Situation Overview and Humanitarian Needs

Senegal reported its first confirmed Covid-19 case on March 2. As of May 8, there were 1551 cases, 611 fully recovered and 13 deceased persons (0.9%) with a significant increase in cases in the last two weeks. 34 out of 79 health districts are now affected. The Senegalese government is leading the response and prevention work with support of key partners including UNICEF. Many preventive measures have been announced including a state of national emergency, extended school closure to 2 June, night curfew and closed borders and international air traffic.

Negative social and economic consequences of the crisis is already seen in Senegal. In a first survey by the Center for Global Development, 87 percent of the respondents reported a loss of income and many families report a reduction in meal sizes. The survey also showed that a third of the children under 16 years don't participate in any learning activities. Recent field visits in the health sector has shown a reduction in utilization of services, such as antenatal care and immunization. Reports of stigmatization of affected families/communities are increasing.

Considering the rapid increase in the number of cases, a concerted effort is needed to scale up preventive messaging, hygiene and sanitation actions, child protection services for the most vulnerable children and support to homebased learning.

UNICEF’s COVID-19 response

Coordination

UNICEF plays an important role in support to the coordination of the Covid-19 response. Out of the 8 commissions, UNICEF is leading the Risk Communication and Community Engagement commission. Together with WHO, UNICEF co-leads the (1) Country-level Coordination commission, (2) the Surveillance, Rapid-response and Close Investigation and (3) the Infection Prevention and Control commissions. And finally, UNICEF co-leads with WFP the Operations support and Logistics. In addition, UNICEF co-leads the sectorial working groups on Education (with UNESCO) and on Social Protection (with ILO).

- Technical support was provided for the elaboration of regional contingency plans in Kédougou, Tamba and Sédhiou.
- Together with AFD, UNICEF supported the Ministry of Education submitting a funding request from Global Partnership for Education.

Health

Regarding the management of cases, our focus is to ensure the functionality of the treatment centers for children and to strengthen the capacity of health staff to manage covid-19 cases. This includes the provision of personal protective equipment, as well as medical and hygiene supplies. It is also of vital importance to support the continuation of essential health services, i.e. child, maternal, newborn health services, HIV services, vaccination and nutrition.

- The national strategy for case management outside treatment centers was finalised with technical support from UNICEF and WHO and will now be implemented.
- A field mission was carried out to Kafrine and Dakar to follow-up the effect of Covid-19 on the basic health services for women and children. The learnings have fed into the response plan for continuity of care.
- UNICEF and the Ministry of Health has provided technical support to the regional medical government in Kédougou for development of the regional response plan.
**WASH**

In this key area, UNICEF supports handwashing campaigns and disinfection in health centers, public spaces and communities. We also distribute handwashing facilities and hygiene kits with soap and chlorine to schools, health centers and other public places. Through UNICEF support to the National Hygiene Services in all 14 regions of Senegal, we have achieved the following:

- 76 handwashing stations were installed in health centers, isolation centers (for family members to infected persons) and other public places.
- 679 hygiene kits were distributed to households with infected members or contact cases.
- 383 houses of infected persons were desinfected.
- 264 treatment centers, isolation centers, markets and other public places were desinfected.
- 88,152 persons informed on hygiene practices.

![Disinfection of treatment center](Image)

**RCCE/C4D**

A current priority is the dissemination of information on prevention measures, hygiene and to encourage the use of health services for testing and seeking care. Communities should be engaged in fighting the virus, but also to fight stigma against affected people. Dissemination of information is done through mass media, social media, peer-to-peer communication and community meetings.

- 3068 people are engaging at local level with interpersonal communication and social media.
- 1700 youth volunteers are carrying out peer-to-peer communication through for example WhatsApp groups.
- 88 media professionals received training and are broadcasting messages and debates in private, public and community radio channels.
- 1200 community leaders mobilised and are carrying out peer-to-peer communication.

**Education**

We mainly support the continuation of learning for the 3.5 million students affected by the school closure. Another important measure is to upgrade WASH facilities and implant safe school operations in educational institutions to prepare for the reopening of schools. About 6,000 public primary schools out of a total of 15,422 learning institutions currently have no adequate handwashing facilities.

- 500 handwashing stands and hygiene kits were distributed to public primary schools.
- The education sector response and recovery plan has been developed by the Ministry of Education with support from UNICEF, in consultation with other development partners.
- The national distance learning initiative “Learn from Home” (‘Apprendre à la Maison’) has been launched by the Government with support from UNICEF. It is provided through platforms including national TV with a dedicated TV channel “Canal Education”. A digital platform has also been established through the
  - Government website to facilitate access to learning materials and other resources online.
  - A radio-based learning programme is about to be aired, in partnership with the Government and with UNICEF’s support. The purpose is to extend learning opportunities to children without access to internet, digital devices and TV. The programme will be broadcasted in partnership with national radio channels and a network of 120 community radios operating nationwide.

**Child protection**

Our main priority is to support psychosocial support to children affected and children in increased risks of deprivation, violence and abuse. This means the detection, alternative care and family reintegration of children deprived of parental care, mainly street children and talibés (children living in coranic schools, called daaras). It includes increasing capacities of social workers and temporary care centers to detect, receive and provide care and support to the children. We also provide supplies, such as hygienic and recreative kits for children placed in temporary shelters.

- The Ministry of Family, Women, Gender and Child Protection endorsed the protocol and tools on the Operation of Protection of Street Children developed by the National Group for Child Protection under UNICEF’s leadership.
- Logistic and technical support was provided to the Ministry of Health and Social Work for their psychosocial interventions for affected children.
More than 1,064 talibés and street children have been identified in the regions of Dakar, Fatick and Kaffrine. Out of these, more than 740 have returned to their families, while 234 are currently placed in protection centers.

Specialized child protection case management protocols and procedures have been integrated into the Guidelines for Vulnerable groups in the Context of the Covid-19 for health practitioners.

Social protection

The economic consequences of the Covid-19 crisis will push already vulnerable families into an even more precarious situation of poverty. Through specific targeting of affected households, we hope to ensure that social protection interventions will reach the most vulnerable population groups. UNICEF is advocating for the expansion of these social protection measures including cash transfers.

Adaptations to ongoing UNICEF programmes

UNICEF along with the other UN agencies in the country has carried out a review of the UNDAF annual work plan. This review enabled prioritizing and adapting interventions contributing to the Covid-19 situation and response.

An important pillar of UNICEFs response is to ensure the continuity of vital health services for women and children, in particular maternal and infant care, immunization and nutrition services. With the current school closure, most of our education interventions are now focussing on proving alternative learning opportunities and WASH interventions for the coming reopening of the schools. In child protection, efforts prioritize violence prevention and response, as well as strengthening alternative care of affected children.

Funding Overview and Partnerships

UNICEF Senegal is one of the main partners supporting the Government in its COVID-19 response, together with WHO and other international organizations. We have ongoing dialogue with key bilateral partners, national committees, foundations and companies. We have received valuable contributions from the governments of the US (USAID), Canada and the UK as well as from the Global Partnership for Education. We want to express our gratitude to all private and public partners who have expressed an interest in working with UNICEF to strengthen our work for the children in Senegal in these challenging times.

New partnerships with several civil society organizations are currently being developed in key areas of the Covid-19 response. UNICEF also works in close collaboration with the other main UN agencies and development partners in the country. This is mainly done through the interagency and sectoral coordination groups in place already before the Covid-19 crisis.
External Media

The UNICEF Senegal Representative Silvia Danailov participated in an hour long interview in the Sunday TV show *Jury du Dimanche* with Mamoudou Ibra Kane. Silvia called on all the actors to mobilize for the continuity of health, protection and education services so that the health crisis is not coupled with a child rights crisis.

The country office has also been very active in social media (mainly Facebook and Twitter) with messages on collective and individual prevention measures and the participation of children and young people in social mobilization and community engagement.

The messages also focused on the support of the field office for administrative and health authorities, including in the regions and advocacy for the continuity of protection, health and education services to mitigate the effects of Covid-19 on children.

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs Response</th>
<th>2020 target</th>
<th>Total results*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services.</td>
<td></td>
<td>1,200,000</td>
<td>500,000</td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions.</td>
<td></td>
<td>5,000</td>
<td>3,023</td>
</tr>
<tr>
<td><strong>WASH &amp; IPC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services.</td>
<td></td>
<td>400,000</td>
<td>316,774</td>
</tr>
<tr>
<td>Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment</td>
<td></td>
<td>5400</td>
<td>0</td>
</tr>
<tr>
<td>Number of health facilities and services provided with critical WASH items</td>
<td></td>
<td>500</td>
<td>411</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM).</td>
<td></td>
<td>28,320</td>
<td>4,909</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td></td>
<td>1,000,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (COVID-19 prevention and control).</td>
<td></td>
<td>500</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Child Protection and GBV</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements.</td>
<td></td>
<td>30,000</td>
<td>1,405</td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support.</td>
<td></td>
<td>200,000</td>
<td>342</td>
</tr>
<tr>
<td>Number of UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors, including for PSEA.</td>
<td></td>
<td>150</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households (affected by Covid-19) receiving humanitarian multi-sector cash grant for basic needs.</td>
<td></td>
<td>1,000,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Annex B  Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding requirements</th>
<th>Funds available</th>
<th>Funding gap $</th>
<th>Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>C4D / RCCE</td>
<td>2,500,000</td>
<td>350,000</td>
<td>2,150,000</td>
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<td>WASH &amp; IPC</td>
<td>4,000,000</td>
<td>2,993,510</td>
<td>5,436,490</td>
<td>65</td>
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<tr>
<td>Nutrition and health</td>
<td>4,430,000</td>
<td>722,808</td>
<td>1,477,200</td>
<td>77</td>
</tr>
<tr>
<td>Child Protection</td>
<td>2,200,000</td>
<td>1,086,791</td>
<td>1,913,209</td>
<td>64</td>
</tr>
<tr>
<td>Education</td>
<td>3,000,000</td>
<td>120,000</td>
<td>980,000</td>
<td>89</td>
</tr>
<tr>
<td>Social protection</td>
<td>1,100,000</td>
<td>300,000</td>
<td>270,000</td>
<td>90</td>
</tr>
<tr>
<td>Social science research</td>
<td>300,000</td>
<td>0</td>
<td>450,000</td>
<td>100</td>
</tr>
<tr>
<td>Technical support and operational costs</td>
<td>450,000</td>
<td>0</td>
<td>450,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17,980,000</td>
<td>5,183,229</td>
<td>12,796,771</td>
<td>71</td>
</tr>
</tbody>
</table>

* Funds available includes funding received against current appeal as well as carry-forward from previous year.