

Background

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 pandemicⁱ. The virus is now a global phenomenon. As of 23 March 2020, the virus has affected over 333,456ⁱⁱ individuals with confirmed cases in 192 countries and territories, with total deaths of 14,611 and 98,047 recovered casesⁱⁱⁱ. In the 2nd week of March, the epicenter of the outbreak has shifted from Wuhan, China to Europe with Italy having the rising confirmed cases by the day.

In the Philippines, the Department of Health (DOH)^{iv} confirmed the first case of COVID-19 in the country on 30 January. The first three cases were imported cases from Chinese nationals who came to the Philippines as tourists. On 7 March, the first local transmission of COVID-19 was confirmed. On 12 March, through the Proclamation no. 929 President Rodrigo Duterte placed the country on a State of Public Health Emergency. Under the proclamation, the government imposes social distancing measures in the National Capital Region starting March 15 until April 12 to stop the possible spread of the virus. This includes the suspension of classes public offices, and mass gatherings, as well as flexible work arrangements in the private sector, and community quarantine in selected affected areas. Domestic air, land and sea travel to and from NCR, whereas public transport, will remain operational. On 16 March 2020, with the continuous increase on the number of confirmed and PUI cases, the government placed the entire Luzon region and including its associated islands on "enhanced community quarantine" until 13 April 2020 as per Joint Resolution #13 of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF). The enhanced quarantine orders 1. total ban on all kinds of public gatherings, 2. conduct self-quarantine to individuals coming areas with positive cases, and 3. limit movements of people going around the community. Aligned with the "enhanced community quarantine", all commercial establishments such as malls, restaurants, and community centers stopped operations. Only supermarkets, wet markets, pharmacies and stores providing essential supplies could operate. On the household level, only one family representative can go outside of the house to ensure strict social distancing.

According to the Department of Health data^v as of 28 March, there are 1418 confirmed cases, 71 confirmed deaths and 42 have recovered. 2147 tests have been conducted. For cases by gender 62% are male and 38% are female. Among the 1418 confirmed cases, the larger percentage are male (62%). The most affected age groups are 51-60 (21.7%) followed by 61-70 years (21.2%)^{vi}. So far as of this report, only one child, age 13 years old has reported positive for COVID-19 in the Philippines.

Also, the Philippine government plans to roll out a USD 542 million package for COVID-19 response focused on economic and livelihood recovery programs and support to distribution of test kits. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) the Philippines, reported that humanitarian partner's response effort includes information sharing and awareness-raising, social listening, logistics, procurement, and supply management, community feedback mechanism/rumor tracking and crowdsourcing and fundraising. Due to strict social distancing, non-face to face channels used to roll-out activities include Facebook, SMS, email, radio, and twitter.

On the other hand, WHO reports^{vii} that as of 18 March, committed resource mobilized to respond to the calamity amounts to USD 7,050,000. Of which, 43% or USD 3,000,000 will come from the Asian Development Bank to support to DOH for COVID-19 control, including procurement of essential items such as laboratory supplies and equipment, ventilators, personal protective equipment (PPE), mobile hospitals. On the other hand, 38% of USD 2,700,000 will come from USAID to purchase laboratory supplies, risk communication, IPC, surveillance, planning, training, WASH and community engagement.

While 16% or USD 1,100,000 will come from UNICEF for risk communications and community engagement; purchase of critical supplies and logistics, including PPE and disinfection supplies; addressing primary impacts of the pandemic on health, nutrition and WASH; and secondary impacts on children and families. Lastly, 4% or USD 250,000 will come from WHO for the laboratory supplies, PPEs, mobilization of experts, training of trainers and planning workshops.

Statement of the Problem

The spread of COVID-19 in the Philippines has reached the program areas of our 12 local partners and is really a Countrywide problem. The partners were able to provide the latest update on their program areas base on their coordination with their respective Partner local government units (LGUs). The table¹ below shows all program areas of our partners that are either on under Community Quarantine² and or in Enhanced Community Quarantine³ based on the category of quarantines defined by the national government. It also shows the number of Covid-19 cases that are either Positive, Person Under Investigation (PUI)⁴ or Person Under Monitoring (PUM)⁵

Partners (Name, Province, Region, Municipalities, Cities)	Community Quarantine (Yes/No)	Enhanced Community Quarantine (Yes/No)	Cases in covered Mun/Cities		
			Positive Case	PUI	PUM
1.SPUP (Apayao Province, Northern Luzon)					
1. Luna				20	226
2. Flora		Yes	0	3	90
2. GEMS (National Capital Region)					
1. Pasay		Yes	6	38	41
2. Manila		Yes	30	89	25
3. T. Martires		Yes	0	10	15
3. REINA (Northern Quezon Province, Southern Luzon Region)					
1. Infanta		yes	0	6	2,450
2. Nakar		yes	0	36	1,595
3. Real		yes	0	no data	149
4. FACE (Bicol Region)					
1. Pili (Camarines Sur province)		Yes	0	31	1494
2. Sorogon City (Sorsogon province)		Yes	0	4	4,320
3. Irosin (Sorsogon province)		Yes	0	0	1184
4. Bulan (Sorsogon province)		Yes	0	0	97
5. Matnog (Sorsogon province)		Yes	0	0	704
5. CHILD Initiative (Western Visayas Region)					
1. Roxas (Capiz province)		Yes	0	no data	110
2. San Joaquin (Iloilo province)		Yes	0	0	213
3. Bacolod (Negros Occidental province)		Yes	1	25	1294
6. KKKK (Northern Mindanao Region)					
1. Cagayan De Oro (Misamis Oriental)			0	10	432
7. Hauman-BREATH					
<i>Central Mindanao Region</i>					
1. Midsayap (North Cotabato province)		Yes	0	8	142
2. Aleosan (North Cotabato)		Yes	0	0	33
3. Cotabato City		Yes	0	9	538

¹ Local Partners update as of March 25, 2020

² Community Quarantine- individuals can freely go outside their homes, do your job, public transportation won't stop as well as other basic services. Your movement though is confined only in within the designated community or area to avoid spreading virus to other cities/provinces

³ Enhanced Community Quarantine-Transportation will be suspended, provision of food and essential health services shall be regulated and heightened presence of uniformed personnel to enforce quarantine procedures will be implemented.

⁴ PUI- Fever and / or cough + a travel history in the past 14 days to areas with issued travel restrictions especially areas with Cases of COVID-19+ A History of Exposure to COVID-19.

⁵ PUM- a travel history in the past 14 days to areas with issued travel restrictions especially areas with Cases of COVID-19+ A History of Exposure to COVID-19

4. Upi (Maguindanao province)		Yes	0	4	525
5.South Upi (Maguindanao province)		Yes	0	0	123
6.Tupi (South Cotabato province)		Yes	0	2	30
8. ZnFEPA (Zamboanga Del Norte Province, Zamboanga Peninsula Regio)					
1.Dipolog	Yes		0	9	778
2.Dapitan	Yes		0	3	573
3. Pres.MAR	Yes		0	2	192
4.Katipunan	Yes		0	3	209
5. Manukan	Yes		0	3	136
6.Sindangan	Yes		0	0	355
9. XAES (Zamboanga Del Sur Province, Zamboanga Peninsula Regio)					
1.L.Postigo	Yes		0	165	23
2.Gutalac	Yes		0	52	29
10. KPPA (Zamboanga Del Sur Province, Zamboanga Peninsula Region)					
1.Pagadian		Yes	0	1	156
2.Zamboanga City		Yes	1	31	712
11. IFI (Basilan Province, Bangsamoro Autonomous Region of Muslim Mindanao)					
1.Isabela		Yes	0	11	360
2.Lamitan		Yes	0	0	83
3.Sumisip		Yes	0	0	0
4.Maluso		Yes	0	0	0
5. Tipo tipo		Yes	0	0	0
6. Tuburan		Yes	0	0	0
7.Lantawan		Yes	0	26	105
12. VSDFI (Bangsamoro Autonomus Region of Muslim Mindanao)					
1.Jolo (Sulu province)	no	no	0	30	400
2.Patikul (Sulu province)	no	no	0	10	203
3.Tawi-tawi province		Yes	0	12	845
Totals	10	24	38	653	20,989

The table shows that 24 program areas of our local partners are under Enhanced Community Quarantine while 8 of the 10 program areas are only under Community Quarantine declaration while two program areas of local partners their LGU have yet to declare either Community Quarantine or Enhanced Community Quarantine.

There are 38 positive cases in the program areas and majority of them are in the Metro Manila areas or in the National Capital Region. There are 653 individuals that are PUI's while 20,989 where recorded that are in the PUM list in scattered in almost all program areas. PUI and PUM list with no positive cases does not mean that areas are safe of the spread of the virus already but it's because of the limitation of test kits arriving in the provinces where our partners work.

The local quarantine/lockdown implementation has affected the operations of all ChildFund local partners. Due to the strict social distancing policy, local partners had to postpone the implementation of planned activities. Office staff and volunteers of local partners are currently under work-from-home arrangements. In terms of the impact of the outbreak to the community, based on their initial assessment, partners are projects that children and their families will be facing issues related to lack of access to food, medicines and other essential items partly due to the social distancing policy but more greatly because parents and caregivers, who are part of the irregular workforce, will not be able to earn an income due to the lockdown.

Aside from the gaps on essential needs mentioned above, families that are in strict home quarantines are experiencing psychological stress as children are getting bored and restless at home and the same for their parents and caregivers specially to those who have no income for their family due to the lockdown.

Though the government has declared a national state of calamity for the COVID-19 emergency and the Philippine 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 in the \$5 billion emergency funds, some 18 million low-income households would receive assistance⁶, implementation of the assistance is seen to take some time before it can fully reach the vulnerable population.

The local partners expressed interest to support their partner LGU's in providing relief distribution to their partner communities and support to local medical personnel front liners. But with limited resources, the partners initially express to provide support in psychosocial intervention for families at home and standby medical support for families that will develop COVID-19 cases.

For issues children might face now with the COVID-19 outbreak throughout the country, the Council Welfare of Children (CWC) identified the following:

1. Curfew set by LGU's that penalizes minors heavily which includes imprisonments and mixing them with adults
2. Not all school children/learners able to access alternative delivery modes suggested by the Department of Education
3. 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.
4. With the home quarantine/lockdown declarations parents/caregivers boredom and the idle situation could exacerbate existing child protection issues at home.
5. Access to Medical support to children with special needs during the quarantine/lockdown state.

Description of Proposed Intervention

1. Mitigating and coping with the effects of prolonged home confinement through Home-based Family Activity Kits.

A long period of home confinement, as majority experience now with the Enhanced Community Quarantine, may aggravate stress and anxiety among family members.^[1] The stress and anxiety may come from the sudden irregularities of activities and disruption of routines, i.e., work from home arrangements coupled with child rearing, or for others missing job opportunities completely.

Since the Department of Education declared the suspension of classes and temporary closure of the school premises alongside the implementation of Enhanced Community Quarantine, for children the prolonged home confinement might have negative effects on their physical and mental development. Evidences suggest that when children are out of school, they tend to have less physical activities, more screen time, irregular sleep patterns, and less favorable diets which may result in weight gain and a loss of cardiorespiratory fitness.^[2] Aside from this, children are also vulnerable to adverse psychological impact of prolonged home confinement. Fear of infection, frustration and boredom, inadequate information, lack of in-person interaction with classmates, friends and teachers, lack of personal space at home, and family financial loss are

⁶ <https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820906636/concerns-in-philippines-after-duterte-given-emergency-powers-to-fight-covid-019-s>

potential stressors that children and adolescents may experience.^[4] For some children who depend highly on the school's supplemental feeding program, school closures may also mean widening the nutritional gap they have.^[5] In these idle times, children are also in greater risk to child labor, early marriage, and sexual exploitation, most especially in conflict-affected or fragile contexts.^[6]

Being confined in the homes for a long period creates a new and tentative environment for the family. Suddenly there is extreme dependence on digital platforms to communicate and socialize, plenty of unstructured time within the day, and highly limited mobility. Protecting the well-being of both the caregivers and children is crucial at this time of physical distancing. Establishing routines at home will help both adults and children cope with these changes in their daily schedules.^[7] Despite the uncertainties brought by the current situation, having a regular routine would somehow establish control over things within the household, and make room for the most important things that need to be accomplished. This will help both children and adults form healthy habits and reduce stress levels during the period of home confinement.^[8]

The home-based family activity kits will provide support on how parents, caregivers, and children can establish a healthy daily routine amidst the ECQ. With the sudden disruption of classes for children, opportunities for learning were cut short. This home-based family activity kits will provide daily guides for parents/caregivers how to care for their own well-being and equip them to provide productive and learning activities for their children. Every day, parents will receive instructions to 40 minutes to one-hour exercises and activities that will emphasize care for their own well-being. Another hour will be spent for guided activities with their children –these activities will focus on enhancing literacy, numeracy, and socio-emotional learning (SEL) skills. A curriculum will be developed to serve as framework for the daily activities which shall be age and developmentally appropriate. To ensure adherence to physical distancing and avoid potential exposure to the virus, both activity guides for parents/caregivers, and children will be coursed through several platforms – text blasts, social media, and radio programming.

The Program team will develop weekly guides of activities that parents and children can do at home. These will be step by step instructions that have been translated into their local language and adapted to local cultural context with the help of partners. The content and form of the guides will be adapted for different delivery modes. Partners will utilize the delivery modes that are most appropriate/accessible for the program participants in their covered areas.

- **Text blasts** – Step by step instructions will be transmitted by partner staff to program participant families. We estimate that over 90% of target families have at least a simple mobile phone capable of sending/receiving text messages.
- **Online messaging platforms** – Many target families have basic smart phones with mobile internet connectivity. Partners can send instructions through Facebook Messenger, Viber, WhatsApp, etc. to individual participants or groups of participants.
- **Radio programming** – Some partners have existing relationships with local radio stations. Radio broadcasted content is one way to reach participants who do not have mobile phones, and it can reach a wider audience beyond targeted families. ChildFund and partners will develop pre-recorded messages that can be broadcast, or provide radio announcers with scripts that contain health messages, child protection messages, and instructions for home based activities.

2. Virtual Psychological First Aid and Psychosocial Support

This intervention aims to build and strengthen capacity of pool or roster of community-based online/virtual PFA and PSS responders to affected children and caregivers. This will supplement gaps of technical human resources of the local government.

The minimum criteria in selecting the member of the roster will be the following:

- With a social work, psychology or social science work experience may be an advantage
- Knowledge and practice in CRC and its principles
- Has direct experience in working with children and children with special needs
- Willing and emotionally prepared to conduct MHPSS and PFA activities
- Good communication skills, local dialect is an advantage, with access to internet
- Willing to do mentor and coach
- Has no record of CP violations
- Willing to sign TOR and the Child Safeguarding policy
- Could be Local Partner Staff or external on-call technical volunteer

Training will be provided by ChildFund Philippines' Child Protection Specialist, a Registered Social Worker and a certified Psychological First Aid and Mental Health and Psychosocial Support trainer.

The training will cover the following content:

- Mental Health and Psychosocial Support (MHPSS)
 - a. Concepts and definition of MHPSS, this include understanding the meaning of MHPSS, principles and the pyramid framework of MHPSS intervention
 - b. Warning signs and symptoms of psychological distress are practical list of signs and symptoms that caregivers need to observe as basis for appropriate action
- Impact of Psychological Stress
- MHPSS intervention, activities
- Psychological First Aid
 - a. When to give PFA
 - b. How to do PFA (Listen, Look & Link)

Different modalities to reach program participants will be explored together with local partners. These can include one-one-one sessions via text messaging or online messaging platforms, key mental health messages to be disseminated through social media, radio, and text blasts.

These trained PFA and PSS responders will provide interventions to reduce psychological stress and improved psychosocial well-being of affected children and caregivers undergoing home-based COVID-19 quarantine.

These interventions will include:

- **Online PFA** (listening, sharing updated and accurate COVID-19 information, e.g. food distribution schedules, processes; key messages on self-care and information on hotlines for contacts on who and where to contact using social media, text messaging and others available)

- **Online discussion on use of simple PSS activities and key messages**, using video for demonstration, infographics (note: sample of activities will be packaged in the home-based quarantine MHPSS activities)
- When needed and based on assessment, **online counseling** maybe provided by trained member of the roster preferably a socialworker or psychologist
- Provide **technical referral** to Children and Women Protection Unit when necessary
- **Online follow-up** and monitoring, “kumustahan” (“checking in”)

Creating Demand Among Program Participants

ChildFund and partners will create demand for home-based activities through an information campaign via text messaging, social media/online messaging platforms, and radio messaging where applicable. We will start by providing information on health-seeking and protective behavior while under community quarantine, and information about the importance of establishing a home routine with varied activities for children and youth.

Sample Activities for Children and Youth

1. **Setting the tone (10 minutes):** Warm greetings with smiles; Family prayers, members of family/children take turns in leading prayers
2. **Family meeting/kumustahan (30 minutes or more, may extend depending on the number of kids in the family):** Children will share what did they learn, read and hear (tv, radio, socia media) about the latest news/information about COVID19 in their community. This will provide space for children to share information they know and opportunity for parents to share accurate information from reliable sources (refer relevant key messages materials)
3. **Indoor Play & games (30 minutes):** A child/youth family member will volunteer or take turns in leading a (sample games to be provided)
4. **Online interactive activity (1 hour):** Reading e-books, group video viewing; this can be led by older children or parents. Recommended child and youth friendly online content will be provided.
5. **Daily personal hygiene (30 minutes):** Children can take turns in demonstrating proper hand washing before and after eating, after using toilet (use key messages in hand washing
6. **End-of-day family reflection:** Children can write or draw their emotions for the day using emoticons. For positive emotions, they can give their drawings to the family member who made them happy. For negative emotions, this is a signal a sibling, parent or caregiver (grandparents) may find time to talk to the child and re-assure their love and support.

Sample Activities for Parents and Caregivers

1. **Mood setting (15 minutes):** Positive self-acknowledgement, greeting oneself, self-talk, e.g. “[Name] you are great today and you are strong.”
2. **Personal Hygiene & Grooming (15 minutes):** Daily personal routine to feel good and stay healthy
3. **Physical exercise (15 minutes):** Body stretching, brisk walking within the area/available space
4. **Deep breathing and meditation exercises (30 minutes):** Simple techniques will be shared
5. **Gardening (15 minutes):** Cultivating soil, watering and talking to your plants has a proven healing and relaxing effects to the body.

6. Connecting, face-to- face talking and listening to your children and family/friends (15 minutes): Topics and questions will be suggested to promote family bonding and strengthen feelings of love and support

3. Standby funds for medical support

CoVid-19 cases continue to rise in the Philippines and the magnitude of the situation overwhelms the government but slowly improving its intervention. While the CoVid-19 crisis in the Philippines is just in its infancy stage and the peak of the outbreak is not yet experienced. This intervention would like to support families in covered communities who will test positive on CoVid-19; Persons Under Investigation (PUI) list and will be needing supplemental assistance after government provided support but still not enough to sustain the prescribe medical advice to recover and regain health. This intervention is inclusive (enrolled and non-enrolled) but will focus only in thier covered communities.

In selecting participants for the medical support assistance, the local partner will be in close coordination with their respective Municipal Health units and Social Welfare and Development offices in referring and identifying individuals with Covid 19 cases (tested positive and PUI) that are coming from their covered communities. From there, the local partner staff will develop a case study for individua participant for support and should contain the following basic documents

- a) Official diagnosis from verified, designated or dedicated CoVid-19 medical facilities
- b) Doctor’s prescription and recovery plan of the patient
- c) List of support provided by the government (LGUs and national government agencies)
- d) List of medical support and needs that cannot be covered by the family
- e) Recommendation of the local partner staff on the case

The medical expenses support will cover mostly for recovery of the individual and will cover the following:

- 1. Prescribed medicines
- 2. Nutritious and healthy foods
- 3. Short term food support for family (if household head is the patient)

Each local partner will develop cost parameter and limits based on the finance guidance provided by the Country Office finance team to ensure they are working within their available budget.

4. Cash Transfer Program (CTP)

Criteria of Selection

Context-specific criteria	<ul style="list-style-type: none"> • Participants that have lost more than 50% of their income. • Participants with debts of more than a defined amount (or a determined proportion of their household incomes) • Participants with no family support/ access to other remittances • Participants with no access to credit
Social welfare criteria	<ul style="list-style-type: none"> • Participants with members who are chronically ill • Participants with person with disability members

	<ul style="list-style-type: none"> • elderly-headed • single parent-headed participant • Participants with more than eight members, only one member which has income capacity • Participants with monthly incomes of less than a defined amount
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Local partners should consider the accessibility of delivery mechanisms (mode of transfers) in their covered area with the consideration of the following advantages and disadvantages of these mechanisms:

Agent	Minimum conditions	Advantages	Disadvantages
Using third parties such as banks, remittance companies, post offices	Bank regulation	Financial risk managed by agent	Slow contracting
	Robust software systems	Financial inclusion and literacy	Financial literacy required
	Meet finance criteria	Existing networks	Lack of accessibility of services
	Existing contracts	Large scale	Requires accurate data
	Community acceptance		Formal identification
Using third parties such as mobile phones or E-Wallets (Mobile Money) providers	IT assessment	Reduces paperwork	Often unregulated
	Reliable network	Reduces workload	Expensive
	Availability of payment software	Reduces fraud risk	High initial investment
	Point of sale (PoS) capacity (Limit of disbursement a day)	Large scale	No ability to restrict household purchases
	User capability	Fast, safe transfers	Limited ability to restrict food purchases
		Flexibility for beneficiaries	
Direct Cash Distribution by the movement (or a third party) to the participant	Secure context required for transportation and distribution	No formal identification required	Security risk for organization and beneficiaries
	Sufficient cash flow	Facilitates limited literacy and numeracy	Corruption risk
	Sufficient staff, logistics and other resources	Fast set-up	Labour intensive
	Political acceptances	Large scale	Significant monitoring required at payment
	Community acceptance	Often low cost	Limited ability to restrict food purchases
Using retailers (Electronic and paper vouchers)	Trader acceptance and capability	Low cost	Time to set up
	Large number of traders required	Limited literacy and numeracy required	Sensitization and acceptance of traders
	Easy, familiar access for beneficiaries	Large scale operations possible	Scale is limited by trading capacity
	Diverse range of stock	Transfer values can be adjusted	Distribution costs can be high

	Secure way of paying traders	Ideal for conditional CTP	Forgery and misappropriation
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For consideration of what type of Cash Transfer to use and setting the value of a cash transfer to meet your objective will mainly revolve around the question of “**what needs is the cash transfer expected to cover?**”. Several options below on modality can be implemented using CTP with key considerations:

Modality	Considerations
<p>Generic to all modalities</p>	<ul style="list-style-type: none"> • The use of assessment and response options analysis to identify the target participant and the gap that your programme aims to fill. Identify what the transfer is intended to be used for: Example <ul style="list-style-type: none"> • <i>daily consumption needs such as food, water, fuel, transport for living securities</i> • <i>Is educational materials has been compromised due to limited income capacity of the participant?</i> • <i>Hygiene needs for health and sanitation</i> • Analyse the minimum expenditure basket (meaning the cost of daily needs of the participants) at household level and match the value of the cash transfer that the intended expenditures your CTP is aiming to meet, adjusting to changing market prices. • Calculate the value of the transfer based on predicted future prices, to ensure that participant can maintain purchasing power. • Assess whether the transfer should be adjusted to household size or be a standard amount (e.g. PHP500.00 per person per month or PHP2500 per family for food, water and Hygiene costs). • Assess security risks associated with large amounts being paid in one go and the participant only having to go once to collect the transfer, versus options that involve smaller amounts and more frequent displacements. • Assess how easy it would be to top-up a transfer (service charges) in line with your chosen cash transfer mechanism (direct distribution of cash versus mobile money options for example) • Consult and involve participants, community representatives and other key stakeholders to ensure the value of the transfer matches expectations and changes in the operating context. • Monitor to assess if the value of the cash transfer retains its purchasing power in the local market and have a contingency plan on what to do if there is inflation (increase value of transfer, increase regularity of payment, switch to in-kind or commodity vouchers as appropriate)

Unconditional cash transfers	<ul style="list-style-type: none"> Decide whether to provide a one off payment to meet the project objective or whether multiple regular instalments are needed and set the value of the transfer accordingly (e.g., one off PHP2,500 payment or 4 payments of PHP500 every 2 weeks to meet all household expenditure). Remember heavily indebted households may use grants to repay debts rather than to buy the goods you intended.
Conditional Cash transfers	<ul style="list-style-type: none"> When choosing conditional cash transfers, take into account the cost of assets/materials may vary by location and by income generation activity of the family, so adjust the value of the transfer accordingly. When providing cash transfers as cash or vouchers for food, educational materials or hygiene materials specific aims, include the value of the materials, labour and transport.
Cash for Work (CFW)	<ul style="list-style-type: none"> Daily labour rates should be set just below the usual market rate. In this way, the most affected participants will self-select for the jobs, others will not leave local businesses and labourers will return to their longer-term livelihood options. CFW wages will hardly ever cover more than the cost of a household's basic needs. Payments can vary according to the skill level of the work, the length of the workday and the time period of the project. Ensure that transport costs to and from the work site are covered. If several organizations are implementing CFW programmes, ensure that similar wages are applied. Check frequently that CFW wages are in line with local rates and that local enterprises can find labourers. If monitoring suggests CFW is leading to labour shortages, consider reducing wages or restricting participation. Ensure you respect national legislation, as minimum wages can be defined by law.

Questions on the following criteria must be answered affirmatively to consider that Cash Transfer is feasible.

Criteria	Key considerations	Yes	No	Comments
NEEDS to be met by intervention	Can the needs be met through specific commodities and/or services?			
FUNDING	Is CTP within donors' funding policies and framework?			
GOVERNMENT policies	Is CTP in accordance with local government policies? <i>Ensure that there is no prohibition.</i>			
MARKET	Is the economy monetized and are people used to handling money?			

	Does the population usually use markets to access its needs?			
	Are markets accessible after the emergency?			
	Are needed items available in sufficient quantity and at acceptable prices in the local markets?			
	Are traders able and willing to adapt to an increased demand? <i>Consider transportation, stocking, quality and quantity issues.</i>			
	Are prices likely to remain stable in the coming weeks/months?			
ORGANIZATIONAL CAPACITY	Does the agency have the internal capacity (programmatic, financial, logistic) to implement a CTP intervention? <i>Consider previous experience and potential partnerships.</i>			
BENEFICIARY PREFERENCES	Is CTP a preferred option for the beneficiaries? <i>Consider empowerment, dignity issues and beneficiary capacity to deal with technology (mobiles, cards, etc.).</i>			
INFRASTRUCTURE AND SERVICES	Are the infrastructure and services needed to transfer cash to beneficiaries available? <i>Consider financial and technology requirements (banks, microfinance institutions, mobile phone coverage, etc.).</i>			
RISKS	Are the risks associated with CTP acceptable or possible to mitigate? <i>Consider beneficiary and staff security, as well corruption issues.</i>			
TIMELINESS	Is it possible to set up and implement a CTP with the necessary speed and at the intended scale? <i>Consider the time that might be required to roll out the different delivery mechanisms.</i>			

Financial Considerations

The amount of subsidy funds is insufficient for a cash transfer program. Even if the CO grouped three months worth of subsidy, it would amount to only 50% of the standard for one month. Thus, cash transfers would depend on extra funding. The CO intends to raise funds for cash transfers through grants.

Activities	Particulars	Unit Cost	Frequency	Unit of Measurement	No of Targets	PHP	USD
Cash Transfer	Food Security	550	1	Month	25509	14,029,950.00	278,648.46
	Hygiene	500	1	Month	25509	12,754,500.00	253,316.78
	Service Charges	30	1	lump	25509	765,270.00	15,199.01
Total Direct Activities						27,422,175.00	547,164.25
Personnel Cost							
Direct Staff	Project Coordinator	37,130.25	2	Month	1	74,260.50	1,474.89
	Finance Assistant	27,026.46	2	Month	1	54,052.92	1,073.54
LOEs							
3%	Program & Sponsorship Director	3,701.89	2	Month	1	7,403.79	147.05
10%	Program Specialist -DRM	12,339.65	2	Month	1	24,679.30	490.15
5%	M&E Officer	6,169.82	2	Month	1	12,339.65	245.08
3%	Business Development Manager	3,701.89	2	Month	1	7,403.79	147.05
5%	Finance Officer	6,169.82	2	Month	1	12,339.65	245.08
5%	HR and Administration Support Specialist	6,169.82	2	Month	1	12,339.65	245.08
Total Personnel Cost						204,819.24	4,067.91
TOTAL PROJECT COST						27,626,994.24	551,232.16

Service charge on CTP is allocated for the following use:

1. Using the third parties mechanism: to support remittance charges and handling cost
2. Direct Cash mechanism : to support mobilization cost and other support cost

Total Funding Requirement : PHP27,626,994.24 / USDD551,232.16

Reporting Requirement on CTP

Minimum Standard

1. Reconciliation procedures are documented
2. Authorization levels are documented
3. Reconciliation is performed systematically at regular intervals
4. Separation of duties is maintained
5. All discrepancies found are resolved in a timely manner
6. All ToRs, Scope of Works, Letter of Agreements, and Service Contracts specify details of the reporting requirements including frequency, content and proof of transaction for reconciliation purposes
7. Follow the reporting template as required by the country office

Tools

Tool	Purpose
Reconciliation Checklist	
Reconciliation Checklist	Step-by-step procedures and responsible party
Third Party Reconciliation	
Third Party Reconciliation Worksheet	Reconcile Country Office/Local Partner records with Service Provider records. Can be used at the encashment site and/or as a summary of activity to date.

Cash Reconciliation	
Cash Reconciliation Worksheet	Reconcile cash movements and cash on hand.
Cash Release and Return Form	Track release and return of funds to/from field personnel.
Safe Count Form	Document monies on hand.
Encashment Tracking	
Unclaimed Encashments Tracker	Track all unclaimed funds. Can be used as certification of agreement of claimed and unclaimed encashments at the distribution site and/or to track unclaimed funds to date.
Encashment Issues Tracker	Track all add-ons, cancellations, reissues and expirations.
Attendance Sheets	requirement for Cash for Work
Payroll Sheets	requirement for Cash for Work
Service Orders	requirement for Cash for Work
Acknowledgement Receipts	requirement for Cash for Work

Process:

1. Design and document the reconciliation procedures
2. Inform, train and authorize staff and volunteers.
3. Review and match transactions and activity with supporting documentation.
4. Document and track add-ons, unclaimed, cancelled, reissues and expired.
5. Document, investigate, resolve any discrepancies.
6. Final Reconciliation and Close
7. Manage and maintain documentation according to the SOPs

6. Support Partners to Do Local Fundraising

Currently, ChildFund Philippines is restricted from directly raising funds locally. However, it can support mobilizing resources for it, local partners, through a strategic partnership with the private sector and media outfits. Specifically, Childfund is looking at exploring the following collaboration opportunities:

- a. Explore service partnership with telecommunication companies to secure free usage of their text blasting facility- a tool ChildFund can use to communicate and implement home-based activities for children and their caregivers. *Target: Smart and Globe communications*
- b. Approach institutions/foundation and even individuals who are implementing fundraising drive to consider making our local partners as one of the beneficiaries.
 - An organization we already started engaging in is the World Economic Forum- Global Shapers' Davao branch.
 - Reach-out to Caritas Manila and Philippine Disaster Resilience Foundation, the current beneficiary of COVID-19 related CSR program targeted for poverty alleviation

- Childfund to map current local fundraising initiatives and outline priority institutions to contact with and/or through the local partner operating in the priority location of the donor.
- c. Initiate a partnership with remittance centers to link the future we roll-out the Cash transfer to families.
 - Target: Paymaya, LBC, 7/11, Ministop, Cebuana Lhuillier
- d. Maximize the current partnership of Local partners with provincial radio outfits for awareness building.
 - Through the Communications specialist and local partners' existing contact, request for free airtime to feature announcements and awareness-building campaigns
 - ChildFund can also engage with local social media influencers and celebrities and invite them to promote child-friendly advisories at their respective social media platforms

Child Protection Considerations and Child Safeguarding Protocols

This project aims to reduce child protection risks among vulnerable children and families. However, reaching children and their families in a community quarantine environment may pose further violations of the child safeguarding policy. These risks include:

1. Confidentiality of information – disclosure of the the name of the child, when identified as person under investigation (PUI), person under monitoring (PUM) or diagnosed as COVID-19 positive may not be contained in the family but may spread to the community, especially in a clan or extended family which will affect the self-esteem of the child. The risk is higher in urban areas than rural communities ;
2. Discrimination among siblings and other children in the community, when medical assistance is focused on the sponsored/enrolled child supported by ChildFund;
3. Emotional and psychological abuse due to stigma to the child when identified as COVID-19 patient/survivor;
4. Domestic abuse and violence experienced by children due to distress of parents in handling multiple parental roles and tasks, especially when parents or caregivers are willing not to participate;
5. Child safeguarding protocols particularly consent and assent may not be feasible or delayed.

To mitigate the above risks, this project will put in place the following measures:

1. Key messages on how to keep names of child cases strictly confidential consistent to DOH guidance;
2. Non-discriminatory criteria in selecting beneficiaries for medical assistance in close collaboration with local government units;
3. Virtual PSS and PFA integrated as a key activity in this project to identified cases.
4. CSG protocol on consent and assent to be facilitated through text messaging saving responses, for future evidence purposes to be handled by the Child protection Focal of the local partner to ensure confidentiality.
5. A dedicated COVID-19 Cellphone maybe needed for exclusive confidential communications/information under the responsibility of the Child Protection Focal.

Sponsorship Integration

The home-based package of activities will provide valuable experiences to enrolled children as well as integrate writing opportunities for sponsored children. The activities would aid the children in the creative process by helping them improve their self-expression and enhancing the children's communication skills. It would help make it easier for the children to express themselves through letters to their sponsors, sharing their meaningful experience or significant learning from their participation in the home-based activities. Outputs of children may also be in the form of art works, cut-outs of shapes, poem, video clips, short stories with pictures, community letter etc.

The initiative also promotes involvement of parent/caregiver or older siblings in developmental sponsorship since they will assist the younger children during the home-based activities. Below are sample content of the sponsorship outputs:

- The parents can describe what is happening in their home and community related to COVID situation
- The parents/caregivers can describe what kind of changes they are making at home and how it has improved the relationship with their child.
- Children's feeling and understanding of COVID-19 and how in their own way support in preventing the spread of it.
- What children are doing inside the house while on community quarantine.
- What child and family plan to do after the health crisis is over.
- What are the important things/learnings that you want your sponsor to know.

Partner staff will maximize the use of technology such as SMS, group chats or online messaging platforms to gather updates/information on children and families and get children's outputs from community volunteers or family themselves. Based on the updates/information they gather, they can write letters to sponsors which they can forward to the CO. CO will find ways to send the letters/information to sponsors, IO or Alliance Members using the donor portal, email, WhatsApp and other online messaging platform.

The Sponsorship team is developing electronic templates for communication materials to complement the home-based activities. These will be shared via email or online messaging platforms; the output will be digital. In cases when families or community volunteers have no access to online platforms, they can use SMS to communicate with Partners and staff will accomplish the template on behalf of the child and email to us the materials.

During the Enhanced Community Quarantine period, the Sponsorship Relations team will be guided by the CO's adapted [Protocol](#) and [Guidelines](#) which have been [approved by IO](#).

Monitoring and Evaluation

Target participants for home-based activities will be the enrolled children. We are estimating that we can reach 80%-90% of our enrolled children through different modalities.

For medical support, the number of participants will vary per partner. The number of participants a partner can reach for this intervention will depend on the available funds following their budget realignment (process on going). Our general guideline for computation is 40% for home-based activities and 60% for medical assistance on net available budget for implementation because their budget varies differently on subsidy which is also reflected allocation in our proposal.

For Cash Transfer we targeted total enrolled children on the cost allocation considering Food Security and Hygiene. The number of participants we will be able to reach will depend on the amount we are able to raise through grants.

HIERARCHY OF OBJECTIVES	OBJECTIVES	INDICATORS	ASSUMPTIONS
GOAL:	Children and Families are safe and protected during COVID 19 National Health Emergency		
OBJECTIVE:	Children and caregivers have improved well-being while confined in the home	Home based coping mechanisms are documented	COVID 19 government protocol required home stay throughout the emergency response
OUTCOME:	Children and caregivers have managed to reduce stress and anxiety among family members	% of children who report feeling safe and protected during COVID 19 emergency % of parents and caregivers who self-report improvements in well-being # of case stories shared or developed on the observed effects of conducting home based activities to children and families	
OUTPUTS:			
Output 1.1:	Children and caregivers have undergone home-based family activities	# of children who participates in home-based sessions	Enrolled families have means to access home based family activity kits

		<p># of caregivers who completes activities for their own well-being, and conducts learning activities for children</p> <p># of SR Communication materials developed as part of Home Based Family Activity</p>	
Output 1.2	Relevant medical, financial, mental health and psychosocial support, and psychological first aid is accessed by and provided to at risk children and caregivers	<p># of participants provided with medical, financial, MHPSS, and PFA support</p> <p># of virtual MPHSS, and PFA responders providing interventions to at risk children and families</p>	Children and caregivers have means of communication to access Virtual Psychological First Aid and Psychosocial Support
ACTIVITIES:			
Activity 1.1.1	Conduct home-based family activities	# of sessions conducted	
Activity 1.2.1	Training on Virtual Psychological First Aid and Psychosocial Support	# individuals trained on virtual mental Health and Psychosocial Support, and Psychological First Aid	
Activity 1.2.2	Provision of medical support	# of participants provided with Medical Support	
Activity 1.2.3	Conditional Cash Transfer	Amount of funds available for Cash Transfer Activities	Modes of Cash Transfer are still in effect in the government's COVID guideline on institutions that will still operate under the community quarantine/ lockdown
Activity 1.2.4	Support Partners on Local Fundraising	Amount of funds acquired to support COVID 19 Emergency Response	Partners will be mobilized to do fund raising activities

Budget

Source:	Particulars	Total in Local Currency	Total in USD
Subsidy	<u>Home-Based Activities</u>	6,586,585.60	130,816.00
	<u>Medical Assistance</u>	9,879,878.40	196,224.00
	Total Direct Activities	16,466,464.00	327,040.00
	Salaries and Benefits	8,821,320.00	175,200.00
	Program Support Cost	4,116,616.00	81,760.00
	Total Subsidy Cost	29,404,400.00	584,000.00
Grants	<u>Cash Transfer</u>		
	<i>Food Security</i>	14,029,950.00	278,648.46
	<i>Hygiene</i>	12,754,500.00	253,316.78
	<i>Mobilization Cost</i>	765,270.00	15,199.01
	Total Direct Activities	27,549,720.00	547,164.25
	Salaries and Benefits	204,819.24	4,067.91
	Total Grant Cost	27,754,539.24	551,232.16
TOTAL PROPOSAL COST		57,158,939.24	1,135,232.16

Note:

- Subsidy is the 3 months estimated available budget from April-June in dollars*
- Local Currency value is based on exchange rate of USD to PHP at PHP50.35 per 1USD.*
- Allocation of 30% Salary and Benefits and 20% Program Support for the estimated available budget of the subsidy fund.*
- Allocation for direct activities is the Net Available balance after deduction of Program Support Cost, Salaries and Benefits. The 60% of the net available budget will be for Standby fund for Medical Assistance and 40% for Homebased Activities of Program Support cost, Salaries and Benefits of the subsidy fund.*
- Grants details is presented at ITEM 4 of the proposal under "Financial Requirements".*

[1] The National Child Traumatic Stress Network

[2] The Lancet

[3] *ibid.*

[4] USAID, COVID-19 and Education (2020)

[5] *ibid.*

[6] WHO, MHPSS During COVID-19 (2020)

[7] www.nm.org (Northwestern Medicine)