



LIFE IN ABUNDANCE
INTERNATIONAL

COVID-19 SITUATION RESPONSE

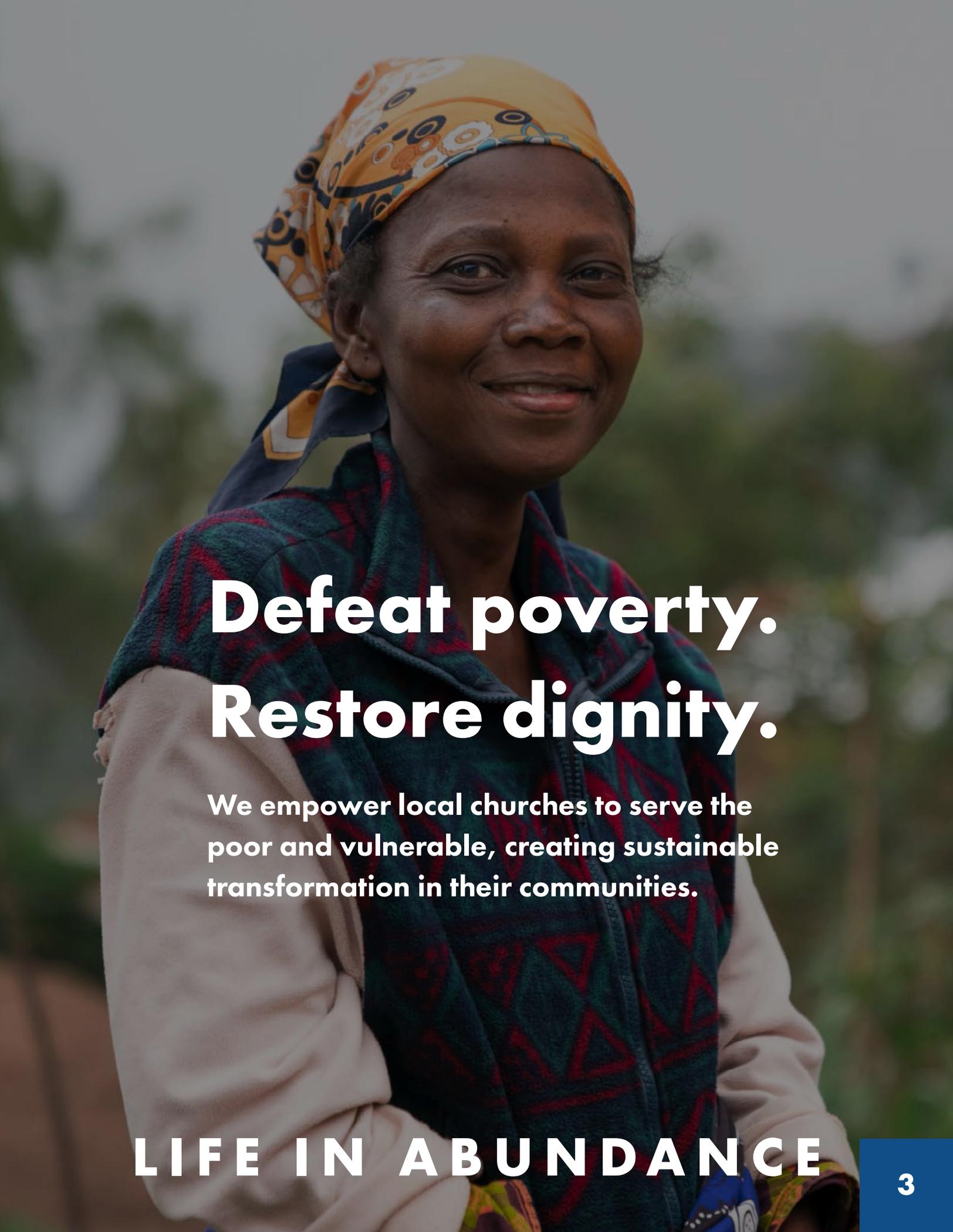
March 25, 2020



TABLE OF CONTENTS

- 04** INTRODUCTION
- 06** PROPOSED ACTION
- 11** TARGET GROUPS
- 11** COLLABORATION
- 12** TIMELINE
- 13** BUDGET SUMMARY





Defeat poverty. Restore dignity.

We empower local churches to serve the poor and vulnerable, creating sustainable transformation in their communities.

LIFE IN ABUNDANCE

INTRODUCTION

We are in a season where an unforeseen virus (COVID-19) is directly or indirectly affecting the entire human race regardless of age, location, economy, and health status. As we are all aware, Coronavirus Disease 2019 (COVID-19) is an infectious disease that recently emerged in Wuhan, China and has rapidly spread globally due to its highly contagious nature.

Since the first cases were cited in Wuhan sometime in December 2019, the number of people infected has been increasing at an alarming pace. As of the time of writing, the numbers are approaching 400,000 infections globally, with nearly 20,000 fatalities in 190 countries.

Authorities have established that without stringent intervention, the imminent impact would be much worse and completely overwhelming, especially in countries and communities with fragile healthcare systems, low healthcare infrastructure and health staff, scarce protective supplies, very few or no isolation facilities, and a low level of community awareness. At the time of this write up, 43 countries in Africa are already affected and more than 1,300 confirmed cases have been reported within just a few days.

LIA is currently working in more than 56 disadvantaged communities in 14 countries in Africa and the Caribbean. All these countries have reported cases and are already being impacted. Many community members with existing diseases and conditions like tuberculosis, malaria, HIV and AIDS, and high rates of malnutrition (especially among the elderly and children) are at high risk. They are served by a compromised or neglected healthcare system and their income is low, with most of them living below the poverty line. LIA serves among the urban and rural poor. The rural poor live mostly in urban slums, which are crowded and compromise preventive measures.



INTRODUCTION

With this reality, the COVID-19 situation has become our primary concern and focus. LIA staff and volunteers, as well as all our church and community leaders, have been informed and are coming together as one to respond to this disaster. Mitigation and reconstruction once it is over is paramount.

Though the number of cases reported are few so far and there is no indication that the virus has made the shift to community transmission like in Italy, China, UK, US, and elsewhere, it is the expected scenario. WHO continues to warn that “Africa should prepare for the worst.” Unfortunately, what may be even more devastating than the disease itself is the socio-economic impact on many of the poor and vulnerable communities we serve. With most countries closing businesses, halting projects, and initiating lockdowns, the people most affected by this will be low-wage earners working in the informal economy, living on daily income that will now be unstable. These are the communities LIA exists to serve, and we partner with more than 150 partner churches there.

On health and containment of the disease; health facilities in these communities are inadequate. There are no isolation facilities, intensive care units, or access to respiratory equipment. To complicate the situation further, social distancing of identified cases is impossible as people live in overcrowded and unhygienic conditions and many (especially in the rural communities) are uninformed of the risks of contracting the virus. Should COVID-19 touch down in these communities it is without question that it will be uncontrollable, spreading viciously and causing great distress, suffering, and death.

LIA has an opportunity to act now before the crisis in these communities hits, empowering our churches for this, and walking with them to mitigate and rebuild around this disaster.



PROPOSED ACTION

Since COVID-19 has no vaccine or medical cure, and it is three times as infectious as the flu, vigorous preventive measures are assumed to be the best option at this time. Based on the short window we have, as well as the nature of the disease and the potential of it spreading quickly, LIA has identified the following areas of action:



IMMEDIATE ACTION (4 weeks with possible extension)

LIA is quickly moving to set up Corona Prevention Taskforce teams per each respective church, composed of church leaders, Christian professionals, LIA trained trainers, and other selected members of the church. The immediate proposed action through these taskforce teams primarily focuses on: training, awareness creation, promotion of good personal hygiene practices, and distribution of personal protective equipment (PPE) and hygiene materials. Since it is hard to predict for how long the virus will spread, the initial period of the 'immediate action' is proposed to be for the first 4 weeks.

Short-Term Training (half a day, up to a maximum of 1 day)

Aware of the risks of meetings and group gatherings in spreading the disease, LIA will be providing virtual training and hence will be sharing video links to enable our local partners in the effort to respond to the pandemic. In areas where internet is unavailable, training for participants in small groups of less than 10 people with proper spacing will be provided on site (provided that local 'stay at home' order is not in place during the proposed training period).

The advantage we have is that our community organizing is already in place with pastors' fellowships, trained trainers, economic working groups, community supported health centers,

PROPOSED ACTION

and established clusters and home-to-home visits. We will pass on health messages and train our already organized local leaders who will then share effective health messages in their churches and other places of worship. By doing this, we can reduce/avoid myths and distorted speculations that quickly spread and cause fear, panic, and hopelessness.

The training mainly focuses on the following key areas:

- o COVID-19 transmission, signs and symptoms, and contextualized prevention methods
- o Community mobilization and sensitization methods
- o Organizing and leading local responses to mitigate and reconstruct

The participants and proposed numbers are stated below:

- o 84 LIA staff members that have been structured into task forces
- o 1,120 volunteers (20 volunteers x 56 communities)
- o 280 local church leaders and other ministry workers (5 leaders x 56 communities)
- o 112 local community leaders (2 community leaders x 56 communities)

Awareness Creation

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus and how it spreads. LIA will be communicating basic, simplified, and culture-oriented messages to communities using the communication materials listed below. Each country office will be able to translate messages in appropriate languages and give materials to project sites. The materials will primarily focus on the basics about the disease, transmission mode, major signs and symptoms to watch for, preventive measures, and things to do when showing signs and symptoms.

The following communication materials will be given to community sites:

- o 1,120 tri-fold and standard posters (20 posters x 56 communities) posted in strategic places
- o 112,000 brochures (2,000 x 56 communities) to be distributed during home visits
- o 560 custom vinyl banners (10 banners x 56 communities)
- o 1,200 T-shirts for task forces and house-to-house volunteers for identification and to spread key messages

PROPOSED ACTION

Promotion of Hand Washing Practices and Environmental Hygiene

Proper hand washing is one very effective way of halting the spread of the disease; and maybe the only hand cleaning method accessible to our communities. However, in most communities where we work, hand washing practices may be limited to once or twice per day, and often forgotten even at critical times. In order to promote this safe practice and sensitize the communities for its greater impact, LIA will be investing time and resources to create accessible hand washing spots.

- o Facilitate churches to set up and manage 1,120 temporary hand washing spots using 1,000 - 1,500 liter Roto tanks (20 spots x 56 communities) in hot spots (churches, transport stations, etc.)

Distribution of Personal Protective Equipment (PPE) and Hygiene Materials

Secondary to hand washing, LIA will also provide PPE, such as face masks, hand sanitizers, and bar soaps to minimize the spread. In identified locations, these will be distributed in packaged kits.

- o 22,400 hand sanitizers – 300 ml each (200 households x 56 communities x 2 weeks)
- o 112,000 bar soaps (200 households x 56 communities x 2 weeks x 2 soaps)
- o 112,000 disposable face masks to be used by home-visiting volunteers and also for the sick (1,000 people x 56 communities x 2 weeks)



PROPOSED ACTION

Spiritual, Social, and Emotional Support

This is a critical time in which families and communities in general need encouragement and hope. LIA, in partnership with local partner churches, is well positioned to undertake this role. By doing scheduled home visits, the support team will be able to share the gospel and pray with families in need. The volunteers will use masks and social distancing for their protection. During lockdown, they will also wear branded T-shirts for identification.

Short-Term Financial Relief to Affected Families

Due to the high-spreading potential of the disease, most countries are going on lockdown. As stated earlier, this significantly affects the household income of most of these vulnerable families. In communities where we serve, most families are dependent on their daily income. When companies are closed or when their street-side businesses are no more, families will certainly struggle for their survival. LIA will identify the most affected families through the churches and make temporary financial relief available.

Food Banks in Churches for OVCs and Their Families

Since the disease will significantly affect many families, either through losing jobs or income, LIA will be partnering with local partner churches to provide weekly food rations for needy families. In some special cases for the homeless, churches will cook and package meals.

Stocking LIA's Church-based Clinics with Essential Medicines and Supplies

LIA's clinics are physically present in the midst of the communities we serve in. Our clinic staff will be teaming up with local health authorities in the fight against the disease. Our facilities will serve to facilitate coordination, as well as provide immediate medical services and community education. When the vaccine becomes available, the clinics will also deliver this to the community.

PROPOSED ACTION

RESTORATIVE INTERVENTION

Due to many unknowns, no one is able to affirm when the spread of the disease will slow down or be brought under control. We at LIA are also not in a position to mark a specific time when the restorative intervention is going to start. However, we want our staff and communities to keep looking forward. We believe the communities that are affected by the disease will need restorative intervention following the aftermath. There is hope that in the next 12 months, possible vaccination and medication will be available to the public.

LIA has identified the following restorative actions and we believe these will be in place, prayerfully, in the next few months:

- o Increase financial access for 28,000 families through partnership with micro-finance institutions in each of the LIA respective countries. We have set up systems through the churches and institutions that can facilitate the support to trained beneficiaries. This service will be in high demand and we intend to begin the training sooner than later.
- o Facilitate trauma counseling using trained pastors, volunteers, psychologists and LIA trained staff. We have a trauma counselling curriculum in place and we are rolling it out and equipping others to be ready.



TARGET GROUPS

The target groups for this project are all members of the LIA target communities, which are poor and vulnerable communities in Africa and the Caribbean. We serve people regardless of age and sex, but emphasis will be given to older people and those with pre-existing conditions such as HIV/AIDS, diabetes, chronic respiratory diseases, malnutrition, and cancer.

COLLABORATION

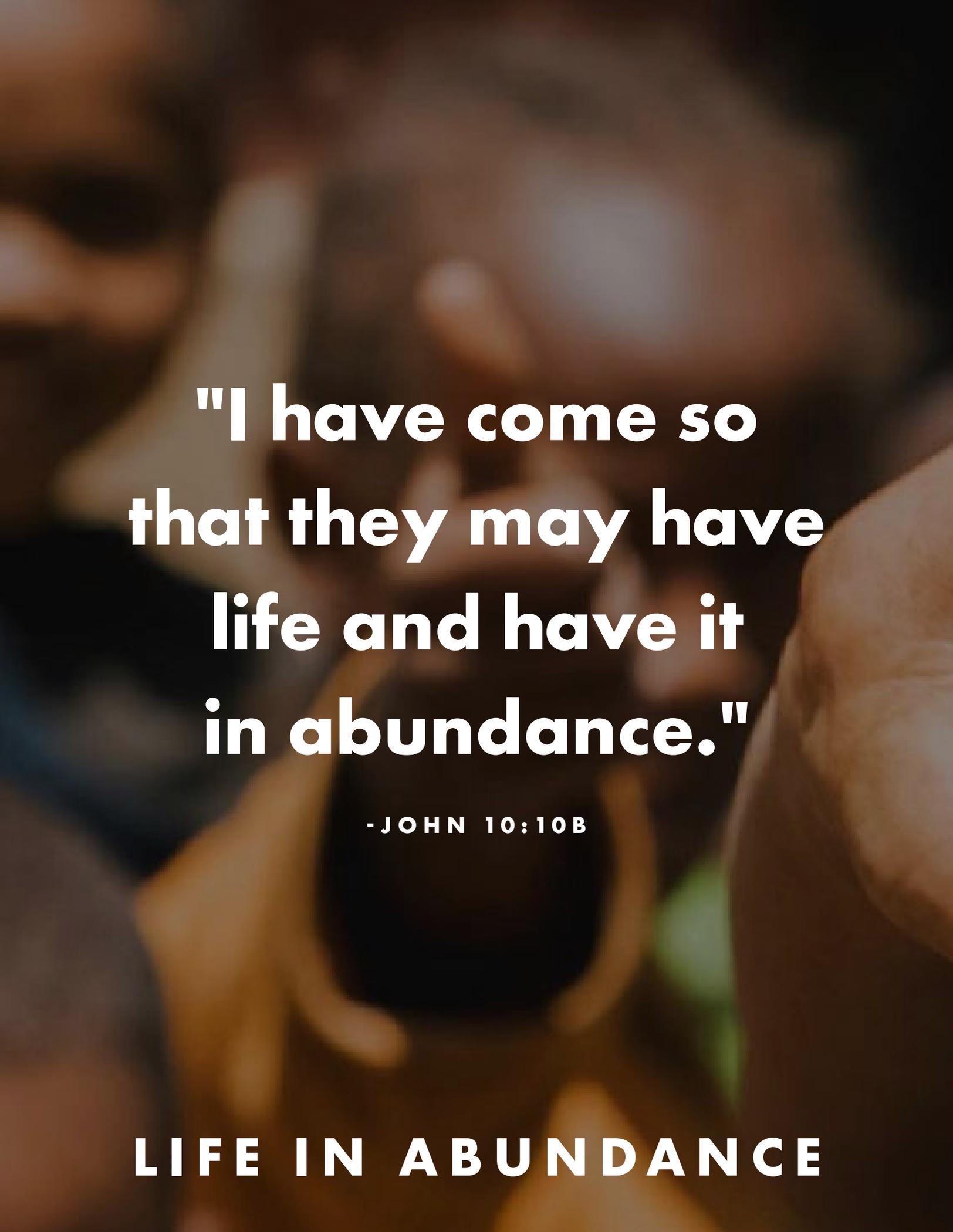
LIA will be collaborating with local government response teams (health authorities in this case), churches, school teachers, university students and like-minded organizations and community leaders. The scope and level of collaboration will be determined by each country team and each target community. The task forces in each community will map out the implementation guidelines.

TIMELINE

Activities	Weeks												4 to 6 months	
	1	2	3	4	5	6	7	8	9	10	11	12		
Position and equip identified and mobilized church and community leaders	█	█	█	█	█	█	█	█	█	█	█	█	█	
Develop/adopt and distribute IEC materials in selected communities	█	█												
Community Sensitization or awareness creation on COVID-19	█	█	█	█	█	█	█	█	█	█	█	█	█	
Procure roto tanks or other alternative locally available materials with faucets		█	█											
Identify spots, prepare the site and set up temporary hand washing stations		█	█											
Distribute PPE and hygiene materials (face mask, sanitizers and bar soaps)	█	█	█	█										
Weekly financial support to affected families					█	█	█	█	█	█	█	█	█	
Set up emergency food banks within local churches and distribute to identified households	█	█	█	█										
Trauma counselling					█	█	█	█	█	█	█	█	█	█
Facilitate micro-loans for affected families														█
Continually review and modify response activities innovatively as the situation dictates	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Set up mass immunization sites*														█
Home visits	█	█	█	█	█	█	█	█	█	█	█	█	█	█
Project monitoring	█	█	█	█	█	█	█	█	█	█	█	█	█	█

BUDGET SUMMARY

	DESCRIPTION	Budet Plan
I. IMMEDIATE ACTION		
1.1	Training for 1,596 staff members,Volunteers,church and community leaders	\$50,000
1.2	Design and disseminate IEC materials	\$0
	Initial design	\$20,000
	1,120 posters (18 " x 24")	\$11,200
	112,00 tri-fold standard brochures	\$10,000
	560 custom vinyl banners	\$33,600
	T-shirts with health messages for 1,120 Volunteers (\$15/per)	\$16,800
1.3	Set up hand washing spots	\$0
	1,120 roto tanks or other alternating hand washing materials	\$56,000
1.4	Personal Protective Equipment (PPE) and Personal hygiene Supplies	\$0
	112,000 disposable face masks (50 pack/ 20USD)	\$44,800
	22,400 hand sanitizers (300 ml/family)	\$112,000
	112,000 bar soaps (1.75US/soap)	\$196,000
1.5	Financial support To Affected Families	0
	Monthly support for 11,200 families (100USD/family)	\$1,120,000
1.6	Set up Temporary Food Bank	\$0
	Monthly food ration for 11,200 families (3-months supply)	\$1,680,000
	One time allowance for 1,120 Volunteers (\$10/person)	\$11,200
1.7	Stocking LIA's Clinics with Essential Medication and Supplies	\$0
	Medication	\$180,000
	Supplies	\$60,000
	Support to LIA related and partnering clinics in project sites	\$36,000
	Sub Total 1	\$3,637,600
II RESTORATIVE INTERVENTION (in the next 4 to 6 months)		
2.1	Micro-loans for 11,200 families (200USD/family)	\$2,240,000
2.2	Trauma counseling	\$28,000
	Subtotal 2	\$2,268,000
	Total	\$5,905,600
	HQ oversight (15%)	\$885,840
	GRAND TOTAL	\$6,791,440



**"I have come so
that they may have
life and have it
in abundance."**

- JOHN 10:10B

LIFE IN ABUNDANCE