm and abuse towards CwD and the main aim of the project is to get more people to report these incidences. While the helpdesk will provide a reporting system, some reports may be of situations more severe than UWEZO staff feel able to handle effectively. Furthermore, LYDAs may discover situations of severe neglect or abuse when they visit the CwD on their home visits and may not be immediately able to respond to these situations.

Mitigations

UWEZO are leaders in the field of disability inclusive safeguarding in Rwanda, with staff and LYDAs contributing to the writing of global disability inclusive safeguarding standards. LYDAs have already received extensive specialised safeguarding training in the existing DFID project and are experienced in identifying and reporting safeguarding incidences they encounter. LYDAs will receive additional safeguarding training specific to the current crisis, with refresher sessions on UWEZO's referral and reporting systems included. An expert in inclusive safeguarding, Able Child Africa's Safeguarding Officer will ensure a highly robust referral system is in place. This will be based on DFID's existing safeguarding referral plan and will be modified to ensure it is inclusive and sensitive to the current situation. It will have clear steps and guidance for helpdesk staff to ensure that all incidents are handled properly.

Moderate

The safeguarding reporting helpdesk is not used effectively

The success of the helpdesk is dependent on people utilising it effectively, and it may be underused if it is not promoted properly, or if the promotion channels (such as radio) do not reach a wide enough audience. Furthermore, people who are aware of the helpdesk may not be willing to use it as they do not feel it is their place, or they don't recognise incidents as being abuse or neglect due to the ingrained stigma about how CwD deserve to be treated. Conversely, there is also the risk that the helpdesk is overused, with UWEZO staff becoming overwhelmed by the amount of calls and safeguarding reports that they receive. There is also the risk that the helpdesk is misused, with people calling who live outside of the project's target districts, or by people calling for general information or advice about CwD, which is not the helpdesk's purpose.

Mitigations

The helpdesk will be promoted via different channels (radio; posters; newspaper adverts and by LYDAs and UWEZO staff) to diversify coverage and to best reach different audiences. To mitigate potential reluctance to use the helpdesk, the number will be both toll-free and anonymous to incentivise reporting. It will also allow videocall and SMS reporting to make it disability inclusive. The promotion of the helpdesk will also employ rights-based messaging to make people aware of the rights of CwD, portraying a humanising and inclusive image to help contextualise abuse and neglect. To mitigate against the risk of the helpdesk's overuse, we will work closely with UWEZO to create a robust referral system, with clear steps for all incident reports. The system will allow UWEZO staff to effectively manage and refer any number of calls. To avoid misuse of the helpdesk, it will only be promoted in the project's districts, and its purpose will be made clear in all promotional material.

Moderate

Increased risk of COVID-19 infection among LYDAs and CwD.

The travel and home visits which are necessitated by the project's activities may increase the risk of LYDAs and CwD being exposed to the virus when they otherwise would not be. LYDAs may also facilitate the spread of the virus to different families and communities through their visits or may contract it themselves.

Mitigations

LYDAs will be provided with personal protective equipment (PPE) and hand sanitiser, which protects against them contracting and passing on the virus. Project guidelines in line with Rwanda government advice on minimising the risk of infection during all stakeholder interaction will be provided to project staff and LYDAs. The WASH training will also give the LYDAs very specific guidance on how to conduct themselves during home visits specifically on social distancing guidelines to minimise the risk of becoming infected or passing on infection. Furthermore, the project's core delivery of disability inclusive hygiene education, with a focus on hand washing, will empower both YwD (the LYDAs) and CwD to better understand the importance of good hygiene, including how and why this minimises their risk of infection. Overall, the project's potential benefit of spreading good inclusive hygiene information outweighs the potential risk of incidentally adding to the spread of the virus.

3.11 What controls and reporting mechanism are in place to prevent fraud, bribery, corruption and money laundering?

Able Child Africa has an Anti-Bribery and Corruption Policy, a Whistleblowing Policy alongside a Programmes and Organisational Finance Manual, which outline the controls in place to prevent fraud, bribery, corruption, and money laundering. These policies were updated, and Board approved as part of a full policy review in mid-2019. All staff, volunteers, interns, Trustees and downstream delivery partners are required to read, sign and adhere to these policies as a requirement of work with Able Child Africa. A summary of these policies is provided to downstream delivery partners annexed to partnership and project agreements and partners are provided with regular training on the policies. Violations concerning fraud, bribery, corruption, and money laundering are to be reported to our Compliance Officer. Various routes for whistleblowing are provided including through Board members, Senior Staff and anonymously through email. All reports are kept confidential to incentivise reporting. Evidence of financial

misconduct is treated seriously and provides grounds for termination of employment, contracts and partnership agreements. As outlined in our Finance Manual and partnership agreements, partners are required to set up individual bank accounts for each project, provide detailed reports on itemised budgets and provide formal bank transaction lists which expenditure reports are reconciled against. Financial audits on random budget lines are conducted with partners quarterly, which require correct receipts on reported expenditure prior to an additional transfer of funds. Project staff conduct bi-annual in country financial audits checking reported expenditure against bank reconciliations and physical receipts. These policies and controls provide little opportunity for staff or downstream partners to misappropriate funds or abuse positions of power, and our rigorous checks provide regular opportunities for financial capacity building for our partners.

3.12 **How will the response be adapted if the COVID-19 pandemic does not evolve as anticipated?**

The Rwandan government have not issued a projected timeline or formal guidance on when particular lockdown rules might be eased, however current downward trends in legislation relating to COVID-19 indicate that there will be fewer measures in place in the coming weeks. If a second wave of infection leads to stricter restrictions imposed, the project's contingency plan will inform remote implementation of activities. LYDA trainings will be conducted remotely via a webinar, with captioning and sign language interpretation ensuring accessibility. Current measures prevent travel across districts, however 4 LYDAs reside in each district, enabling travel within districts to carry out home visits. If stricter restrictions prevent all travel, LYDAs will conduct mentoring sessions remotely via phone, with LYDA transport budget pivoted to provide airtime. Remaining budget will facilitate provision of smartphones for children who require video calling to communicate. Psychologist appointments will be conducted using the same approach. UWEZO have existing special government permissions to travel across districts to distribute WASH kits and other materials, given during the full lockdown period. If current lockdown measures become more stringent, government officials will grant the same permissions, with emergency distribution directed by UWEZO and realised by government officials; an approach agreed and utilised during UWEZO's COVID-19 response activities in May. It is anticipated that the long-term psychological, social, and economic effects of the pandemic will be felt by CwD and their families for a long period of time, with the project's methodology responding to both primary- and secondary impacts. As such, in the instance that the COVID-19 pandemic positively evolves faster than anticipated, project delivery will continue as planned. This will ensure the needs of CwD are fulfilled, with entire families supported to overcome challenges.

3.13 **Please upload a copy of your COVID-19 Activity Monitoring Framework using the template provided.**

Current Framework Files

- XLSX
- Covid 19 Rapid Response Monitoring Framework Able Child Africa May 20, 2020 29 Kb

Capacity

4.1 Summarise your (and your implementing partners') existing in-country capacity to deliver your proposed response.

Our Board of Trustees has undertaken an assessment of the financial risks posed by COVID-19, taking action to ensure the financial stability of the organisation. This includes a full scale-back in non-essential expenditure alongside a reduction in staff expenditure that has included the government's job retention scheme, reducing hours and freezing recruitments. Able Child Africa has a predicted end of year reserves of £220k at March 2020, representing well over 6-months reserves and is currently forecast to end the year on £114k, based on a worst-case scenario. Considering our healthy reserves position we will be financially stable well beyond the projected lifetime of this grant. Reductions in staff time will have no impact on delivery capacity as advocacy, fundraising and communications are the only workstreams that will be reduced. Programme staff are working from home and can risk assess, plan, re-budget and report with our partners remotely. Where usually at least one international visit would be required for a 6-month project, we have already been working successfully with partners to conduct financial audits, training and to review data collection remotely, as evidenced by our recent DFID Direct grant annual report (6ZNR-CQ4P-NY). UWEZO have had no reductions in staff and current forecasts see no immediate risks to covering overhead and staff costs for the coming year. UWEZO's donors have committed to the continuation of funding as project activities have pivoted towards COVID-19 response or been altered to suit lockdown measures meaning the operational staff and infrastructure required to deliver the proposed grant are guaranteed for the duration of the project. On 1st May, Rwanda relaxed lockdown measures allowing individuals with permission to leave their homes and opening public transport. This will allow mentors and psychologists to conduct home visits and provide key psychosocial support with all other activities planned to take place remotely.

4.2 Summarise your (and your implementing partners') existing engagement and presence in the proposed locality.

Able Child Africa does not have a presence locally and our partnership and delivery model means we do not seek to. The project will draw on UWEZO's local expert reputation and use our international networks with Bond, DFID and the IDDC to share evidence and advocacy from the delivery of this work. UWEZO is a leading member of NUDOR, a national disability network with a proven track record of collaboration for supporting the rights of PwD. An UWEZO founder and Board member has a senior role in NUDOR, ensuring UWEZO is closely linked in with the national and regional disability movements. Through close ties with NUDOR, UWEZO has strong relationships with government which this project will leverage and strengthen to ensure the smooth running of project outputs. UWEZO partners with key ministries including the Ministry of Health, Ministry of Youth and Ministry of Education. Through our current DFID grant UWEZO has joined the Joint Action Development Forum, district advisory committees and been called on by the Rwanda National Commission for Children as a key advisor. UWEZO boasts strong relationships with other development actors through involvement in key networks such as the Disability Coordination Forum and a network of local and INGOs coordinated by Chance for Childhood. Through the success of our current DFID grant, UWEZO has been approached to collaborate with Save the Children Rwanda and GIZ, increasing their visibility and validity as a leading DPO in Rwanda. UWEZO will also draw upon existing relationships with private media outlets including 'The New Times Rwanda' and 'Radio Rwanda'. Crucially, UWEZO have also formed strong relationships with grassroots

officials in (cell and sector) in all project districts. YwD mentors have established themselves as trusted local representatives of UWEZO in communities, strengthening UWEZO's presence in localities. This reputation and engagement will be fundamental when providing families with COVID-19 related support.

4.3 **How will you mobilise and implement all activities within six months?**

Through the collaborative design process of this project based on a multi-stakeholder needs assessment, LYDAs and other key stakeholders (including district government officials and training facilitators) already have a good understanding of the proposed project activities. LYDAs have confirmed their availability and willingness to deliver, with officials committed to providing the permissions needed to carry out all activities in full compliance of government regulations. If funded is granted, preparations will begin prior to the start date including; employment contracts for project staff and with stakeholders, booking of training venues, development of training content, approval from CwD and their families, procurement of the toll-free helpdesk number, and procurement of capital items. In the first week of the project LYDAs will attend both 2-day trainings, with a monthly LYDA meeting taking place on the fifth day to consolidate learnings and develop individual workplans. This will ensure home visits begin within the first month of the project and WASH kits can be provided in the first quarter of the project. Ongoing monthly meetings will provide a platform to incorporate learnings and feedback to inform necessary adaptations to improve implementation. 81% of target children already receive mentoring support from LYDAs, with stable relationships with families ensuring smooth continuation. LYDAs will work alongside local officials, whom they have existing strong relationships with, to identify an additional 25 of the most vulnerable children with disabilities. Skills acquired by LYDAs for over two years will then be utilised to ensure all 135 children benefit from the project equally at an early stage. 66% of project expenditure is forecasted in the first quarter, with quarter 2 expenditure representing a continuation of activities as opposed to the introduction of new activities at a later stage.

Proposed Grant Financing

5.1 Please state the total requested budget for the proposed response (GBP)

44996

5.2 Please provide the total budget for your proposed response (including any match funding).

44996

5.3 Match funding is not a requirement, however if you have secured (or plan to secure) match funding, outline the source of match funding and value.

As detailed in section 2 within the attached budget, costs associated with the delivery of our COVID-19 Rapid Response project already factored within Able Child Africa's existing project budget have been detailed in the table. The use of existing funding to support our Rapid Response project will ensure high value for money, achieving cost economies, efficiency, and effectiveness, in addition to the project's intrinsic equitable approach. To date, no additional match funding has been secured.

5.4 Please upload a summary budget using the template provided below.

Current Budget Files

- XLSX
- Covid 19 Rapid Response Budget Able Child Africa May 20, 2020 160 Kb