

Project name:	Emergency Response to COVID-19 Pandemic in Asia
Core Program Areas:	Emergency
Location of Project:	India – Andhra Pradesh, Telengana, Bihar, Delhi, Chattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Uttar Pradesh, Maharashtra, Odisha, Rajasthan, West Bengal, Tamil Nadu, and Puducherry States Indonesia – Banten, Yogyakarta, Jakarta, Jawa Barat, Jawa Tengah, Sumatera Seletan, and Lampung Provinces The Philippines – Northern Luzon, National Capital, Southern Luzon, Bicol, Western Visayas, and Northern Mindanao Regions Sri Lanka – Puttalam, Batticaloa, Mullaitive, Nuwara Eliya, Trincomallee, and Hambantota Districts
Type and Number of Beneficiaries:	<ul style="list-style-type: none"> • Children 0-5 years – 51,056 • Children 5-14 years – 114,821 • Adolescents and youth – 100,031 • Adult caregivers – 210,896
Project Duration:	3 Months
Proposed start date:	1 May 2020
Proposed end date:	31 July 2020
Proposed Budget:	\$2,261,171
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1.0 Background/Justification

On 11 March 2020, World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19), a respiratory disease caused by a novel coronavirus that first emerged in Wuhan, China in late 2019, as a pandemic. The virus is now a global phenomenon. A very rough guess is that, without a campaign of social distancing, between 25% and 80% of a typical population will be infected. Of these, perhaps 4.4% will be seriously sick and a third of those will need intensive care. For poor places, this implies calamity.

As of April 6, 2020, the numbers of coronavirus in India, Indonesia, Philippines and Sri Lanka were still relatively low (4793 in India, 2491 in Indonesia, 3660 in Philippines and 178 in Sri Lanka).¹ The current low numbers are due either to a lack of detection or to the time lag between when the virus first spreads and when it begins to manifest. When it does strike, it has the potential to spread rapidly. These countries have high population densities that will impede physical

¹ <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

distancing. Many places lack clean running water and the basic health infrastructure is inadequate. Large parts of the population lack access to clean running water.

Fears of a region-wide recession have grown in recent weeks, as the virus continues to spread throughout much of Asia, resulting in widespread enforced lockdowns, with travel suspended, stores shuttered, and factories closed. The crisis in Asia-Pacific is particularly acute because the region had already spent months dealing with the negative economic effects of the US-China trade war. The World Bank warns that the economic fallout from the coronavirus pandemic could drive an additional 11 million people into poverty in East Asia and the Pacific unless "urgent action" is taken.²

With businesses shut down in cities across India, vast numbers of migrants — many of whom lived and ate where they worked — are suddenly without food and shelter. With livelihoods completely disrupted especially of daily wage earners and migrant laborers, relief measures announced by the government will only fulfil part of their requirements. Further, these schemes can be accessed provided the beneficiary possess all the requirement documents, which may not be the case for the approximately 424 million daily wage earners, some 90% of the Indian workforce.

In the [Philippines](#), children and families in densely populated urban areas are the most affected by the coronavirus crisis. The lockdown in the Philippines is among the strictest in Southeast Asia, with more than half of the country's population ordered to stay home. Vulnerable children, with or without their families, living in precarious conditions in the streets and shanty towns are having a hard time complying with the quarantine measures. The Congress and Senate granted the Philippine president emergency powers to reallocate existing national budget for projects that would fight the spread of COVID-19 and \$5 billion emergency funds. Notwithstanding, implementation of the assistance will take some time before it can fully or ever reach vulnerable children.

In Sri Lanka, all movements are totally interrupted as Police curfew is use as control main measure on spreading during last 21 days. Accordingly, all economic movements, social movements, public services including school functions are strictly restricted and government has imposed strict social distancing regulations. Children and parents in remote and underprivileged families are not been addresses or insufficiently supported through major relief programs. Further, As government has suspended import and exports, food crisis is anticipated, food supply chain in the country is largely disturbed due to curfew. based on above situation, following key issues could be highlighted as main concerns.

1. Risk communication information of COVID-19 Outbreak is not reaching to the communities who are remote, underprivileged, and have no access to electronic media.
2. People are in dire need of food and other basic living needs.
3. Economy is fully affected, and huge economic loss in all sectors, livelihoods of daily wage income earners totally interrupted that has led to food insecurity, health issues, economic burden and family unrest.

² "World Bank. 2020. World Bank East Asia and Pacific Economic Update, April 2020 : East Asia and Pacific in the Time of COVID-19. Washington, DC: World Bank. © World Bank.

<https://openknowledge.worldbank.org/handle/10986/33477> License: CC BY 3.0 IGO."

4. Children are out of school and with restricted movement inside home premises. Most parents do not allow children do go outdoor due to fear of risks. Situation has led to tension between parents and children and trigger corporal punishment and violence against children as media reports.
5. Education is totally interrupted. All schools are closed as a sudden decision since 13th March and children are not assigned with formal educational activities.

In Indonesia, a shortage of personal protective equipment, and minimal rapid testing contributed to the high number of coronavirus deaths in the world's fourth-most populous country. The stay-at-home policy is still an appeal, but schools have closed, and public transportation has been reduced.

The ripples of COVID19 pandemic, in particular the shutdown of schools. the lockdown on economic activity and curfews, have multiple harmful physical, socio-emotional and financial impacts on children and families across all four countries. Some of the critical issues children already face include:

1. Education has come to a virtual standstill because of school closure and many children cannot access alternative delivery modes suggested by the Department of Education.
2. Children, youth and families in street situations are already extremely vulnerable to human rights violations. Curfews penalize minors heavily, including abuse, imprisonments and mixing them with adults.
3. Hunger. Food shortages put at risk most of children as irregular working parents affected by the community quarantines/lockdown do not have income to feed their children. In addition, the food supply chain has been interrupted by restrictions on transport and movement and prices are rising.
4. With the lockdowns, parents/caregivers' idleness and frustration can exacerbate existing child protection and domestic violence issues at home.
5. Situation has affected the psychosocial wellbeing of children. Fears, doubts, lack of space and outdoor play, may affect the mental health of children.
6. Parents and caregivers are equally vulnerable to psychosocial distress due to disruption to livelihoods, confinement to home settings and inadequate access to basic amenities including food and health care due to the lockdown.
7. As the health system prepares for more COVID19 cases and with restrictions on movement, children's access to preventive and primary health care is greatly limited. This is exacerbated for children with special needs for medical support.

2.0 PROJECT DESCRIPTION

2.1 Project Goal

To protect children and their families from the COVID-19 pandemic, reducing transmission risks and mitigating socio-economic impacts of restriction measures.

2.2 Specific Objectives:

- 2.2.1 Reduce COVID-19 transmission risks for 111,448 families with children through improved water, sanitation and hygiene (WASH).
- 2.2.2 Reduce protection risks affecting 106,334 children subject to home confinement.
- 2.2.3 Enable 150,547 children to continue learning while schools not operational.
- 2.2.4 Assist 60,448 households, whose livelihoods are severely impacted by movement

restriction measures, to meet food security and other basic needs.

Implementation

Objective 2.2.1 Reduce COVID-19 transmission risks for 111,448 families with children through improved water, sanitation and hygiene (WASH).

Activity 2.2.1.1: Information, Education & Communication (IEC). ChildFund local partners will distribute IEC materials in all communities targeted by the response. Posters, brochures, leaflets, and other printed materials will provide correct information on COVID-19 symptoms, transmission risks, prevention measures such as frequent handwashing and social distancing, and where to obtain testing and treatment. ChildFund will reinforce these messages through radio broadcasts, text messaging, Church/Temple loudspeaker broadcasts, and videos shared on social media, to reach non-literate as well as literate populations. All information shared with communities will be in appropriate local languages, follow national government guidelines, and incorporate local youth voices in creating content including social media videos. This activity will be implemented in all four countries.

Activity 2.2.1.2: WASH supplies provision. To complement the IEC messaging ChildFund will provide basic supplies such as soap, hand sanitizer, and cloth facemasks to households in at-risk communities; as well as personal protective gear and disinfection chemicals to health centers and other frontline service providers serving those communities. This activity will be implemented in all four countries.

Objective 2.2.2 Reduce protection risks affecting 106,344 children subject to home confinement.

Activity 2.2.2.1: Community-Based Child Protection Mechanisms. ChildFund will identify and recruit community-based responders to provide Psychological First Aid (PFA) and Psychosocial Support (PSS) services. These cadres will reinforce existing community-based child protection structures, fill identified gaps in the formal services available from government agencies, and refer serious cases to appropriate authorities within the formal protection system. The volunteers will receive training in basic mental health/PSS concepts, warning signs and symptoms of psychological distress, impact of distress, and practical PSS and PFA interventions. Once trained, they will be available for one-on-one sessions with community members via text message or online platforms; disseminate mental health messages through social media, local radio broadcasts, and text blasts; refer cases needing more specialized services to qualified professionals or responsible government offices; and follow up online to monitor progress. ChildFund will also disseminate age-appropriate child protection, PSS, and social-emotional learning messages through children's radio and television programs, phone PSAs, and social media; host online conferences for children to discuss their concerns; and support adolescents and youth to produce and share their own videos on how to manage psychological distress. This activity will be conducted in all four countries.

Objective 2.2.3 Enable 150,547 children to continue learning while schools not operational.

Activity 2.2.3.1: Provision of Home-Based Learning Kits. ChildFund will provide learning activity kits to families whose children are unable to attend school. The kits include books, worksheets, arts and crafts materials, and daily activity plans helping parents to care for their own well-being along that of their children. The curriculum will focus on age-appropriate literacy, numeracy, active games, and socio-emotional learning skills, presented in local languages and adapted to each cultural context. ChildFund will use text messages, social media, and local radio and television programming to deliver regular updates to the learning guides, in order to respect social distancing guidelines and avoid infection risks. Where possible, ChildFund partners' education facilitators will regularly contact participating children by phone, to check on their learning progress and general wellbeing. In urban settings, facilitators will use loudspeakers and projectors to present age-appropriate movies and stories in central locations, that can be viewed by children from inside their homes. This activity will be conducted in India and The Philippines.

Activity 2.2.3.2: Provision of On-Line Learning Services. ChildFund will support government efforts to develop online educational materials and learning platforms, and promote children's access to existing programs where they are already available. Through an existing partnership, ChildFund Indonesia will provide free access to online learning services to elementary school children not able to attend school. Using phone-based internet connections, children can watch educational videos, consult with tutors, go through interactive exercises and quizzes, and review learning tips. Participating children register using their affiliation code, so that ChildFund can monitor their use of the system and different services accessed. Households with eligible children but insufficient resources to pay for the needed internet access will be prioritized for the cash transfer activity described below. This activity will be conducted in Indonesia and Sri Lanka.

Objective 2.2.3 Assist 60,448 households, whose livelihoods are severely impacted by movement restriction measures, to meet food security and other basic needs.

Activity 2.2.3.1: Emergency Cash Transfers. ChildFund will provide monthly cash transfers to vulnerable households whose livelihoods have been severely impacted by the social distancing and other restrictions imposed to curb the spread of COVID-19, and who lack alternative means of subsistence. Cash transfer beneficiaries will be selected using transparent criteria developed in consultation with communities, in order to focus on those families most needing this support and mitigate possible tensions with those not selected. Transfer amounts will be based on the Minimum Expenditure Basket established either by government authorities or by the country cash working group. ChildFund will also make special, one-time cash transfers to families with confirmed or suspected COVID-19 cases, to cover specific treatment and recovery needs such as medicines, follow-up care, and nutritious foods. In coordination with other humanitarian actors, ChildFund will conduct a basic market assessment before commencing transfers – to ensure that families receiving cash can easily find needed goods for purchase. ChildFund will select the safest and most reliable transfer mechanism available in each

context, including mobile money, banks, and other financial service providers. This activity will be conducted in The Philippines, Indonesia, and Sri Lanka.

Activity 2.2.3.2: Food and Non-Food Items Distribution. Where local market conditions or government restrictions do not allow for cash transfers, ChildFund and its partners will directly distribute dry food rations and basic household items to the most vulnerable families. The criteria for selecting beneficiaries will be developed in similar fashion to that for the cash transfer activity described above. The types and quantities of food and non-food items provided will follow relevant national and international guidelines, complement existing relief efforts run by governments, and respect local cultural preferences. Food and NFI distributions will be conducted in ways that do not require large group gatherings, to minimize virus transmission risks. This activity will be conducted in India, The Philippines and Sri Lanka.

2 PROJECT MANAGEMENT

ChildFund International's India, Indonesia, Philippines, and Sri Lanka Country Offices will be responsible for COVID-19 response implementation within their respective countries. Since most other planned program activities have been put on hold due to the pandemic crisis and movement restrictions, the regular Country Office structures – headed by a Country Director with support from a Senior Management Team – will devote full attention to the response. ChildFund's existing local partner organizations will directly implement response activities and deliver assistance to affected communities. ChildFund COs will also collaborate closely with relevant local and national government authorities including Health, Education, and Social Welfare Ministries and Water & Sanitation Departments; and with other NGOs assisting the COVID-19 response in each country.

At global level, ChildFund's Emergency Management Unit Director will have overall responsibility for managing the COVID-19 response, and for communicating to ChildFund Alliance members on implementation progress with support from Fundraising department colleagues. The Asia Regional Director will provide direct line management to the Country Offices and help follow up any issues raised during response implementation. ChildFund's Global Finance & Operations Team and Shared Services Unit will provide financial, accounting, and administrative-logistic support for the response.

3 ESTIMATED PROJECT BUDGET

- Salaries
- Fringe Benefits
- Contractual
- Travel
- IEC Materials
- WASH Supplies
- CBCPM implementation

Home Activity Kits
Cash Transfers
Food and NFIs
Transport and Logistics
CO Management Costs
ICR
Total