

**RESPONSE STRATEGY FOR COVID-19 OUTBREAK
OF
CHILDFUND SRI LANKA
(8th April 2020)**

SUMMARY	
Country	Sri Lanka
Emergency	COVID-19 Outbreak 2020
Impacts	<ul style="list-style-type: none"> • As of 8th April, 185 COVID-19 patients have identified out of 3800 tested cases. 143 activate cases, 6 deaths, 7 critical, 42 recovered. Another 240 persons have indicated suspecting symptoms and currently under hospitalized observation. • About 30,000 individuals quarantine. 1000 persons accommodated at quarantine 50 centers; 14,000 persons are doing self-quarantine at homes. Nearly 15,000 persons have completed quarantine period and currently on isolation practices for another 14 days. • Since 20th March, government has adopted police curfew as main measure for mobility restriction with area-based strategy amalgamated with work from home arrangements. • Schools and other all social functions closed since 13th March. • Since 16th March, all ChildFund field/community interventions suspended till further notice
Impacted Areas and Target Areas	<ul style="list-style-type: none"> • Entire country is affected where Western, North Western and Northern provinces are most affected. • ChildFund Sri Lanka is present 10 districts out of 25 in the Island and all those areas are affected. • ChildFund Response interventions targeting the districts of Puttalam, Mullaitive, Trincomallee, Monaragala, Batticaloa, Matale, Hambantota, Mannar, Nuwara Eliya and Anuradhapura.
Critical Needs Identified	<ul style="list-style-type: none"> • Risk communication information of COVID-19 Outbreak is not reaching to the communities who are remote, underprivileged, and have no access to electronic media. • People are in dire need of food and other basic living needs. • Economy is fully affected, and huge economic loss expected from all sectors, livelihoods of daily wage income earners totally interrupted that has led to food insecurity, health issues, economic burden and family unrest. • 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. • Education is totally interrupted. All schools are closed as a sudden decision since 13th March and children are not assigned with formal educational activities. • As government has suspended import and exports, food crisis is anticipated, food supply chain in the country is largely disturbed due to curfew.

Proposed Interventions	<p>In connection to the humanitarian needs and level of accessibility to affected community based on mobility restrictions, ChildFund Sri Lanka has planned its response into following 3 phases.</p> <p>In Immediate phase (Next 3 Months)</p> <ol style="list-style-type: none"> 1. Children and parental awareness on prevention of spread and minimize stigma of COVID-19 2. Provision of dry food rations for most needy families 3. Provision of child protection services 4. Educational support programs 5. Support children for managing distress and unease 6. Provision of health safety and protection equipment <p>In Intermediate Phase (From 4th to 6th Months)</p> <ol style="list-style-type: none"> 1. Provision of child protection and distress managing programs for children and parents 2. Educational support programs 3. Provision of food and livelihoods supports 4. Improvement of hygienic facilities in schools and community <p>In Longer Term Phase (From 7th Month Onwards)</p> <ol style="list-style-type: none"> 1. Provision of livelihoods recovery supports 2. Improvement of health facilities and services
Target Outreach	40,000 Children and Youth 40,000 Adults or 30,000 Families 600 Stakeholders and Service Providers
Duration	10 Months
Anticipated Budget	Total Funds Required: \$ 563,500.00 Available Funds of ChildFund Sri Lanka: \$ 171,563.00 Funding Gap: \$ 391,937.00
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1. Introduction to the COVID 19 Situation.

An outbreak of pneumonia of unknown reason was first reported on 31st December 2019 from Wuhan City in Hubei Province of China. On 7th Jan 2020, it was diagnosed as “Novel Corona Virus”. On 30th Jan 2020, World Health Organization has declared it as a Public Health Emergency of International Concern (PHEIC). On 11/02/2020 the WHO has introduced a short form for the diseases as COVID-19 and on 11/03/2020 declared as pandemic.

First case in Sri Lanka reported on 11th March and as of 8th April, 185 COVID-19 patients have identified. There are about another 240 suspected persons who are currently under diagnostic investigation. Since the beginning of the outbreak, about 3800 persons have tested, and government has established 16 key laboratories for testing of suspects. As per the recent media reports, about 18,000 persons are currently under quarantine observations. About 50 quarantine centres established and above 2000 persons are at quarantine centres where about 15,000 person doing self-quarantine at centres and homes under the supervision of health and defence services. (Above information will update to the submission date later)

Since 20th March, entire country is under curfew with intermittent breaks to facilitate public to access essentials. However, 6 districts out of 25 are continuously under curfew due to high risks where ChildFund SL is also present. In the beginning, Government declared 16th to 19th March as special holidays. Beginning from 20th March to present has declared as period of working from home as a simultaneously to the curfew. It is expected that the work from home and curfew period may extend further. All passenger arrivals suspended from all countries effect from 18th March and limited departure arrangements. Validity period of all types of visas extended to all tourists in the country. All persons arrived Sri Lanka from 1st March were informed to report nearest police stations for health check-ups and suspected persons have directed for quarantine. All schools, universities, religious education and private classes and preschools in the island are closed from 13th March until further notice.

General public and children are concerned and worried as the country has never experienced this type of pandemic since Malaria epidemic happened in 1930s. Prior to the period of curfew and during curfew lifted hours, people swarming markets and bulk buying goods, raising concerns. Endless queues were seen at petrol stations as people waited in long lines to pump their vehicles with gas, amid fears. Daily life is severely disrupted and economic movements have largely disturbed. Daily wage-based families are highly affected due to no income for last 21 days.

Government has declared this situation as a national priority and have not declared as state of emergency. Government has established a new “National Operation Centre for COVID 19 Outbreak” which led by Army Commander and Director of Health. Health Authorities have taken necessary actions to respond to the COVID 19 outbreak. Parallel to this a Presidential Task Force is in operation to handle the socio economic and welfare issues emerging in lock down scenario. Government is in the process of establishing village level/small community level food supply system in the districts under continues curfew. There is no special security concern have been reported and security situation remain normal.

2. Issues and Impacts in ChildFund Sri Lanka Present Areas

To understand the immediate response and recovery needs, conducting a field-based need assessment is not possible unlike in other emergencies, due to mobility restrictions. Hence, through the support of local partners and direct grants staff based in the fields, a virtual rapid assessment was conducted to understand the situation. During this efforts, community and children were consulted through partners over the phone. Further, virtual consultation was also carried out with key stakeholders.

Accordingly following key issues have identified as matters of priority.

Key Issues	Descriptions
Risk communication is not reaching to most vulnerable	Risk communication and community awareness have become a larger challenge. Remote and underprivileged families have poor access to risk information even though the Health Authorities, Police and other public services are continually to disseminating information through public addressing systems, mass media and internet.
Food Insecurity and Livelihoods related Issues	Families who are based on daily wage income sources are largely affected and have no income during last 3 weeks. Daily wage labors, small retail shop owners, street sellers and taxi drivers are the most affected. Food supply chain has largely disturbed due to curfew. Situation have led to food insecurity in families and specially at children, pregnant mothers, lactating mothers and adults. Due to the curfew, access to food is largely disturbed. Government have instructed food

	<p>suppliers to deliver food to residents. But food supplies don't happen in everywhere equally. However, delivery costs and commodity prices are comparatively too high to afford for affected families. To control the situation, government has reduced prices and imposed control prices for some essential food commodities. However, those commodities are not mostly available for the given prices. There are many cases shared in the social media where public is supporting poor families to buy food and other essentials. It also observed in the social media sources that many deprived families have no support on these matters.</p>
Child Protection Concerns	<p>The pressure on parents for survival needs put children at risk by being victims of violence. This is evident by the latest hospital records on reported Gender Based Violence (GBV) cases and cases on VAC to 1929 child hotline at NCPA. The type of violence children experiences during this crisis include sexual and emotional abuse, violence by mean of being getting beaten as a disciplinary method or witnessing GVB at home and mothers getting severely beaten and hospitalizing. The total operation of COVID-19 response is led by the military. The dedicated government institutes of child protection have no access to monitoring the situation of children. Community based child protection mechanism are totally frozen due to social distancing and ongoing curfew situation.</p>
Interruptions to Education	<p>Since 13th March, schools have closed until further notice. The schools were closed down as an immediate decision and children are disconnected from the school settings and school course work. The situation has led to lack of peer association and play activities. Local partners and CPiE working group reports increase of corporal punishments where parental pressure on education and disciplining to keep children silent at home.</p> <p>EiE working group reports that keeping students out of school will hinder the achievement of age-appropriate competencies. Students acquire discipline, perseverance, and social-emotional skills from school. Sudden and long breaks will hinder students from acquiring such life skills as well. Relationship between teachers and students are also fully break down due to this situation.</p>
Psychological Distress	<p>Fear on COVID 19 risk is everywhere since 11th March and entire country is under curfew from 20th March till further notice. Most children are stressed, and their routine lifestyle has totally disturbed. The situation is aggravated at times due to misinformation sharing on social media. As per partner organizational reports, parents do not allow children to play outdoor and engage with others. Media also reports that domestic violence have increased which leads to stress among children. Situation have disturbed on social relationships of children and have affected on psychosocial wellbeing of children.</p>
Health and WASH Concerns	<p>Health authorities have recommended WASH practices to control the spreading of covid-19 virus. Although there is a special consideration on proper hand washing practices and also government instructed about when and how the hand washing should do, it seems that these messages are not penetrated into rural communities properly. However, lack of facilities in the community, unavailability of safety gears and disinfection chemicals have largely identified in the community as a gap of facilities. During the curfew period, needs of the health and WASH facilities is hidden due to limited movements of communities. However, this is expected to be a larger concern once curfew is lifted, social functions started and specially once the schools reopened</p>

3. Proposed Response Program of ChildFund Sri Lanka

ChildFund Sri Lanka believes that children, families and communities have a right to live with dignity, protection and access to assistance in an event of a disaster. The outbreak of COVID-19 has become a disaster and ChildFund believe that our involvement is crucial to fulfil the needs of children being affected. ChildFund. Communities and children through local partners are making continues request for

assistance. Further, ChildFund Sri Lanka and Local Partners are continually receiving formal and informal requests from sub national government bodies for assistance. With this backdrop, ChildFund Sri Lanka took an informed decision to launch a response program. ChildFund Sri Lanka is targeting to reach most vulnerable families in the districts of Puttalam, Mullaitive, Trincomallee, Monaragala, Batticaloa and Nuwara Eliya.

ChildFund Sri Lanka’s primary interventions for COVID-19 responses aim to improve local capacities to reduce child protection risks and to promote healthy development of in all age’s child life. Keeping this in focus, following objective and interventions have been identified as priority actions.

Overall Objective:

Children and families affected by COVID 19 Outbreak are provided with survival needs in the immediate phase and their development and protection needs are ensured during recovery phase.

Key Interventions:

ChildFund Sri Lanka recognize 4 set of children affected to COVID 19. They are a. Children directly infected by COVID 19 virus, b. Children suspected to be exposed and under quarantine at a center or home c. Children in the risk areas who could subject to infect d. Children in the society what are indirectly affected. ChildFund further believe that interventions should be set for 3 phases considering the different stages and needs and accessibility. Accordingly, ChildFund has plan its response for 3 stages which are a. Immediate Phase, b. Intermediate Phase and C. Longer Term Phase.

A. Interventions in the Immediate Phase: (High risk on spreading COVID-19. The mobility restrictions exist, situation unsafe and regulation on social distancing active. Children and families are not possible to reach through field-based activities.)

Outcomes	Key Interventions Actions	Target Groups and Outreach
1. Children and parental awareness on prevention of spread and, minimize stigma of COVID-19	<ol style="list-style-type: none"> 1. Establishment of E platforms among youth, parents, volunteers, service providers to share e-based awareness creation materials. 2. Development of IEC materials on COVID-19 prevention and response practices targeting children and parents and share through E platforms and media sources. (video story, photo story, leaflets) 3. Utilization of available video and audio materials and disseminate information through local communications systems such as temple/church speakers, announcements on raising awareness. 	<ul style="list-style-type: none"> • About 30,000 families • About 40,000 child children & youth • 40,000 Adults.
2. Provision of food assistance and other survival needs	<ol style="list-style-type: none"> 1. Regular monitoring of families and children most in need and refer them to major relief programs on cash and food assistance. 2. Provision of dry ration to needy families who are insufficiently supported through major food distribution programs 3. Distribution of cash assistance for most needy families who are insufficiently supported through major relief programs 	<ul style="list-style-type: none"> • About 5000 families • About 7500 children

3. Provision child protection assistance	<ol style="list-style-type: none"> 1. Regular coordination with community-based child protection leaders through currently functioning systems. 2. Development of voice recorded message on protecting children and disseminate through Police by using public announcing systems. 3. Regular basis child status update of most vulnerable children though phone calling and refer findings to government authorities and police if needed. 4. Sharing of gender and age appropriate child protection e materials including sign languages through e platforms, TVs and Radio 	<ul style="list-style-type: none"> • About 20,000 Children
4. Support children for managing distress and unease	<ol style="list-style-type: none"> 1. Participate and support in live and recorded TV shows and Radio discussions on psychosocial support, psychological first aids, social & emotional leaning programs for children 2. Support young adolescents and youth agents to develop selfie videos on how to manage distress and share them among social media. (Conduct e games on my artwork for the day, can you make laugh, what did you heard from nature today, who's plant is greener, me and my family) 3. Conducts video calls/conferences for children through ambassador's who have an attraction among children. 4. Development of video on Psychosocial support and Social & Emotional Learning for Children and Parents and share through social media and other e platforms. 	<ul style="list-style-type: none"> • About 10,000 children
5. Educational support programs	<ol style="list-style-type: none"> 1. Encourage children to attend ongoing educational programs in electronic media and e leaning platforms 2. Assist authorities to develop e-based education materials and conduct educational programs through e-platforms 	<ul style="list-style-type: none"> • About 40,000 children
6. Provision of health safety and protection equipment	<ul style="list-style-type: none"> • Support youth leaders to develop selfie videos on health and hygienic practices and dissemination through social media and e platforms • Provision of safety gears, personal protection equipment's and disinfection chemicals for strengthening health and hygienic services 	<ul style="list-style-type: none"> • About 6000 children

B. Interventions in the Intermediate Phase: (Medium risk on spreading COVID 19. Social distancing is yet encourage and recommended WASH practices on COVID 19 should be followed in all community gathering. Access to field-based activities limited.)

Key Interventions	Intervene Actions	Target Group and Outreach
1. Provision of child protection and distress managing programs for	<ul style="list-style-type: none"> • Strengthening of community-based child protection structures and support them to form regular virtual and physical platforms 	<ul style="list-style-type: none"> • About 10,000 families

children and parents	<ul style="list-style-type: none"> • Provision of play and drawing materials for children • Establishment of virtual CCS/CRCs for provision of psychosocial supports • Psychosocial support through e-based platforms and continuous sharing of PSS and PFA materials 	<ul style="list-style-type: none"> • About 15,000 child children & youth • 15,000 Adults
2. Educational support programs	<ul style="list-style-type: none"> • Educational catch up programs • Provision of study packs/Supply of education materials reengage with the education • School safety programs 	<ul style="list-style-type: none"> • About 15,000 children
3. Provision of food and livelihoods supports	<ul style="list-style-type: none"> • Provision of dry food rations and cash assistance for most needy families as well as support to strengthen their livelihood options 	<ul style="list-style-type: none"> • About 2,000 families
4. Improvement of hygienic facilities	<ul style="list-style-type: none"> • Improvement of preschool and school WASH facilities • Improvement of wash facilities at play and child gathering venues such like CRCs, Community Halls etc. 	<ul style="list-style-type: none"> • About 4,000 children

C. Interventions in the Longer-Term Phase: (Low risk on spreading COVID 19. Regulations on social distancing completely removed. Access to field-based activities is possible as usual.)

Key Interventions	Intervene Actions	Target Groups and Reach Out
1. Provision of livelihoods recovery supports	<ul style="list-style-type: none"> • Provision of capitals and livelihoods inputs for livelihoods restarting for most needy families 	<ul style="list-style-type: none"> • About 600 families
2. Improvement of health facilities and services	<ul style="list-style-type: none"> • Capacity building among health and hygienic service providers • Strengthening health facilities for community 	<ul style="list-style-type: none"> • About 300 service providers • About 12 health care centers

4. Budget for Overall Response Program.

S/N	Sector	Total Outreach	Anticipate d Budget (USD)	Available Budget (USD)	Funding Gap (USD)
In the Immediate Phase					
1.1	Children and parental awareness on prevention of spread and minimize stigma of COVID-19	40,000 Children	10,000.00	5,000.00	5,000.00
1.2	Provision of food assistance for most needy families	5000 Families	125,000.00	50,000.00	75,000.00
1.3	Provision of child protection services	20,000 Families	15,000.00	7,500.00	7,500.00
1.4	Support children for managing distress and unease	10,000 children	15,000.00	7,500.00	7,500.00
1.5	Educational support programs	40,000 children	70,000.00	30,000.00	40,000.00

1.6	Provision of health safety and protection equipment	6,000 Families	30,000.00	10,000.00	20,000.00
1.7	10% Personal Cost		26,500.00	13,250.00	13,250.00
1.8	5% Operational Cost		13,250.00	6,625.00	6,625.00
Sub Total			304,750.00	129,875.00	174,875.00
Intermediate Phase					
2.1	Provision of child protection and distress managing programs for children and parents	15,000 Children	25,000.00	6,250.00	18,750.00
2.2	Educational support programs	15,000 Children	40,000.00	10,000.00	30,000.00
2.3	Provision of food and livelihoods supports	2,000 families	50,000.00	12,500.00	37,500.00
2.4	Improvement of hygienic facilities	4,000 children	30,000.00	7,500.00	22,500.00
2.5	10% Personal Cost		14,500.00	3,625.00	10,875.00
2.6	5% Operational Cost		7,250	1,813.00	5,437.00
Sub Total			166,750	41,688.00	125,062.00
Longer Term Phase					
3.1	Provision of livelihoods recovery supports	300 families	40,000.00	-	40,000.00
3.2	Improvement of health facilities and services	12 health care centers	40,000.00	-	40,000.00
3.3	10% Personal Cost		8,000.00	-	8,000.00
3.4	5% Operational Cost		4,000.00	-	4,000.00
Sub Total			92,000.00	-	92,000.00
Grand Total			563,500.00	171,563.00	391,937.00

5. Operational Modality and Methodologies of Program Delivery

Given the strict restrictions currently being imposed on social mobility and less hope that the situation will become normal in foreseen future, the response actions will be strategized under following assumptions.

- There will be no space for social interactions and reaching to the communities physically at the immediate phase of interventions
- There will be limited space for gatherings and meetings till end of the intermediate phase and that will last minimum of 60 days
- Government mechanism for information dissemination and community support will dominate till the end of intermediate phase

If the ChildFund interventions to be meaningful and effective, our implementation strategy and program delivery needs to be evolved in line with these assumptions. The operational modality also needs to be flexible in order to move forward with the rapidly changing contextual realities.

ChildFund's operational modality will be based on 4 key pillars that would address the contextual realities explained above.

Coordination and Collaboration: ChildFund will operationalize its activities as much as possible in collaboration with the key stakeholders such as the Presidential Task Force of GOSL, the Ministry of Health, Ministry of Education at the national level and Regional sectoral authorities of Sri Lankan government at the district level. Secondly, CFSL will also represent and collaborate with the non-governmental forums at national level such as HCT, INGO forum, Child Protection Working Group, SAIEVAC and NPVAC for coordination and possible collaborative efforts.

Community Outreach and Links: The existing community links through our partners will be formalized and linked through possible communication channels. These links include but not limited to community leaders, Lead Mother Groups, School and Pre-School Teachers, Youth Groups and Children Groups in the children societies. The programing interventions will be mainly channeled through them

Virtual Linking Platforms: ChildFund and its partners will intensively work on establishing the virtual platforms with above mentioned groups and streamline them with relevant programing interventions. These platforms are expected not only to serve the Corvid response programing where the physical outreach is not possible, but to support the delivery of the life stage programing in normal condition

Internal Coordination and Decision making Mechanism: ChildFund and partners will further strengthen and formalized the weekly coordination meeting as the main decision making and coordination mechanisms for key decision making in designing and adapting program interventions to the rapidly changing context, seek solution jointly to the challenges faced in program delivery, review the progress of the interventions etc. This mechanism is also, though with less frequency of meetings is expected to adapt in the general program delivery in the longer term.

6. Resource Mobilization Process

Immediate Phase: The unspent sponsorship funds will be utilized to support immediate cash transfer programs and support onetime immediate government requests. The PEF funding will be utilized to cover the cost of technical expertise need to design Risk communication materials and disseminate through media. ChildFund Sri Lanka will explore service partnership with telecommunication companies and social media platforms to secure free usage of their text blasting facility and sharing digital - a tool ChildFund can use to communicate and implement home-based activities for children and their caregivers. The existing partnership discussions with “HeadStart”, one of the largest eLearning eco system developer in Sri Lanka will renegotiated to provide in-kind support to Covid-19 community awareness campaign. “Insee” and “Haylese Plantations”, two of the existing corporate partners will be reach out to negotiate partnership for supporting education programs in Puttalam and NuwaraEeliya districts in the immediate phase. ChildFund Germany, ChildFund Japan and ChildFund Australia, ChildFund Korea and New Zealand will be reached out for NSP funding after the strategy is in place. ChildFund Taiwan will also be reached for further funding for continued Cash Transfer Program.

Intermediate and Long-Term Phase: Real-Gift-Category fundraising campaign by ChildFund International will be tapped for recovery phase. Institutional donors and Alliance members will be reached out through grant proposal and NSPs. The potential institutional donor research is underway with the technical support from Business development expertise of International Office for the funding requirement during recovery phase.

7. Coordination with Government and Humanitarian Actors

ChildFund Sri Lanka’s emergency responses will never operate in isolation from the broader humanitarian community and national government in the country. ChildFund Sri Lanka has built and is

to activate following sector working groups, each sector working group is planning to develop sector-based response plans and this process is currently under development. While the compressive response plans are under development, WHO, UNICEF and few other UN agencies has already launched a response programs on providing supports on above matters.

INGOs and NGOs have already initiated response programs. INGO Forum is under discussion with Presidential task Force of Government to build a better relationship with movement and launch a recognized program. NGOs forum has already reached to the Presidential Task Force, in coordination with PTF, NGO Forum is assigned with a responsibility to support children and adults' homes which are insufficiently in the response actions.

9. Capacity of ChildFund Sri Lanka

ChildFund is working in Sri Lanka for over 30 years in the area of child and community development. Currently ChildFund Sri Lanka is working in 12 out of 25 districts. ChildFund Sri Lanka has a strong community networks in above areas which leads by 5 community-based local partner organizations who have been working over 15 years. The program approach is based on a participatory model that engages broadly with children, community, and coordinates with local government, NGOs and CSOs. ChildFund Sri Lanka with its partner organizations implements a diverse portfolio of program including child protection, emergency response, disaster risk reduction, early childhood development, education, health and nutrition, youth civic engagement and leadership. Participant's coverage of the projects reaches over 20,000 children and over 120,000 people annually.

Since Asia Tsunami 2004 to present, ChildFund Sri Lanka has implemented a number of emergency responses and disaster risk reduction programs in Sri Lanka. Emergency Response projects have reached Puttalam, Mullaithive, Batticaloa, Nuwaraeliya, Trincomalee and Galle districts. This strong, established network has enabled ChildFund to be recognized as one of the key humanitarian agency to respond in emergencies. ChildFund Sri Lanka has established strong relationship with UNICEF through child protection work. Further, ChildFund Sri Lanka co-leads the child protection sector working group since May 2017. ChildFund Sri Lanka country office has a National Emergency Response Team (NERT) for decision making and an Emergency Response Team (ERT) for field operations in emergency response actions. Subsequently, the local partner organization has a District Emergency Response Team (DERT). These teams are immediately activated to support when disaster strikes. These approaches have enabled ChildFund Sri Lanka and local partners to address emergency needs efficiently.

ChildFund is implementing programs through local partners. Local Partners have been capacitated on the emergency response program cycle and they are equipped with emergency response plans (EPP). Accordingly, local partners have made necessary prepositions for establishment of child centered spaces. ChildFund together with local partners have trained youth and community volunteer on operation of CCS and facilitation of psychosocial supports programs. Those volunteer groups can mobilize instantly.

10. Safety of Implementing Staff and our Minimum Standards

ChildFund strive to promote understanding and respect for independence, impartiality, neutrality and children's rights in international law by all actors in emergencies. Regarding international standards, ChildFund follows IASC guidelines, the Code of Conduct of IFRC, the Minimum Standards for Child Protection in Humanitarian Actions by CPWG 2019, Sphere Standards and Convention on the Rights

of the Child (CRC). ChildFund ensure the participation of all children and promote equity and inclusion of girls and boys of different age groups, ethnicities and community minorities in the response actions.

11. Monitoring, Evaluation and Knowledge Management

Responses of COVID 19 outbreak will be monitor in mainly two different levels. During immediate phase of the response, it will be monitored the outreach by responding interventions. Outreach will be monitored by implementing staff including ChildFund Partner staff while conducting activities. Staff will keep daily, weekly and monthly records on activities conduct and keep disaggregated information such as sex, age, income status etc. Further, more digitalize spaces (eg: mobile data collection platform) will be used to keep daily, weekly and monthly records as access to communities will restricted during immediate phase. In addition, implementing staff are required to maintain daily logs, debrief forms, anecdotal evidence, check sheets, participant list, activity completion reports and case study formats as necessary in order to capture necessary information from ground level. However, this will be an optional requirement depending on the gravity of the restriction imposed by the Government (both Central and Local)

Generated results will be monitored during intermediate and longer-term phases of COVID19 responses. This will be conducted by preparing a more rigid monitoring and evaluation plan (M&E plan) for the response strategy with the participation of Technical Expertise and implementing Partners. It will include more description on how monitoring, evaluation knowledge management and learning framework adopted to the strategy as it moves towards to the overall goal. Also, indicators will further describe by using an indicator matrix which define set indicators with details, frequency of data collection, person responsible for data collection, how data will analysis and how information gathered on indicators will be used for success of implementation. Based on develop M&E plan, execution plan for monitoring and evaluation will developed and execute as necessary.

12. Exit Strategy

The program exit strategy will be defined by gradual phase-over from early recovery intervention to regular programming. During emergency and humanitarian response operations, ChildFund Sri Lanka ensure that not only the short term activities completed but also should ensure that a smooth transition towards the medium and long term development programs are incorporated into the strategies of partner organizations and the government.

In the exit strategy ChildFund will ensure that as far as possible, project exit does not have a detrimental effect on the children and communities where we work, expertise and momentum created in the communities is not lost.

Further, gradual slowdown of the activities and leverage other stakeholders to work closely with the project so that they gain a full understanding on their role and what need to be delivered after ChildFund exit through following a multi stakeholder reflection process of project participants.