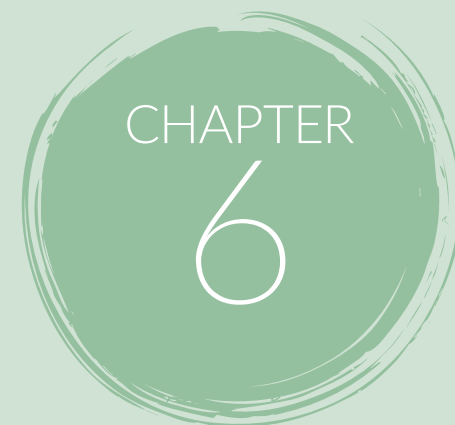


HUMANITARIAN RESPONSE



THE CHALLENGE

During the past five years, it has been estimated that, globally, nearly **one in four** children live in countries affected by humanitarian crises, often without access to health care, proper nutrition, clean water and sanitation, education, or protection.¹

Armed conflict, natural disasters and other emergencies expose these children to violence, exploitation, abuse, and neglect — and their mental health and psychosocial needs are often neglected, with negative long-term effects for their future development.² As the number of crisis-affected children continues to rise, the proportion of future generations who experience severe distress also increases.

The emergencies faced by the most vulnerable children today, exacerbated by the COVID-19 pandemic, threaten to undermine immense progress made in recent decades, progress which includes reductions in the number of children dying before their fifth birthday and living in poverty.³

Predictions about the impact of the pandemic on children have included a 142 million increase in the number of children living in monetarily poor households (with the largest impacts in Sub-Saharan Africa and South Asia where 2/3 of these children live) and up to 44 million children hungry due to enhanced disruptions in food systems and health and nutrition services.⁴ The impact of the pandemic on children's education and mental health needs include over 1 in 7 children directly affected by lockdowns, with over 1.6 billion children suffering some degree of education loss — and disruptions to their “routines, education, recreation...leaving many young people feeling afraid, angry, and concerned for their futures”⁵.

1 UNICEF. (2016, December 9). Nearly a quarter of the world's children live in conflict or disaster-stricken countries [Press release]. Retrieved from <https://www.unicef.org/press-releases/nearly-quarter-worlds-children-live-conflict-or-disaster-stricken-countries>

2 UNICEF. (2021, August 27). Protecting children in humanitarian action. Retrieved from <https://www.unicef.org/protection/protecting-children-in-humanitarian-action>

3 WHO. (2020, September 8). Children: improving survival and well-being. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

4 UNICEF. (2020, November). Children in monetary poor households and COVID-19: Technical note. Retrieved from <https://data.unicef.org/resources/children-in-monetary-poor-households-and-covid-19/>

5 UNICEF. (2021, October 4). Impact of COVID-19 on poor mental health in children and young people 'tip of the iceberg' [Press release]. <https://www.unicef.org/press-releases/impact-covid-19-poor-mental-health-children-and-young-people-tip-iceberg>



OUR GLOBAL RESPONSE

PROGRAMMING EVIDENCE AND COVID-19 RESPONSE RESULTS

We know that children — with their futures ahead of them — pay the highest price of humanitarian crises, with their families and communities also impacted.

Through our programming, we provide emergency support to children and their families before, during and after disasters and conflicts. This support includes providing children in these emergency situations with child-friendly and safe learning spaces as well as community service providers with training to deliver psychosocial support to family members. We also provide families and communities with food and nutrition security and economic stability along with training and other support to attenuate the effects of disasters and to build resilience.

This chapter shares our programming evidence focused on providing children across all three life stages — as well as their families and communities — support in disaster risk reduction and livelihood strengthening in emergency contexts.

Given the unprecedented COVID-19 pandemic that started during the final year of our *Destination 2020* strategy period, this chapter also shares the results of our global emergency response to the pandemic — and the learnings we take from our response activities into our new strategy period.

(Left) One of the families ChildFund communications staff visited with in Maputo, Mozambique when there to document the distribution of basic goods to vulnerable families. We discussed with families how they learn about COVID-19, and key ways to prevent its spread.

Photo by Jessica Fauvet

OUR PROGRAMMING EVIDENCE FOR DISASTER RISK REDUCTION (DRR) OUTCOMES

15 OF OUR EVALUATED PROGRAMS targeted disaster risk reduction. These programs have improved community members' knowledge, attitudes, and practices on disaster preparedness and have also helped to lessen the negative impacts of climate change.



Photo by Jake Lyell

Where are we contributing to positive change for DRR outcomes?

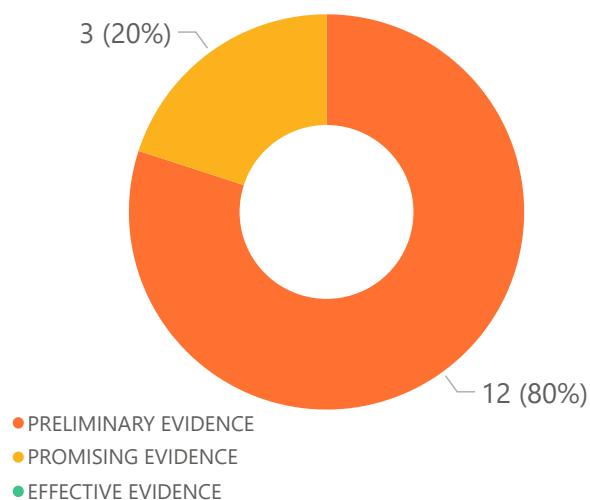
Our evaluated programs targeting DRR have reached children and their families in 5 countries — Ethiopia and Kenya in Africa, and India, Indonesia, and the Philippines in Asia (see Figure 6-1).

Figure 6-1. Disaster Risk Reduction (DRR) Contributions by Region and Country



What levels of evidence and types of change are we seeing for DRR outcomes?

Figure 6-2. Evidence for Positive Change in DRR Outcomes



As shown in Figure 6-2, 3 (20%) of the evaluated programs have generated promising evidence and 12 (80%) of the programs have generated preliminary evidence for contributions to disaster risk reduction outcomes.



Photo by ChildFund India Staff

■ **PROMISING** — In **Indonesia**, the **Disaster Risk Reduction in Early Childhood Development Program (DRR-ECD)**⁶ was implemented in the disaster-prone rural island of Sumba in eight community-based preschools. The program provided preschool children and teachers with access to the information and resources to help them mitigate and respond appropriately to three types of disasters that occur on the island (earthquake, floods and landslides). Most children attended the program for two years prior to entry into primary school (Grade 1) and received daily DRR-focused lessons through stories, and nature and art activities (i.e., the creation of seasonal calendars to identify the months of the year where storms were most likely to occur.) The program contributed to increasing children’s DRR knowledge (ages 5-6); 63% of DRR-ECD children could name at least one type of natural disaster and 43% were able to identify a safe place to go in a disaster, compared to 9% and 6% among comparison group children.

■ **PRELIMINARY** — In **Kenya**, the **Community Based Adaptation and Disaster Risk Reduction project**⁷ delivered to the drought prone Turkwell, Kerio and central divisions of Turkana County reached 10,017 adults and 5,279 children helping to build their adaptive capacity to mitigate the impacts of climate change on agro-pastoral livelihoods. The project helped increase community knowledge of the main risks associated with floods by 44% (from 26% to 70%) and contributed to enhanced family resiliency to the effects of climate change by helping to increase the proportion of households cultivating drought resistant crops (sorghum) by 41% (from 48% to 89%).

6 Proulx, K., & Aboud, F. (2019). Disaster risk reduction in early childhood education: Effects on preschool quality and child outcomes. *International Journal of Educational Development*, 66, 1-7.

7 EcoSARD Consultants. (2016). DRR end-of-project evaluation. Nairobi: Author.

■ **PRELIMINARY** — The **Disaster Risk Reduction, Child Protection and Climate Resilience Project** in **Kenya**⁸ helped to improve disaster preparedness knowledge, attitudes, and practices in target communities in Saku Sub-County of Marsabit by strengthening the community’s capacities, knowledge management, awareness creation, and adaptation mechanisms to improve disaster and climate change resilience. The project contributed to a 22% increase (from 2% to 24%) in the proportion of households who would prepare emergency supplies, and a 12% increase (from 4% to 16%) in the proportion of households who would secure protective assets.

■ **PRELIMINARY** — The **Building Child-Friendly Resilience - BCR II Project**, working in the Dugda district of the Oromia Regional state in **Ethiopia**⁹, where droughts are a recurring problem, and pregnant and lactating women and children under 5 are most at risk, helped to establish a functioning DRR system by increasing target farmers’ DRR knowledge, strengthening the community early warning system, and promoting child-friendly child disaster risk reduction programs in schools.

8 Waweru, T., & Wanjau, K. (2020). Post KAP survey report for disaster risk reduction child protection and climate resilience project in Saku sub-county, Marsabit county. Nairobi: African Research and Economic Development Consultants Ltd. (AFREDEC).

9 ChildFund Ethiopia. (2019). End-line survey report on “safe school environment for children project”. Addis Ababa: Author.



WHEN: 2019 to 2020

WHERE: Municipalities of Makilala, Tulunan, Midsayap, and Aleosan, Northern Cotabato, Central Mindanao, The Philippines

CHILDFUND LIFE STAGES: 2 (6-14 years old) & 3 (15-24 years old)

REACH: 24,369 participants in 37 schools (23,666 learners, 524 teachers, and 179 caregivers)

SUPPORTED BY: ChildFund International, ChildFund Korea, Taiwan Fund for Children and Families (TFCF) and ChildFund Australia

IMPLEMENTED BY: ChildFund Philippines, Hauman-BREATH

EVIDENCE LEVEL: Preliminary

GOAL(S): • Provide immediate psychosocial relief to families and teachers affected by the Mindanao earthquakes. • Provide safe temporary learning spaces.

HOW WE STUDIED THE PROGRAM:

- A one-group posttest study design.
- Primary and secondary data were collected and analyzed.

¹⁰ Diaz-Albertini, F. (2020). Central Mindanao earthquake emergency response: Final report. Metro Manila: ChildFund Philippines.

HIGHLIGHTS:

- **Intervention strategies** included psychological first aid (PFA) support for affected teachers, caregivers, and students; safe temporary learning spaces (TLS) integrating psychosocial support (PSS) sessions for children upon school resumption; provision of teachers' kits, learners' kits and hygiene kits.
- **5 safe TLS were created, benefiting 1,905 children.** These spaces gave them and their teachers a sense of security and protection and helped classes resume two weeks after the devastating earthquakes.
- **452 teachers participated in PFA and PSS sessions** to equip them with the skills to provide emotional support to students and resume a regular school routine:
 - Through the PFA/PSS sessions, teachers had a safe space to express their concerns and properly process their experiences.
- 111 of the teachers were trained as facilitators and became part of the pool of the Cotabato Department of Education's PFA facilitators to assist in times of emergencies.

LESSONS LEARNED:

- PFA interventions should complement child-friendly spaces — and should be integrated into emergency preparedness plans for country offices and their local partners.

SDG CONTRIBUTIONS



During the [Emergency Response] implementation, it was also found that psychological first aid (PFA) interventions are integral to **increase the chances of normalcy for both teachers and learners.**
— *ChildFund Philippines staff member*

Young boy (right), from the Philippines, sits outside near the wreckage after multiple earthquakes struck the Philippines in October 2019.



Photo by ChildFund

OUR PROGRAMMING EVIDENCE FOR LIVELIHOOD STRENGTHENING

20 OF OUR EVALUATED PROGRAMS targeted improving households' and communities' economic statuses and livelihoods. These programs have delivered food security interventions such as cash and voucher assistance (CVA) or food baskets and agricultural support (e.g., family gardens, livestock, and fish farming).

Photo by ChildFund Zambia Staff

HUMANITARIAN RESPONSE



“From the time the new disease came, it was difficult to find any jobs,” she says. **“Sometimes we would go to bed hungry.”** Other times, neighbors gave us some food.” Learning she was going to be a recipient of ChildFund’s cash assistance program was the good news she needed to keep going during the worst of the pandemic. **“It’s like we now have parents that provide for us,”** she says of ChildFund. “I used the first payment to buy food, uniforms, books and other school supplies. I even got some plates, which we didn’t have before.”

— Adolescent girl, Zambia

Adolescent girl (left) who is the sole breadwinner of her family. She began doing odd jobs after school to make a little money: selling bananas, harvesting other people’s crops. But then the COVID-19 crisis hit.

Where are we contributing to positive change for livelihood strengthening outcomes?

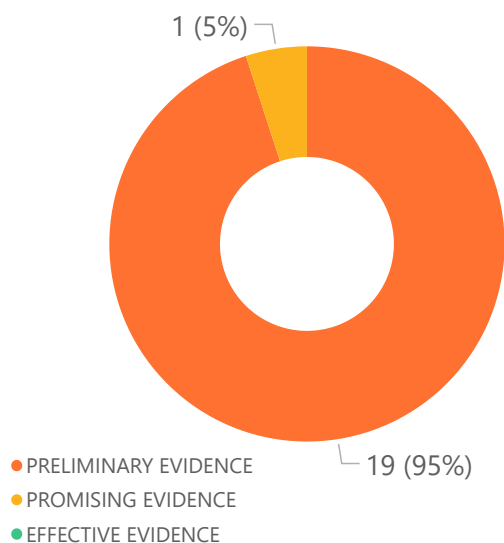
Programs have been implemented and evaluated in five countries in Africa and three countries in Asia (see Figure 6-3).

Figure 6-3. Livelihood Strengthening Contributions by Region and Country



What levels of evidence and types of change are we seeing for livelihood strengthening outcomes?

Figure 6-4. Evidence for Positive Change in Livelihood Strengthening Outcomes



As shown in Figure 6-4, 19 (95%) of the evaluated programs have generated preliminary evidence for contributions to livelihood strengthening, with one program generating promising evidence.

■ **PROMISING** — In **Ethiopia**, the **Enhance Child Welfare through Better Community Awareness, Strengthen the Capacity of Government Structure, and Economic Opportunities towards Overall Child Development project**¹¹ provided start-up capital for 300 vulnerable

11 Girma, T. (2016). *End-term evaluation survey of "enhance child welfare through better community awareness, strengthen the capacity of government structure, and economic opportunities towards overall child development" project in Fentale district*. Addis Ababa: Abamela Business Plc.

households, offered business skills and entrepreneurship training, and supported income generating activity groups through technical assistance, regular follow up, and supportive supervision. The project contributed to 82% of female-headed households of abuse survivors and other vulnerable children reporting that their livelihoods had improved.

■ **PRELIMINARY** — The USAID-funded **Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM) project in Uganda**¹² piloted sequenced and overlapping economic strengthening interventions (including financial literacy and business skills training, coaching caregivers, and supporting children's saving groups), integrated with social support services, delivered at household and child levels. The project reached 700 families, helping to increase the proportion of families in the lower economic risk category by 48% (from 20% to 68%).

■ **PRELIMINARY** — In **Sri Lanka**, the **Economic Empowerment for Vulnerable Families Project in Trincomalee District**¹³ delivered 1,700 goats and continuous technical guidance to 425 households. The project helped to increase the proportion of families engaged in goat farming by 75% (from 7% to 82%), with 98% of families reporting that they had used the farming and business knowledge and skills taught to them — and the **Batticaloa Livelihoods Enhancement Project**¹⁴, reaching 3,089 families, provided support through loans, business skills training and peer mentoring to enhance livelihood security of low-income households. The project helped to increase the average monthly household income by 164% (2.6

12 ChildFund International. (2018). *Endline report ESFAM project: Economic strengthening to keep and reintegrate children into families (ESFAM) project, Uganda*. Washington, D.C.: Author.

13 Institute for Participatory Interaction in Development (IPIID). (2016). *Economic empowerment for vulnerable families project in Trincomalee district: End-line assessment report*. Colombo: Author.

14 Industrial Services Bureau (ISB). (2016). *Evaluation of the Batticaloa livelihoods enhancement project in Sri Lanka*. Kurunegala: Author.



Photo by LPMM KUPANG Staff



"I had never had experience making bean sprouts, but during the COVID-19 situation, I am excited because LPMM KUPANG [ChildFund's local partner] is still able to teach us real-life skills to make a bean sprout."

— Young girl (above), Indonesia

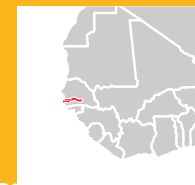
times) and the average monthly income for women-headed households by 271% (3.7 times).

■ **PRELIMINARY** — The USAID-funded **Yekokeb Berhan Program for Highly Vulnerable Children in Ethiopia**¹⁵ implemented an economic strengthening package that included savings and loan provision services, organizing caregivers into community savings and self-help groups (CSSGs), and supporting initiatives through training components that emphasize starting and operating a small-scale business and other income-generating activities. The project contributed to reducing the proportion of households experiencing a severe food shortage by 10% (from 41% to 31%). The number of households having a sustainable daily income also increased by 25% (from 58% to 83%).

15 ABH Services PLC. (2017). *Yekokeb Berhan program for highly vulnerable children in Ethiopia: Endline evaluation report*. Addis Ababa: Author.

LIVELIHOOD STRENGTHENING | THE GAMBIA

Livelihood Stabilization Through the Delivery of Unconditional Cash Mobile Money Cash Transfer (MMCT) Project¹⁶



WHEN: 2017 to 2018

WHERE: The Gambia

CHILDFUND LIFE STAGES: 1 (0 - 5 years old), 2 (6-14 years old) & 3 (15-24 years old)

REACH: 100 households

IMPLEMENTED BY: ChildFund The Gambia, Eastern Foni Federation

EVIDENCE LEVEL: Preliminary

GOAL(S): Provide emergency economic stability to families.

HOW WE STUDIED THE PROGRAM:

- One-group posttest study design
- Data were collected with household survey and focus group discussions with program staff.

¹⁶ Lwanda, F. & Phillips, B. (2018). *An assessment of ChildFund's emergency cash transfer project in The Gambia*. Washington, D.C.: ChildFund International.

¹⁷ Political turmoil following the December 2016 presidential elections left 160,000 people internally displaced. See Internal Displacement Monitoring Centre (IDMC) (n.d.). Gambia. Geneva: Author.

HIGHLIGHTS:

- We delivered unconditional mobile money cash transfers (MMCTs) of \$42/month to 100 households hosting internally displaced persons (IDPs).¹⁷
- Households used the cash primarily for **food (80%), education (47%), and health services (17%)**.
- **100% of households reported that they liked using mobile money**, citing that it was easy to access, confidential, and cost-effective.

LESSONS LEARNED:

- Providing ongoing community-based technical support to households to assist new mobile phone users and troubleshooting MMCT technical issues is critical to achieving sustainability.

SDG CONTRIBUTIONS



“Thanks to ChildFund partner organization Eastern Foni [Federation], **I was able to use the cash** I got in February, March, and April to purchase food for the family, clothes, and shoes for the children, and cover their educational costs. I also used part of it to pay for wife’s medical bill.”

— MMCT participant



Having benefitted from first of two months of unconditional cash transfer support, a mother of 8 said: “I used the cash to buy rice and a gallon of cooking oil. With the intervention, **the distress that my children and I endured disappeared.** We now are comfortable.”

— Widowed mother of 8, The Gambia

Photo by ChildFund

OUR COVID-19 RESPONSE RESULTS



Photo by Sahr Ngaujah



“When my mother told me of the money from ChildFund, **I danced**. She used part of the money to buy us **school materials**, and **food items** for our home.”
— Young girl (above), Sierra Leone

By rapidly scaling up our humanitarian programming across all of our country offices, we have been able to help mitigate the spread of the outbreak in vulnerable communities, assist families in putting enough food on the table and to be able to pay for school supplies, minimize the negative consequences of social isolation and the stress of the pandemic for children and their families, and support children in continuing to learn at home.

Through March 2021, ChildFund supported over **4.8 million children** by implementing responses **across all four of our COVID-19 priority areas in 20 countries**.

Our interventions were guided by a formal plan — **Forward Strong: ChildFund’s COVID-19 Response Plan** — developed in concert with other members of the ChildFund Alliance. The Plan’s four intersecting priority areas target health, livelihoods, child protection, and education.

ChildFund’s COVID-19 Response Plan Priority Areas

1 HEALTH PROMOTION

Stop COVID-19 from infecting children and families.

2 LIVELIHOOD SUPPORT

Ensure that children get the food they need.

3 CHILD PROTECTION

Keep children safe from violence — physically and emotionally.

4 EDUCATION

Help children continue learning.



Photo by Jake Lyell

1 HEALTH PROMOTION

Stop COVID-19 from infecting children and families.

Our COVID-19 Health Response Highlights:

- Delivered more than 96,400 **kits of essential hygiene supplies to families** including 5,900-plus kits in Africa; 48,538 kits in Asia; 42,052 kits in the Americas.
- Installed more than 1,500 **handwashing stations** in Africa (Kenya, Senegal, Sierra Leone, Zambia) — and built 7 **community sinks** in the Americas (Honduras, Mexico).
- In the Americas, distributed 201,168 **medical supply kits to health centers on the front lines**.
- Provided over 3,348,000 **water purification kits to families**, including 2,158,320 kits in Africa and 1,190,678 kits in the Americas.
- In Zambia, supported **drilling of boreholes to ensure availability of clean water** for hygiene purposes and domestic consumption.
- In Zambia, Kenya, and Indonesia, in support of country governments, provided support to **disinfect health facilities and other public places**.

To help children and families **protect themselves from COVID-19**, we installed community hand-washing stations and community sinks; drilled boreholes to ensure availability of clean water for hygiene purposes and domestic consumption; and distributed soap, hand sanitizer, gloves, and masks to families and frontline health workers.

We educated communities about symptoms, hygiene measures and where to get tested or treatment. This messaging and information was disseminated through social media, TV, mass media, national and local radio programs, through megaphones, and through learning materials included in food baskets.

We have also supported local health institutions in establishing testing, isolation, and treatment centers, and local governments with mass COVID-19 screenings and testing.

For children who are being treated for COVID-19 or are subject to quarantine measures, we have created child-friendly spaces with age-appropriate toys and reading materials.

2 LIVELIHOOD SUPPORT

Ensure that children get the food they need.

Our Livelihood Support Response Highlights:

- Delivered \$6,099,820 in direct **cash and voucher assistance** to 176,958 families: 84,823 families in Africa, 65,523 families in the Americas, and 26,612 families in Asia.
- Delivered through local partners over 122,800 food baskets to families: 6,284 **food baskets** to families in Africa, 77,836 in the Americas, and 38,700 in Asia.
- In Asia, **delivered seeds** to more than 5,800 households to help them start vegetable gardens.
- In the Americas, **family gardens and poultry initiatives** benefitted 2,358 and 1,726 families, respectively.

Delivering COVID-19 Awareness Raising and Prevention Messaging in India:

In India, ChildFund together with government partners and UNICEF, implemented an innovative awareness approach using a **stage on wheels**, which folk performance teams used to deliver critical health messages to the public. Several vehicles were decorated with **posters depicting COVID-appropriate behavior** and WASH practices to pro-mote mass awareness about the pandemic and COVID-19 vaccination. **Awareness vehicles** were also used to conduct **Handwashing Campaigns** at schools with further outreach to the communities to promote mass behavior change.

In 19 countries, ChildFund provided cash and voucher assistance (CVA) to vulnerable families to help keep food on the table, pay rent, education, and to cover other basic needs. Targeted families for this support have included those who have lost their income because of COVID-19, child- or elder-headed households, and/or households affected by disability or chronic illness.

Where possible, we **distributed food, basic household items including hygiene supplies directly**, often in “baskets” or “kits”. These food baskets were delivered following COVID-19 protection measures and guidelines, often with the support of local partners.

In addition, we supported **sustainable solutions** to help families put food on the table. For example, we provided support for home-based vegetable gardens, poultry farming, fish farming, and agricultural support (i.e., seeds and livestock) for rural households. Our country offices in Asia and the Americas were the most likely to provide this form of support.

Through our global food security assistance outcome study, which examined the use and contributions of our food security assistance for 13,210 households across 17 countries¹⁸ and included a sub-study (6,479 households from 5 of the 17 countries) of the **contributions of our cash assistance to diminished household hunger**, we learned:

1 Households receiving assistance were **satisfied overall** with the cash (95%), voucher (97%), and food basket assistance (96%) they received — and over 90% felt that **the assistance was easy to obtain** (see Figure 6-5).

2 Households receiving cash assistance were **the least likely to report that the assistance was enough to cover necessities**, with less than half (47%) stating so. This may mean that while the cash assistance mitigated the adverse effects of the pandemic and was welcomed by beneficiaries as a result, it may not have been sufficient to meet their basic needs, accrued from their loss of livelihood (see Figure 6-5).

■ Households receiving **food baskets** were the most likely to feel that the **assistance covered basic needs (90%)**.

¹⁸ Africa (n=6,671): Ethiopia, The Gambia, Guinea, Kenya, Mozambique, Senegal, Sierra Leone; Asia (n=3,878): India, Indonesia, Philippines, Sri Lanka; Americas (n=2,661): Bolivia, Brazil, Ecuador, Guatemala, Honduras, Mexico; See Annex A for additional information on COVID-19 Response Global Outcome and Process Evaluations.

Figure 6-5. Satisfaction with Food Security Assistance (%)

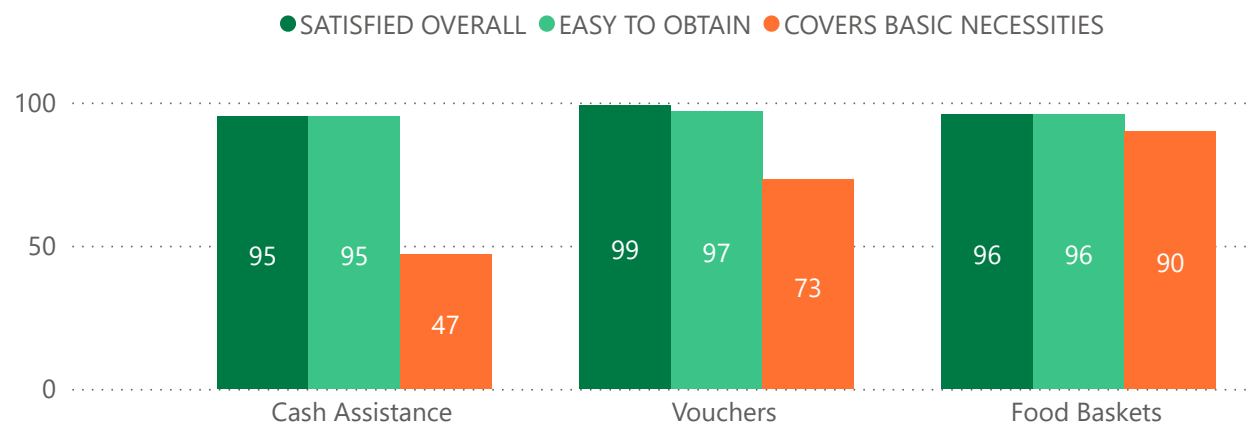


Table 6-1. Household Hunger Pre/Post Cash Assistance

	PRE-TEST			POST-TEST		
	LITTLE TO NO HUNGER	MODERATE HUNGER	SEVERE HUNGER	LITTLE TO NO HUNGER	MODERATE HUNGER	SEVERE HUNGER
ALL COUNTRIES (n=6,242)	64%	33%	3%	85%	14%	1%
The Gambia (n=751)	72%	27%	1%	94%	6%	<1%
Indonesia (n=3,894)	74%	24%	2%	85%	14%	1%
Sierra Leone (n=527)	62%	36%	2%	84%	15%	1%
Sri Lanka (n=115)	68%	30%	2%	97%	4%	0%
Zambia (n=955)	15%	76%	9%	77%	23%	1%

3 Across the five countries (Indonesia, The Gambia, Sierra Leone, Sri Lanka, Zambia) participating in our pre-test/post-test study, our cash assistance **helped to reduce household hunger**¹⁹. As shown in Table 6-1, we saw an overall 21% **increase in households experiencing little to no hunger**, a 19% **decrease in households**

experiencing moderate hunger and a 2.1% **decrease in severe hunger**.

■ Reductions in moderate and severe hunger are seen in each country, with the greatest downward shift in household hunger occurring in Zambia (54% decrease in moderate hunger, 8.6% decrease in severe hunger) and Sri Lanka (27% decrease in moderate hunger, 2% decrease in severe hunger).

¹⁹ As measured by USAID's Household Hunger Scale (Ballard, Coates, Swindale, & Deitchler, 2011). <https://www.fantaproject.org/sites/default/files/resources/HHS-Indicator-Guide-Aug2011.pdf>



Photo by ChildFund India Partner Staff



Photo by Jake Lyell

3 CHILD PROTECTION

Keep children safe from violence — physically and emotionally.

Our Child Protection Response Result Highlights — Child Protection

- 7,050 adolescents and youth received text and voice messages **with information on violence prevention, including where to report violence.**
- **Violence prevention messaging** reached more than 119,00 families in the Americas, more than 64,000 people in India, and over 19,000 people in Sri Lanka.
- In Guatemala, 495 **messages on childcare and violence prevention** were sent to families.
- In Africa, 5 countries supported the **development of child-friendly spaces.**
- 85 staff from 15 countries **trained to deliver psychological first aid.**

As we worked to help keep children safe from violence, using community knowledge and connections from our CBCP mapping activity, we supported **community-based child protection systems** in Africa, Asia, and the Americas to identify, respond to and refer cases of abuse, neglect, violence and/or exploitation. For example, in Kenya, in Machakos and Kitui counties, ChildFund worked with 42 child welfare protection committees to sensitize over 4,300 children and community members on child protection and gender-based violence.

In all three regions, a main response activity was to **spread violence prevention awareness** via radio campaigns or through distributing educational posters. Many of our country offices also provided **psychosocial support** by training local partners on how to deliver **psychological first aid**, offering live and recorded TV shows and radio discussions about psychosocial support, and **delivering social and emotional learning programs for children.**



“Mapping is really useful to identify risky areas...ChildFund and [local partner] CRSA taught us about the types of violence, and how to identify and report instances of violence. **They help us to see a way out of violence.**”

— Young woman (center), shown here leading a community mapping session with other youth in Bolivia.

Psychological First Aid (PFA):

Developed by the World Health Organization (WHO), PFA is a pathway for immediate psychosocial support for affected populations during and/or in the immediate aftermath of an emergency. The overall objective of PFA is to improve the psychosocial well-being of parents, caregivers, children, and youth, particularly in times of crisis or distress.

We also provided temporary shelters for children who live on the street and arranged safe and appropriate care for children who were separated from their caregivers.



Photo by José Hernández



Photo by José Hernández



Photo by José Hernández

Above: *My Hero is You* puppets made by AmeriCorps member José Hernández; AmeriCorps school liaison Diana de la Fuente reads a book to children in one of our in-school No Pressure Zones in Texas.

Creating “No Pressure Zones” with Children in Texas

In Texas, our No Pressure Zones, implemented together with AmeriCorps, focus on strengthening children’s **social and emotional learning (SEL) skills**. The No Pressure Zones, formerly called Dream Corners, are safe, child-friendly spaces ChildFund established first in several low-income urban and rural Rio Grande Valley, Texas, schools.

During the pandemic, we collaborated virtually with a small group of children, youth, and their families to co-design the virtual and mobile “No Pressure Zones” that observe COVID-19 protocols. Engaging in Spanish and English, as relevant, our activities have included:

- **Virtual book readings**, where we pre-record book readings with SEL themes and post them on social media, inviting students to read along and participate in various follow-up activities. For example, we read and discussed with children the *My Hero is You* book on coping and staying safe during the pandemic, with an accompanying puppet show.
- **In-person community “curbside” mobile visits** to distribute information, PPE, activity packets, and books for children to participate in virtual programming.
- **Online video demonstrations** of fun “connection” activities such as art, music, role play, writing, and games that allow students to put their SEL skills into practice.

The book readings include mini-surveys, based on the particular book of a six-week unit, to provide children the opportunity to express their hopes, dreams, fears and/or worries in a safe, fun, and creative way. Discussing what they shared via the mini-survey also lets them know that what they have to say matters.

These activities reflect what children, youth, and their parents/guardians said they would like to see prioritized during the pandemic during our co-design process. They also provide an opportunity for our program staff and participants to continue to be connected during the pandemic and allow us to monitor their well-being given the stress the pandemic has caused for many.



“Safe spaces are even more crucial than ever, so we have adapted our programming to a virtual modality **to help kids navigate through this very scary time.**”

— ChildFund staff member

Our Education Response Highlights

- Globally, over 93,300 students supported with at-home educational materials (learning kits)
- Learning kits and materials delivered to more than 25,500 students in Africa, and over 67,500 students in Asia.
- 298 tablets, 8,908 school kits and 10,424 story books delivered to students in the Americas for at-home learning.
- Over 2,280 solar lights delivered to students in Africa to support their learning at home.

While schools remained closed, we supported **children’s learning** through **activities and tutoring sessions online and by radio and TV**. We also distributed **home learning kits** with materials and guidelines for their use, particularly in communities where internet access is low. In many cases, additional programming was needed to support teachers in helping children learn via distance education.

Learning materials and support were provided to caregivers so that they were equipped to provide time and support for their children to learn the lessons shared online or aired on radio and TV stations. For example, in Guatemala, with support from the LEGO foundation and in coordination with the Ministry of Education, we pivoted the home-based delivery of content and activities from our ongoing *Juega Conmigo* (Come Play with Me)²⁰ project to engage vulnerable households in **meaningful play activities between children and their caregivers** through **radio**

20 Juega Conmigo is ChildFund’s innovative play-based project, being implemented in the Northern Highlands of Guatemala that uses home-based and group sessions (led by mother guides) to engage caregivers, community members, and Government leaders to deepen and bring to scale playful parenting practices to promote growth and learning through play in children aged 0-4 in predominately indigenous communities.



The way I see the ‘Come play with Me’ program,” says Lead Mother Julia, “is that it **inspires children’s confidence**. We help them to open their minds and through this they can express themselves.”

— Lead Mother, *Come Play with Me* project, Guatemala



Photo by Jake Lyell

Lead mother (far left) visits with a mother and her child to conduct play activities in Guatemala’s highlands.

drama, text messages and storybooks. The project also includes broadcasting **playful health messages** in coordination with the Ministry of Health.

Delivery of Home-Based Family Activity Kits (HFAK) in the Philippines:

In the Philippines, ChildFund developed the HFAK intervention at the beginning of the pandemic, and kits have been delivered to over 19,900 families. The kits consist of daily play-based activity guides with literacy and SEL activities, along with information to support caregiver well-being.

The kits were developed in collaboration with 12 local civil society organizations in five languages to ensure equity, inclusiveness, and cultural sensitivity.

An evaluation of the kits found that 97% of survey respondents (n=432) reported the kits helped children cope and reduce anxiety.

Messaging was used to stimulate education and recreation activities within families and communities across all three life stages, particularly in the Americas and Asia.

Connecting to our Priority Area 3 emphasis on keeping children safe from violence, we supported across our country offices **monitoring the increased risk of online sexual abuse** that accompanies children’s greater exposure to the internet. For example, in Ecuador, our country office conducted the #NaveguemosSeguros campaign that integrated advocacy and communication actions to promote safe use of internet.

An important strategy employed across regions to reach students and facilitate continuity of learning was adapting educational content to alternative formats such as virtual classrooms and broadcasting online activities over social media.



WHEN: May 2020 to August 2020

WHERE: The communities of Pasar Minggu, Jati Padang, Lebak Bulus and Cilandak Barat in South Jakarta District, Jakarta Province, Indonesia

CHILDFUND LIFE STAGES: 1 (0 - 5 years old), 2 (6-14 years old) & 3 (15-24 years old)

CHILDFUND'S COVID-19 RESPONSE PRIORITY AREA(S): 1-Stop COVID-19 from infecting children and families
2-Ensure that children get the food they need

REACH: Over 8,000 households

SUPPORTED BY: ChildFund Korea

IMPLEMENTED BY: ChildFund Indonesia, Yayasan Panti Nugraha (YPN) and Perkumpulan Marga Sejahtera (PMS)

EVIDENCE LEVEL: Preliminary

GOAL(S): Improve the health protection of children and caregivers and reduce financial stress and illness during the COVID-19 pandemic.

HOW WE STUDIED THE PROGRAM:

- One-group post-test study design.
- Data were collected with key informant interviews (local government and community leaders), focus group discussions and household surveys with cash assistance recipients.

²¹ Ubaidillah, H. & Sukanto, R. (2020). Final report: 2019 novel coronavirus (2019-nCov) CFK integrated response program in Indonesia. Jakarta: ChildFund Indonesia.

HIGHLIGHTS:

- **Intervention strategies** included establishing handwashing stations, delivering health communication materials, and providing emergency cash assistance and health education awareness to prevent COVID-19 transmission.
- **13 handwashing facilities were installed** to enable people to wash their hands properly and 8,323 households were provided with basic health and hygiene items (i.e., soap, hand sanitizer, masks, gloves, etc.).
 - All handwashing stations were officially handed over to community and local government for further maintenance and management to ensure their sustainability.
- **5,500 child-friendly information, education, and communication materials** (flyers, handouts, etc.) and 12 banners were distributed to educate the public on adapting to new health habits during the COVID-19 pandemic.
- **Household hunger was reduced**, with moderate hunger decreasing by 10% (24% to 14%) for a sample of 3,901 households.

LESSONS LEARNED:

- Collaboration with local government to determine the location of each handwashing station helped to maximize their benefit to the communities.
- Distribution of flyers to families receiving cash assistance helped increase health promotion reach.

SDG CONTRIBUTIONS



“The cash assistance is very helpful. I can pay all our electricity bills, buy my children’s favorite food as well as diapers and vitamins for them. I am also eventually able to re-run my small shop.”
— Household member (Mother)



Photo by Oscar Siagian

KEY TAKEAWAYS

Working across our three life stages and four program sectors, we see progress in our contributions to help reduce the impacts of disasters, and help build child, family, and community resiliency in emergencies. Combined, we have over 30 programs showing at least preliminary evidence of positive change for DRR and livelihood strengthening outcomes, respectively, in areas of the world where children and their families are experiencing humanitarian crises, including natural disasters and conflict. We also see the contributions, and important cross-sector lessons learned, of our COVID-19 response activities — critical learning that has informed our new 2030 strategy, **GROWING CONNECTIONS**.

The main **SDG** contribution of this body of work are:

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



11 SUSTAINABLE CITIES AND COMMUNITIES



13 CLIMATE ACTION



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



Specifically, the contributions of our Humanitarian Response work further the realization of **SDG targets**:

- **1.5** to “build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.”
- **2.1** to “end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.”
- **2.3** to “...double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers,

pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment.”

■ **3.4** to “reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.”

■ **4.1** to “ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.”

■ **11.b** to “...increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels.”

■ **13.1** to “Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.”

■ **16.2** to “end abuse, exploitation, trafficking, and all forms of violence against children.”

Photo by Jake Lyell

Through our **COVID-19 response activities**, we note our contributions to building child, family, and community resiliency in the face of the pandemic by addressing needs in all four priority areas — rapidly and simultaneously in all three regions of the world. Although barriers such as internet and telephone connectivity along with mobility restrictions have been global issues for us in reaching children and their families across all four of our response priority areas, we learned the importance of social connections and coordination, communication and messaging, and online adaptation²². Moving forward, we will apply these cross-cutting lessons learned from our global COVID-19 response to:

■ **Continue to strengthen and leverage our social connections to facilitate rapid responses in emergencies.**

A critical overall enabler for our COVID-19 global response was the leveraging of existing social connections in communities (i.e., deep community engagement) established through both long-term relationships with local partners and the use of the results (i.e., deep community knowledge) of our CBCP mapping activity (see Chapter 2 — Child Protection). These connections enabled us to nimbly initiate, complement, and adapt services to meet the immediate needs of children and their families.

■ **Implement critical coordination with other organizations to facilitate responses**, including coordination with public and private organizations

²² See Annex A for information on our COVID-19 Response Global Process Evaluation

(including peer organizations and health centers), local and national governments and actors, policy, and community leaders — and building new partnerships.

■ **Expand and enhance online adaptation.** To rapidly respond to community and family needs across our four priority areas with mobility restrictions in place, our country offices had to quickly pivot existing, relevant resources and activities (e.g., WASH education, CVA distribution, caregiver and child education/recreation, psychosocial support) to online platforms and mechanisms. Our work in encouraging children, youth, communities, and stakeholders to engage in a new online world further supported this pivot. Using this learning, we will continue to provide — and enhance — resources and guidance to support digital transformation both for humanitarian response, and for our overall programming.

Looking forward, we will use our past and current emergency response experiences to:

■ **Use our lessons learned from our successful and well-received COVID-19 food security assistance delivery in 19 countries**, to further hone, adapt, and share our approach, processes, and best practices for CVA and other types of food security assistance. These are critical components of social protection systems that can address families' immediate financial needs — and build a foundation of community resiliency for future shocks.



“It is evident that in the communities where we have taken the time to develop **child protection plans**, there is fundamentally a **better understanding of the risk and protective factors among the children in their communities**. Now during COVID-19, partners in these areas can make **more targeted and impactful interventions for households most at risk.**”

— *Child Protection Specialist, the Americas*



“It is essential to train teachers and children in the **use of digital tools**, in order to facilitate their adaptation to the new context and **to cope with different activities** without being emotionally overwhelmed.”

— *ChildFund Ecuador staff member supporting COVID-19 response activities*

■ **Improve, refine, and disseminate our technical tools and packages for child protection programming in emergency/humanitarian settings**, with a special focus on child-friendly spaces (CFS), PFA, and support to community-based child protection systems. This includes continued development and dissemination of **Encircle**²³ — ChildFund’s community-based psychosocial support (CBPSS) resource hub for people, organizations, and communities working to protect and foster the well-being of children and youth in crisis.

■ **Expand our humanitarian programming support** to reach more of the increasing numbers of children who are severely impacted by disaster situations and need humanitarian assistance; this will emphasize areas affected by protracted conflict and displacement crises both within our current countries of operations and, potentially, in a select number of new ones.

²³ Encircle content focuses on training and program design for ChildFund staff, and other professionals who work with children and youth in crisis such as lawyers, law enforcement, teachers and educational staff, public health officers, among others — and it includes key interventions, skills, and strategies to implement CBPSS activities and approaches effectively with children, youth, and their families in their homes and communities.