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Image courtesy of Orbis

How UK Aid Match Tackled COVID-19

COVID-19 has been one of the most significant global crises in recent memory, the full impact of which is still being assessed. As well as the three million lives the virus has claimed, [the World Bank predicted](#) that the pandemic could potentially push an additional 88 million people into extreme poverty in 2021.

In March 2020, when the impact of COVID-19 was becoming more apparent, the UK Aid Match fund was already working with some of the world's most marginalised populations. With a portfolio spanning 52 projects in 22 countries, it was in a unique position to lessen the impact felt by these populations and help fulfil the UK government's promise to 'leave no one behind'.

Initial Response

The whole of the UK Aid Match portfolio was affected by the pandemic with 86% of projects adapting their activities and approaches as a response. The other 14% were either able to continue their activities as originally planned or had to suspend.

This was done swiftly with the Fund Manager setting up processes to enable projects to move at speed. Most project adaptations were approved in less than a week with only higher risk adaptations taking longer. Those who did adapt did so in three ways:

- Adapting existing projects activities to ensure they could continue to progress towards their original objectives
- Adapting existing project activities to support an emergency response to COVID-19
- Designing and implementing new activities to support an emergency response to COVID-19

In a majority of cases, projects took all these options.



Image courtesy of [Self Help Africa](#)

86

per cent of the UK Aid Match portfolio adapted in response to the COVID-19 pandemic

22

countries where a UK Aid Match project has made a COVID-19 adaptation

11

days was the average time to sign off a project adaptation on UK Aid Match

The impact

A crisis like COVID-19 can widen inequalities, but as UK Aid Match projects are designed to work with the most marginalised populations, they were able to combat this.

96% of UK Aid Match projects were providing support to the fight against COVID-19. Even projects who were finding it difficult to achieve their original objectives managed to respond to the pandemic. This ensured vulnerable populations were protected as much as possible.

As a result of close connections they have with their target communities and by working through local teams, most projects were able to pivot their work to respond to the pandemic quickly, making them more resilient and less dependent on further external resourcing.

Many of the projects that had recently started were less resilient and less able to respond quickly to the pandemic, this was because they were not as embedded in their target communities as more established projects were.



Image courtesy of Esther Mbabazi/Amref Health Africa

Where projects adapted in response to COVID-19



40 rural primary schools in Sierra Leone piloted a remote learning scheme developed by [Street Child](#)

30 health centres in Malawi received critical hygiene kits from [EMMS International](#)

19 communities in Kenya received vital supplies of water and soap from [ActionAid](#)

Case study

ORGANISATION: [Orbis](#)

PROJECT TITLE: To reduce visual impairment due to uncorrected refractive error as a barrier to education for school-going children in Province 2, Nepal

COVID-19 began to disrupt Orbis' project on 24 March 2020 when the Nepalese government ordered a nationwide lockdown restricting movement and closing all schools. As a project that was in its early stages and designed entirely around school-based screening, this was a big hurdle to overcome.

Working with partners and local government, the project switched its model to door-to-door screening with the support of Female Community Health Volunteers (FCHVs). As well-known, trusted members of the community who are already relied on to provide health information and support, the FCHVs provided a key entry point to the community.

37 FCHVs were trained on eye health screening and COVID-19 transmission prevention. They were accompanied on their visits by a REACH eye care team who conducted primary screenings and recorded the data. Any children with suspected uncorrected refractive error or other eye health issues were referred to the nearest health facility.



Between September and December 2020, the project reached 10,423 households and screened 16,259 children. Taking a door-to-door approach meant that they were also able to reach 212 children who were not enrolled in any form of education. These children would have been missed in the original design of the project. Out of the 16,259 children screened, more than 200 were prescribed and provided spectacles and 12 underwent surgery.

Conducting screenings at doorsteps has also provided teams with an opportunity to interact with parents and guardians face-to-face and educate them about eye health and COVID-19 prevention.

The adaptations made as a result of COVID-19, enabled Orbis to broaden out the scope of its project. Through the new approach, the project was able to reach out to children from marginalised groups and provide eye care services to children with disabilities who are restricted to their homes.

Although these strategies were born out of a unique set of circumstances created by the pandemic, they are now integrated into Orbis' overall project implementation plan to ensure comprehensive coverage for all school age children.

Case study

ORGANISATION: [Royal National Lifeboat Institution \(RNLI\)](#)

PROJECT TITLE: Reducing mortality and improving early childhood development of children aged 1-4 in rural communities of Barisal, Bangladesh

When the COVID-19 pandemic impacted Bangladesh, the government closed all educational establishments including pre-primary care centres. This led to the RNLI's partner - Centre for Injury Prevention and Research Bangladesh (CIPRB) – closing the doors of 300 community-based day-care centres - know as anchals - leaving 5,000 children under 5-years-old without dedicated supervision during the peak drowning risk hours of the day.

Working with their partners and the local government, the RNLI created 13 key messages focused on both COVID-19 prevention and drowning risk management. How these messages were distributed was also paramount to the plan, with the team developing innovative ideas to ensure that as many people as possible – including those that were harder to reach – received the messaging.



Community radio, speakers mounted on rickshaws, live TV talk shows and transmitting the information directly from boats on the waterways were a few of the methods used for circulating key messages. When it was safe to do so, the messages were also delivered directly by the Anchal Maas – the care givers at the day-care centres – to parents and community members. This had the additional benefit of providing the Anchal Maas with a source of income during a difficult financial period.

The variety of communication channels used has meant that the RNLI has managed to reach a wider community base than during normal operations. The combination of sharing messages using boats and rickshaws has enabled them to make contact with communities who may have otherwise been missed.

It is estimated that from October to December 2020, the RNLI was able to reach more than 250,000 people with vital drowning and COVID-19 prevention messaging. The organisation has learned about the effectiveness of using a multitude of communication channels, and this will be integrated into future programmes to ensure communication with target communities can be as effective as possible.

