

ChildFund India COVID-19 Response Plan (focusing on Relief Phase)

1. Background (as on 2nd April 2020 0900 HRS):

On 12 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 December 2019, as a pandemic. The virus is now a global phenomenon. As of 2nd April 2020 (0015 HRS GMT), the virus has affected over 827,419 individuals with confirmed cases in 206 countries and territories, with total deaths of 40,777. In the 2nd week of March, the epicentre of the outbreak has shifted from Wuhan, China to Europe with Italy, Spain and UK having the rising confirmed cases. India is amongst 206 countries affected by the Pandemic with first case confirmed on 30th January 2020. As per Ministry of Health and Family Welfare (2nd April, 0900 HRS IST) 50 deaths reported and number of COVID-19 cases rose to 1,965 in India. Amid widespread scare, the centre government declared a countrywide lockdown for 21 days announced by the Prime Minister of India effective from 25th March 2020. The government has declared the novel coronavirus outbreak in the country a "**notified disaster**", in a move it called "a special one-time dispensation". The COVID 19 has impacted 29 States and Union Territories of India as on reporting date and time – break up is provided below:

Sl. No.	Geographical area (State Wise Details)	Total Number of COVID19 Cases Reported	Number of Deaths	Number of Cases Recuperated
1	Kerala	265	2	25
2	Maharashtra	335	13	42
3	Karnataka	110	3	9
4	Telangana	96	3	1
5	Uttar Pradesh	113	2	14
6	Gujarat	82	6	5
7	Rajasthan	108	0	3
8	Delhi	152	2	6
9	Punjab	46	4	1
10	Haryana	43	0	21
11	Tamil Nadu	234	1	6
12	Ladakh	13	0	3
13	Andhra Pradesh	86	1	1
14	Madhya Pradesh	99	6	0
15	West Bengal	37	3	6
16	Chandigarh	16	0	0
17	Jammu & Kashmir	62	2	2
18	Uttarakhand	7	0	2
19	Bihar	23	1	0
20	Himachal Pradesh	3	1	1
21	Odisha	4	0	0
22	Chhattisgarh	9	0	2
23	Manipur	1	0	0
24	Mizoram	1	0	0
25	Puducherry	3	0	1
26	Andaman & Nicobar	10	0	0
27	Goa	5	0	0
28	Assam	1	0	0
29	Jharkhand	1	0	0
Total		1965	50	151

SOURCE: Ministry of Health and Family Welfare, Government of India [<https://www.mohfw.gov.in/>]

2. Statement of the Problem

The government has announced 21 days lockdown w.e.f 25th March 2020 to contain the spread and transmission of the virus. It seems the lockdown has contributed to reduce the pace of infection although the number of confirmed cases are in the rise gradually when compared with Europe and USA. The government has issued advisories for uninterrupted supply of essential services though there are challenges in accessing basic essentials due to movement restrictions both in urban and rural areas. The government has announced different measures including relief measures to support poor to cope with the lockdown. On the 22nd March 2020, The Prime Minister announced INR 150 billion to improve health care system to fight COVID-19 pandemic.

On the 26th March 2020, the Finance Minister of India has announced INR 1700 billion relief package. The government plans to use existing welfare schemes to roll out the relief measures, which includes free food distribution and cash transfers to millions of low-income families across the country. As part of the relief measures, Insurance to Frontline workers; women Jan Dhan account holders will get INR 500 per month for the next three months, 5 kgs of rice/wheat & 1 pulses for next three months; free cooking gas cylinders to Ujjwala scheme beneficiaries; Ex-gratia to disabled & senior citizens and increase in the government daily wage rates.

On Wednesday (1st April 2020) government said it has set aside the decision of not accepting foreign aid in case of calamities and disasters and will now accept contributions from abroad to the Prime Minister's Citizen Assistance and Relief in Emergency Situations (PM CARES) Fund to combat the covid-19 pandemic. The decision, taken in view of the devastating impact of the coronavirus contagion, seems to signal a shift from India's decade-and-a-half-old stance of not accepting foreign assistance during calamities.

With livelihoods completely disrupted especially of daily wage earners and migrant labourers, the above relief measures 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 daily wage earners approx. 424 million Indians, some 90% of the workforce, according to economic survey data from the country's Finance Ministry. Therefore, there is a need for supplementary/additional support to the most vulnerable across our program locations.

The ripples of Covid-19 pandemic are felt on physical, socio-emotional and financial aspect of families and individuals across the country. Children are one of the worst affected due to the current Pandemic as the schools were lockdown since 15th March 2020 until 14th April (the day 21 days lockdown ends). The following are some observations and findings in relation to children:

1. It is highly likely that the school, ECCD and other children centred services will continue to lockdown forcing children to experience psychosocial distress as they are confined to their homes.
2. Parents 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 and home quarantine.
3. Children of school / ECCD going able to access alternative delivery modes of education or learning.
4. Potential 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.
5. With the home quarantine/lockdown declarations parents/caregivers boredom and the idle situation could exacerbate existing child protection issues at home.
6. Access to medical support to children with special needs during the quarantine/lockdown state.

Three COVID 19 positive cases were reported from our two program locations of ChildFund India. These cases are not from our enrolled/sponsored families. However, we have provided necessary guidance to the positive cases through our LPs.

3. ChildFund India's interventions so far (program, operations and staff well being):

In the last couple of weeks, ChildFund India has distributed basic hygiene and sanitation items to more than 16,000 people, Arts and Crafts material to nearly 5,000 children for their home-based learning and play activities and spread awareness amongst thousands of people on prevention and management of COVID-19 through dissemination of Information, Education and Communication materials. ChildFund is initiating distribution of food baskets and hygiene kits to most vulnerable families to ensure food security and family safety.

In addition, ChildFund India's SMT has undertaken the following actions as part of overall response:

- Field operations suspended and offices are closed including Local Partner offices. However, continuous communication with Local Partners is done remotely. Field movement is restricted due to lockdown and government restrictions.
- All ChildFund Offices are closed except for attending unavoidable tasks at NO.
- Task Force is formed and taking lead in monitoring the situation and updating SMT on weekly.
- Detailed field level updates are being collected and monitored through zonal offices.
- LPs are seeking government/local admin permissions to reach out in the communities and support distribution and are supporting the government initiatives. Fundraising team has started reaching out to potential donors for support through different methods including online appeal in our website.
- SMT has been issuing advisories to the staff to maintain safety and well being.

ChildFund India would like to scale up its efforts to reach out to most vulnerable families during this period of unprecedented crisis and therefore, proposes the following interventions:

4. Project objective:

To provide emergency relief assistance to vulnerable children and families to ensure food security and maintain hygienic lifestyle as a precaution against COVID 19.

5. Project Reach:

ChildFund India proposes to reach approx. 250,000 population through emergency relief assistance in the form of food baskets, hygiene kits, home based Socio Emotional activities for children, hygiene kits for Frontline Workers and information dissemination on the prevention and management of COVID19. The emergency relief will be provided to the most vulnerable population irrespective of enrolled, non-enrolled, grants and subsidy program locations. The following is broad criteria for selection of beneficiaries for the relief support:

- Child headed household / Orphan children households
- Households with single parent especially women headed
- Children staying with Grandmother & Grandfather as a result of parents' migration
- Economically poor family's dependent on daily wages for their livelihood
- BPL families having people with disabilities and chronic illnesses patients

6. Description of Proposed Intervention

a) Intergenerational coping and learning kit:

As with the lock down parents and children are bound to spend time inside the premises of their home, being in a closed premises for a longer duration can have deep psychosocial impact on the children. It is important that they are kept engaged and this time is utilised in getting the web of family relationship get stronger. For this, a kit is being proposed by ChildFund India where in the parents and children will get support to structure their time together. This kit will involve –

- **One daily plan outline** – in an illustrative format to help parents and children plan their day. This plan shall include activities like story telling time, literacy activities, numeracy activities, SEL activities, indoor physical games with a balance on the time child can spend with material, with her siblings, parents and other adults. And there is a limit spending screen time as that might further damage the child cognitively and socio-emotionally.
- **Worksheet:** We already have literacy and numeracy worksheets ready for all the age groups, these might just need to be printed.
- **Illustrated activity bank** for different kinds of activities to choose from.
- **Message poster set** (in e format or prints both) on self-care tips for parents themselves to cope up. Taken from the government information as well as the content developed by UNICEF, INEE etc, illustrated and translated in the local language.
- **Message poster set** (in e format or prints both) on self-care tips for parents to help children cope. Taken from the government information as well as the content developed by UNICEF, INEE etc, illustrated and translated in the local language.
- **Short videos** on some basic literacy, numeracy activities by experts, that can be utilised.
- **Creativity content** – art sheet, colours, pencil etc. for the children to engage in the art work at home.
- **Story books** – Age appropriate story books from the library. Each child to be give a set set of 3-4 story book (properly sterilised as per the required care needed).

Operationalising plan:

We have a network of education facilitators who work with the children at the Child Learning Centres, Child Resource centres and libraries etc. Their help can be taken in following ways –

- **Printed kits** – Some limited age appropriate worksheets and books as well as creativity material can all go in one carry bag for children to use at least for 15 days. This can be handed over once in 15 days.
- **Call in connect** – The facilitators have phone numbers of the children’s parents, they can call each child once in three days on a rotation basis, requiring them to make 10 call per day and talk to the children, asking about their wellbeing and discussing other important things. A check list of Do’s and Don’t for these call can be developed and provided to the facilitators through mobile. The education coordinators in the partner locations can be trained over phone to further orient the facilitators over phone to conduct these calls.
- **Social media** – e-posters, small videos, shared on the WhatsApp groups. These can be guidance on self care related videos or learning videos for the children.
- **Radio and local television broadcasting** – If the partner has relationship with radio and local broadcasting channels then content can be provided for them to broadcast the same.

- **Mobile loudspeaker story session** – The facilitators can narrate a story or use the KYAN projector to project a children’s movie, or story from an approved list of content on a loudspeaker van. Which can be placed on a central location, which is visible and audible to all the children in that community. A daily or alternate day time can be set for this activity and post the presentation, some written exercises can be announced for the children, which they need to do in their diaries and show it to their teacher/facilitator, once the lockdown opens.

b) Distribution of Food Basket:

Food security is fragile under normal circumstances and it gets aggravated during the lockdown period especially of vulnerable families dependent on daily wages. The disruption to livelihoods as a result of the lockdown and movement restrictions pre and post lockdown will contribute to food insecurity and putting children and their families at risk. Further, the food relief announced by the government covers only three staple items and does not cover basic food requirements including the quantity. In this context, ChildFund proposes to provide food baskets to vulnerable families within its current operational areas so that the impact of the crisis is minimised, and children and families are protected from food insecurity and starvation. Further, the proposed support will supplement the government’s efforts on food security and therefore, providing households to fulfil their food needs. Food basket kit has been standardised with scope for minor local adaptation in order to ensure quality and quantity in our approach. This will be followed across LPs and locations.

c) Distribution of hygiene kits to families with behavioural change communication messages:

ChildFund proposes to distribute hygiene kits along with hygiene and sanitation messages to the vulnerable families so that they are protected from the deadly disease contamination and transmission. Effective handwashing and hygiene practices along with social distancing and other changes in behaviour are the key to slowing the transmission of the virus and combatting stigmatization. Behaviour-focused participatory interventions and messages are being targeted to key stakeholders and at-risk groups. ChildFund India works with its grass root level partners, who will be used to promote awareness and deliver social and behavioural change interventions. The hygiene kit items will help vulnerable families to keep up safe hygiene practices including social distancing. Hygiene kit has been standardised in order to ensure quality and quantity. This will be followed across LPs and locations.

d) Distribution of hygiene kits to Frontline Workers:

This kit will support their safety while undertaking emergency relief efforts of the government. ChildFund also proposes to reach out to frontline to raise awareness and promote healthy practices of key influencers, including community groups, women and youth groups, health workers, organizations of people with disabilities, and community volunteers. The kit has been standardised for our response and to be followed across LPs and locations.

Operationalising plan for kits distribution:

ChildFund India has over 45 local partners across 15 states and Union Territories and will implement this emergency response activities through the network of LPs and existing human resources of the subsidy program such as community mobilisers, education volunteers, youth collectives, adolescent groups and mothers groups. These human resources are from the same villages / communities who have contextual understanding and ensure smooth implementation of the activities by adhering to risk mitigation actions. The following are some standard guidance provided to LPs while undertaking the distributions

- Coordinate and collaborate with district administration so that we leverage resources and provide support. Adhere to local administration guidelines on distributions and social distancing.
- Procurement of food baskets will take place at local level with proper approval from ChildFund. This will ensure local food preferences and contribute local economy in this crisis.
- All distribution preparation activities should be completed at the warehouse / LP office; avoid any kind of preparatory activities at the community level.
- Distribution team should follow minimum standards on hygiene, sanitation and documentation.
- Maintain safe distance instructions at the distribution points.
- Minimum visibility needs to be ensured; avoid any visibility that may pose risk to children, communities and others involved in the response activities.
- Include a pamphlet on hand washing steps and COVID 19 prevention and management IEC in the kits so that they can follow it.
- All the distributions need to be updated in the google drive for consolidation of MIS data.

e) Emergency medical support budget at LP level:

All the LPs have been instructed to utilize emergency health budget to support COVID-19 related diagnosis, treatment, medication, etc. This activity should be given high priority in our program locations and instructed to the LPs accordingly. All necessary support will be rendered by ChildFund India and LP to address any emergency health needs of our children in the communities.

Once the immediate relief phase is over, ChildFund proposes to reach out to the vulnerable communities with livelihoods recovery interventions, WASH awareness, Psychosocial support, Education support for Children, etc. as part of rehabilitation phase.

7. Financial Considerations and Duration:

Total Funding Requirement **INR 48,939,000 / USD 652,520** (please find annexure for details). ChildFund India proposes 3 months duration to complete the relief phase.

- LPs will seek re allocation of budgets in their AoPB and reach/touch each (almost) child
- GOLAH can be used to provide additional support where DFC etc is rare.
- We can mobilize nearly 1.5 crores (close to 2 crores) from current grants and Urban program for COVID19.

In addition, the resource mobilisation teams (corporate and individual fund raising) have scaled up their efforts to mobilise resources to support our interventions across the program locations including grants project locations. The following quick directions in this regard.

8. Support Partners to Do Local Fundraising

The Partnership Managers are supporting local partners to mobilise resources to support vulnerable families and communities. We will update specific information as we progress in future.

9. Child Protection Considerations and Child Safeguarding Protocols

This project aims to reduce child protection risks in communities in the most vulnerable families in relation to the COVID-19 pandemic. Parents / caregivers separated / staying in quarantined facility / space / community, may pose further risks to children. The potential risks include:

- Transmission of the COVID-19 pandemic into communities, may infect Children specially the most vulnerable ones
- increased risks of children getting directly infected by COVID-19 due to thousands of families migrating with their children from one place to another
- Discrimination among siblings and other children in the community, when relief/hygiene assistance is focused on the sponsored/enrolled child supported by ChildFund
- Reduced supervision and neglect of children due to illness/quarantine/isolation of caregivers/parents
- Emotional and psychological abuse of children due to stigma to the child when identified as COVID-19 patient/survivor
- Domestic violence experienced by children due to distress/difficulties faced by parents while coping with COVID-19 situation
- Lack of access to child protection and or gender-based violence (GBV) services due to Increased obstacles to reporting incidents and seeking medical treatment or other supports
- Risk of disclosing identity of the child e.g. name, family/contact details etc., by concerned authorities when a child identified as person suspected of Coronavirus or being under observation/monitoring or diagnosed as COVID-19 positive. This may also affect self-esteem of the child
- Distress/anxiety amongst children due to the death, illness, or separation of their loved ones or fear of disease

To mitigate the stated risks, the project intends to implement the following measures:

- All staff involved in the COVID-19 response work to be oriented/trained on preventive/hygienic measures to be practiced through-out and Doing No Harm to children
- Establishing direct contact with the most vulnerable & marginalized families including migrated families, in the communities and provide them accurate information on prevention and safety from coronavirus and related medical services available
- Explore for community-based childcare facility for children who are left without parental care/support or whose parents have been separated due to COVID infection
- Child-friendly outreach messages disseminated in communities on prevention and safety from COVID-19 including
- Inclusive approach applied while providing medical assistance to children in collaboration with local government authorities
- Integrate psycho-social support services and virtual forums for educational activities explored/arranged for children & caregivers
- Awareness about various social protection schemes/services currently implemented by the government including food security arrangements
- Advocacy with local administration for declaring Childline number '1098' as emergency toll-free number for children and families in distress/ need of care/support
- Key messages on how to keep names of child cases strictly confidential as per the principle of UNCRC/child laws in India

10. Sponsorship Integration:

Program, Partnerships and Sponsorship teams are coordinating from the beginning of the crisis. The Specialist – SR is involved in the discussions related to response plan and provided inputs to maximise our reach by leverage some sponsorship resources such as DFC and GOLAH. The Specialist is supporting in organising these resources and its allocation through Partnership Managers.

11. Monitoring and Evaluation

Since, the response activities will be implemented through existing LPs, the existing MIS/M&E protocols will be used to monitor and report on the intervention. Online Google Template has been created so that the distribution details are updated as per the progress on regular basis. The M&E Specialist will guide the LPs on its rollout and implementation.

12. Media, Communications and Fundraising

ChildFund Communications team has been supporting to coordinate with the PR agencies to share our information with larger potential supporters. The website has been updated with information on the response as well as donation page. SitReps are being prepared and shared with IO/RO as per the timelines. Photographs are being collected as part of photo bank for this response.

Corporate and Individual Fundraising channels have been activated and followed up for resource mobilisation to support our efforts for the crisis.

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