



Forward Strong:

Ensuring children remained safe, healthy, and able to learn during the COVID-19 pandemic

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Alliance

ChildFund Alliance

Twelve child-focused development agencies are part of the global ChildFund Alliance network, which helps children and their families overcome poverty and the underlying conditions that prevent children from reaching their full potential. Together we reach nearly 23 million children and family members in 70 countries. Members work to end violence and exploitation against children; provide expertise in emergencies and disasters to ease the harmful impact on children and their communities; and engage children, families and communities to create lasting change. Our commitment, resources, innovation, knowledge and expertise serve as a powerful force to transform the lives of children around the world.

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A group of girls engage in ChildFund's Sport for Development Reconnect program

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COVID-19 Knows no Boundaries



Women carry food baskets in a field in Ghana

ChildFund reached more than 6.8 million children and family members and directed more than \$100 million dollars to COVID-19 relief efforts during the first year of the pandemic.

The COVID-19 pandemic has been an undeniable reminder of how interconnected people are across the globe. The virus has known no boundaries—reaching all ethnicities, social strata, and ages. In more than a year and a half since its outbreak, it has resulted in economic ruin and large-scale illness and loss of life.

At ChildFund, protecting the health and welfare of the children, families, and communities we support is our chief priority. It is why our members pledged in April 2020 to leverage our combined resources to assist children most in need during these most challenging of times. Together, we launched an ambitious global emergency response plan to ensure children remained safe, healthy, and educated during the pandemic.

In *Forward Strong: ChildFund's COVID-19 Response Plan*,¹ we committed to leveraging \$56 million dollars to help reach 6.3 million children and family members during the pandemic. Following a yearlong collaborative effort, ChildFund exceeded this goal, **reaching more**

than 6.8 million participants during implementation of its pandemic-related response activities. In addition, ChildFund **directed more than \$100 million dollars to relief efforts**, comprising both newly raised funds as well as redirected funds.

Our unified response efforts come at a critical time, with the most vulnerable populations in urgent need of support. Approximately 2 billion of the world's population, most living in low-income countries, are subject to the harsh challenges of the informal economy.² These families have suffered enormous economic deprivation due to the restrictions that governments needed to put in place to stop the spread of this deadly virus.

For those who already had little to no safety net to fall back on, the pandemic has thrown them further into poverty. With their livelihoods gone, and very little food in reserve to see them through this challenging time, families have been unable to pay for food, housing, health care and other basic items.

1. <https://childfundalliance.org/resources/publications>

2. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_627189/lang--en/index.htm

Framework and Scope of Activities

Two major threats to children—**hunger and violence**—formed the heart of ChildFund’s one-year COVID-19 Response Plan, launched shortly after the outbreak of COVID-19.³ Our efforts focused on **four key priority areas to help minimize the pandemic’s effects**. These included stopping COVID-19 from infecting children and families, getting children the food they need, keeping children safe from violence—physically and emotionally, and helping children continue their learning.

ChildFund’s Global Response Goals



ChildFund’s Global Response Results



For many of the world’s most vulnerable people, the growing economic uncertainty since the outbreak of the pandemic in 2020 has resulted in numerous negative impacts on children. The crisis has increased threats of violence against children, and, at least a third of the world’s children have been unable to access remote learning when schools closed to in-person learning.⁴

With many schools closed, or operating sporadically, children have lacked a safe place to go and learn while their caregivers searched for food or work. In addition, with families confined together in small living quarters, rising stress levels have increased the risks children face of abuse, child labor, and early marriage, among other dangers. Also, as families lost their income sources due to illness or collapsed livelihoods, the inability to afford food and other basic needs means that children’s health and development have suffered.

According to the World Health Organization’s COVID-19 Dashboard,⁵ by mid-December 2020—some ten months into the pandemic—the world had more than 71 million confirmed cases of COVID-19, with more than 1.6 million deaths attributed to the virus. Further, that same month, a more deadly and contagious variant of the virus, known

as Delta, was first detected in India and soon swept rapidly through other countries. As of the third week of September, 2021, there were **more than 228 million confirmed cases of COVID-19, resulting in more than 4.5 million deaths**. The ramifications are severe, with the World Bank estimating at the start of 2021 that the pandemic will push upwards of 124 million additional people into extreme poverty this year.⁶

To mitigate the collateral damage of the pandemic and its potentially long-lasting impacts, ChildFund enacted aggressive action to stop the spread of the virus and lessen its harmful impact on children. In countries served by ChildFund, member organizations quickly adapted programming and coordinated with stakeholders and partners on the ground to respond to the critical needs of the populations we serve.

Members installed community handwashing stands; educated communities about symptoms, hygiene measures, and locations for testing, treatment, and vaccinations; distributed essentials such as soap, gloves and masks; and created child-friendly spaces.

To make sure children received the food and other essentials they needed, ChildFund provided cash for families most in need, and, where possible, distributed food and basic household items directly. In all of its activities, ChildFund carefully abided by COVID-19 protection measures.

ChildFund supported community-based child protection systems by providing online psychological first aid, counseling, and temporary shelters for children living on the street during these unprecedented times. We also arranged safe and appropriate care for children separated from their caregivers.

To ensure children could continue their education, ChildFund supported activities and tutoring sessions online or by radio. We distributed home learning kits for students where internet access has been either unavailable or unreliable, and we remained vigilant in addressing the increased risk of online exploitation that accompanies greater exposure to the internet.

“**The COVID-19 pandemic resulted in devastating economic hardships, especially among children and families living in fragile economies in countries served by ChildFund programs.**”

Meg Gardinier
Secretary General
ChildFund Alliance

3. <https://bit.ly/3AcfdnY>

4. <https://www.unicef.org/au/about-us/media/august-2020/remote-learning-report>

5. <https://covid19.who.int/>

6. <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-looking-back-2020-and-outlook-2021>

Global Impacts

With 80 years of experience, and operations in 70 countries across 12 members, ChildFund Alliance is well-equipped to make a meaningful difference in the lives of the world’s most vulnerable children, during and after this pandemic. During the yearlong response effort, our members reported successful attainments and impacts in all four priority areas of our response plan. We recognize, however, that as COVID-19 continues to spread and evolve, recovery will continue to need our collective efforts in all of these areas.



Mitigating the spread of Covid-19

One key achievement reported by ChildFund members is that the families we served learned to practice hygiene measures to help prevent the spread of COVID-19 in their communities. In addition to the distribution of hygiene and medical supplies, ChildFund members **installed handwashing stations and delivered personal protective equipment (PPE) and educational materials** to build community awareness.

ChildFund installed more than 3,200 handwashing stations in communities we serve and distributed more than 161,000 hygiene kits. **We also delivered more than 164,800 child-friendly materials such as posters and brochures and conducted more than 7,000 virtual awareness campaigns** utilizing billboards, banners, social media, and vehicles with loudspeakers to inform community members.



A field technician shows 4-year-old Yulisa how best to wash her hands during a visit to her community in Guatemala

For example, we equipped bicycles and motorcycle taxis with loudspeakers, and drivers would roam villages, including remote areas not easily accessed by a car. They would play recorded messages in local languages to educate residents about COVID-19.

ChildFund staff also engaged in prevention efforts with local governments and partners to distribute face masks and sanitary kits as well as information and education materials. In the Philippines for example, we worked with local partners who helped parents (of sponsored children) who had lost their means of income. The partners temporarily hired these parents to distribute much-needed supplies within their own communities.

In India, during the height of a second wave of COVID-19 as hospitals were overcrowding, ChildFund stepped in to help alleviate the need for health equipment—particularly pulse oximeters and thermometers—in rural villages. Working with implementing partners, we delivered 182 pulse oximeters and 154 thermometers, supporting healthcare needs in 76 remote villages in Tamil Nadu and Andhra Pradesh states. One nurse shared that the equipment enabled her to assess immediately if a patient required hospitalization. Other locations where ChildFund distributed health equipment include Nicaragua, Senegal, El Salvador, Guatemala, Mali, the Philippines, and Bangladesh.

In Cambodia, ChildFund was quick to adapt its community development programs to ensure the most vulnerable children and families have the resources and knowledge they need to reduce the spread of the COVID-19 virus. To ensure communities were better equipped to deal with a potential outbreak, staff delivered COVID-19 prevention kits to more than 20,000 people in nine poor rural districts. These kits included soap, hand sanitizer, thermometers, face masks and hygiene information.

In Luangwa, Zambia, ChildFund provided two hospitals with four oxygen machines, a suction machine and tubes, two ICU beds, and hazmat suits. We also provided 26 schools with thermal scanners and better handwashing facilities. In Emali, Kenya, ChildFund provided more than 1,800 children with facemasks and set up 10 handwashing stations around the community.



A nurse in India tests oxygen levels in a rural village

“Due to scarcity, we don’t carry pulse oximeters to field visits. With the oximeter [provided by ChildFund], I could immediately check [patients] and rush them to government hospitals for admission.”

**Uma
Nurse, rural village in India**



Above: A family in need receives food baskets and hygiene kits from ChildFund; Right: Two young boys in Guatemala receive livelihood assistance as part of ChildFund's livestock support for rural households

Getting food to children and families

ChildFund members reported a high level of success in ensuring improved access to basic food items through the distribution of food baskets and cash assistance. Both methods of support helped raise the standard of living of families, and reduced levels of stress and concern regarding a lack of food.

While **food baskets helped provide sustenance and nutritious meals, cash helped families purchase food and other essential items** including clothing, medicine, and household items. ChildFund members also provided sustainable solutions, including seed delivery and support for family gardens, fish-farming, and livestock support for rural households.

For example, **ChildFund delivered more than 200,000 food baskets to households and provided an estimated 12,000 households with livelihood rehabilitation**

resources for families struggling to buy food during lockdowns. This included items such as seed, agriculture tools, and fertilizer. In Indonesia and Sri Lanka, 5,800 households received garden seeds to start their own vegetable gardens. In Kenya, where lockdowns and travel restrictions forced markets to close, teams delivered packages to urban and rural communities with enough food to feed a family of six for a month. Each package contained 24kg of maize, which is a staple grain used in many Kenyan dishes.

In Luangwa, Zambia, ChildFund provided 1,000 vulnerable families with six months of financial assistance. For many families, cash transfers proved more beneficial, as it allowed them to purchase the essentials they needed the most. Overall, **we provided more than 204,000 households with cash transfers** and supported more than 5,400 households with critical kitchen and bedding essentials.

Keeping children safe from violence



A group of children participate in emotional support activities in Timor-Leste

As the pandemic affected the daily lives of families and communities, children's exposure to violence increased. Economic uncertainty exacerbated the occurrence of family and gender-based violence; illness and death resulted in the loss of parental care for countless children; and the pandemic disrupted many prevention measures designed to protect children.⁷

With COVID-19 pushing more households into social isolation and extreme poverty and hunger, children are increasingly taking part in hazardous and exploitative work to support their families.⁸ Impacts include an increase in sexual violence and exploitation against

children, increases in child labor, and a rise in child marriages among adolescent girls who are married in exchange for dowry.

To help keep children safe from all forms of violence, ChildFund members trained volunteers and local health workers to offer **psychosocial support services** in collaboration with local health service providers.

Other support mechanisms have included consultation and counseling via phones and WhatsApp. In addition, ChildFund teams lent **support to community-based child protection outlets**, women and youth leaders, law enforcement bodies, local security forces and police. ChildFund also provided **pro bono services of paralegal workers**.

ChildFund members reported receiving an increase in reports of violence against children, specifically in gender-based violence, child sexual abuse, child marriage, child labor, robberies and street harassment. Through our programs and collaboration with local providers, we were able to help **more than 51,700 child participants in child protection and/or psychological or psychosocial support activities**. In addition, ChildFund provided information on child protection and responsive parenting to **nearly 400,000 caregivers**.

Children and youth take part in a psychosocial support session in India



7. <https://data.unicef.org/resources/protecting-children-from-violence-in-the-time-of-covid-19-brochure/>

8. <https://bit.ly/childlabor2YyZ7q5>



A crisis counselor in Papua New Guinea fields calls to the national crisis hotline

In Papua New Guinea, ChildFund expanded a national crisis hotline that was launched in 2015 in partnership with the Family and Sexual Violence Action Committee and FHI 360—an international non-governmental organization. The expanded service enabled more than 2,300 survivors and members of the public to access the Helpline, which connects them with professional counselors.

ChildFund’s Sport for Development program, *Reconnect*, is providing opportunities to promote physical and mental health for children and to help equip them with coping skills during this challenging time in a safe environment. Between May and December 2020, the program provided 13,600 sessions for nearly 9,000 players across Laos and Vietnam, with girls and young women representing more than 50% of participants.⁹

Key achievements of *Reconnect* during the nine-month timeline include 80% of participants gaining correct knowledge on handwashing best practices and 64% of players stating they don’t feel helpless when faced with difficulties or challenges in life, compared to 49% at baseline.



Two young boys enjoy safe playtime during ChildFund’s Sport for Development *Reconnect* program, hosted in Laos and Vietnam

9. <https://www.childfundrugby.org/2021/03/31/reconnect-keeping-children-safe-and-connected-through-sport/>

Helping children continue their learning



9-year-old Rodrigo and 10-year-old Yimi watch educational videos produced by ChildFund



A young boy in Senegal studies remotely during the pandemic

Didactic and online materials enabled children and youth to continue their studies, despite schools closing due to the pandemic. The active support of parents was instrumental to success, with parents playing a vital role in promoting home-based education for their children. Parent support organizations helped motivate parents to participate in alternative educational resources during the pandemic.

ChildFund provided home-based educational materials and online education access in countries where we operate. **Teams distributed more than 163,000 home-education materials and provided online learning services to more than 50,000 children.**

This included e-video and internet connection devices to child learning centers; enabling the access of educational materials through WhatsApp; and facilitating phone consultations with caretakers and teachers. We also distributed more than 8,000 radios to support educational efforts and ensure children had resources that enabled them to continue with their studies.

In Cambodia, ChildFund provided Smart TVs to schools, which have enabled teachers to guide children in navigating government education programs on TV as well as through online learning links and applications. ChildFund also lent educational support to adults as well. In Batticaloa in Sri Lanka, ChildFund set up e-platforms so a vital educational program for new mothers could continue to provide them with valuable advice and help. And in Cao Bang in Vietnam, ChildFund delivered events to help educate the community on caring for small children during COVID-19.

Elevating Children's Voices



An online webinar hosted by ChildFund Alliance featured child delegates from Mexico, India, South Korea and Uganda

Engaging young people to secure their input to the COVID-19 pandemic response was a critical element of the Alliance's COVID-19 response efforts. Highlights of our child participation activities included a virtual global forum on 9 September 2020, an online event hosted on Universal Children's Day (20 November 2020), and the release in January 2021 of a policy brief on children's right to be heard.

Prior to the ChildFund Alliance event on 9 September, children and young people from participating countries took part in a series of activities aimed at creating awareness around the safety and well-being of children during the pandemic. Activities included virtual talk shows and radio interviews organized by in-country teams and local government leaders during which children could ask questions about pandemic responses.

The online program featured child delegates from Mexico, India, South Korea and Uganda, four of the ten countries participating in the Alliance's Child-friendly Accountability initiative.¹⁰ Other speakers included the UNSRSG on

Violence against Children, a UNICEF representative, Mexico's Undersecretary of Education, and representatives of ChildFund member Educo who discussed their report, *Schools are shut but learning is on!*¹¹

The publication examines the new normal that has emerged since the outbreak of COVID-19, as explained by children from around the world. To complete the report, Educo surveyed nearly 4,500 children and young people ages 5-24 years in 10 countries where they operate. **Twenty-seven percent of the children surveyed said they most missed being able to attend school during the pandemic. More than half said they worried most that adults would not be able to work**, which would lead to a lack of food for the family. Older youth said they feared a family member would not receive medical care if they fell ill.

Nine months into the pandemic, children worldwide continued to grapple with unprecedented hardships. The global health crisis triggered not only lockdown efforts that resulted in isolation for children; it also raised the risk of violence, hunger, child labor and marriage, and

10. <https://childfundalliance.org/our-work/strategic-priorities/child-friendly-accountability>

11. <https://bit.ly/3oAGSeQ>



Youth in Ghana work with ChildFund to help kids advocate for their guardians and government to keep them safe during the pandemic

school dropouts. In addition, the pandemic limited opportunities for children to engage in activities and voice their views on matters affecting their lives.

In an effort to examine and bring to light these increased risks, ChildFund Alliance expanded the scope of a policy brief it was developing with its five Joining Forces¹² partners to include a focus on the impacts of the pandemic on children, as reported by children and youth.

This consultative process with children culminated in a global forum on 20 November,¹³ followed by the January release of the report, *Children’s Right to be Heard: We’re Talking; Are You Listening?*¹⁴

Children shared their opinions and experiences on how the pandemic devastated their communities during private plenaries, in writing, and during the online public forum. The 20 November event attracted more than 560 attendees, comprising representatives from government, member states, the United Nations, NGOs, donor organizations and child participants. Children also contributed compelling videotaped statements about their right to use their voice and be a force for change.¹⁵

The report, which followed in January, reflects the feedback of children from around the globe. It

explores how societal norms, insufficient resources, and a lack of support from adults can inhibit children’s meaningful participation— particularly during the COVID-19 health crisis.

The brief includes a call to action addressed to all leaders, and outlines key takeaways from children on how their participation can lead to outcomes that are more meaningful and impactful.

“Worldwide leaders: the next time you lock down the world, please put aside some money to help families who can no longer help themselves.”
Cute, 16 Zimbabwe



16-year-old girl from Zimbabwe shares her message to world leaders during a Joining Forces event

12. <https://joining-forces.org/about-joining-forces/>
13. <https://joining-forces.org/event/global-forum-childrens-right/>
14. <https://joining-forces.org/publications/childrens-right-to-be-heard/>
15. <https://joining-forces.org/video/childrens-right-to-be-heard-video/>

Challenges in Implementing Activities

As COVID cases continued to rise and more countries went into lockdown, it became increasingly difficult to always reach those most in need. **Limitations on travel** in and out of regions, **mandated quarantine periods**, **limited internet and phone connectivity**, and the lack of availability of local partners on the ground all made for challenges in reaching vulnerable communities to distribute relief items and services.

These obstacles made face-to-face monitoring, evaluation and accountability difficult at best. Challenges faced by our own teams, such as school closures for their own children and the illness of family members, also made it difficult to provide aid and support.

For example, ChildFund found that limited access to IT devices and the internet in Sri Lanka negatively affected our teams' ability to reach certain communities and children via virtual and e-based platforms.

Similarly, in Mexico, internet connectivity problems prevented an entire community from receiving vital prevention materials. In the Philippines, only one-third of 27,000 participating families had access to cell phones, making it difficult, if not impossible, to reach these participants.

Inadequate access to water made it difficult in certain areas for families to adhere to recommended hygiene practices. In addition, although direct cash and voucher assistance is preferred, a lack of access to banking services among targeted recipients made this difficult in some communities, thereby requiring in-person delivery.



Learnings from the Field

During the course of delivering greatly needed services and provisions to families in the countries where ChildFund operates, our members identified several best practices that worked well during our response efforts. These lessons include Partnerships, Digital, Funding, Communication/Coordination, and PsychoSocial Well-being.

PARTNERSHIPS

- Existing **social connections and knowledge at the community level** through local partners, including governments, are vital to informing the rapid design and delivery of all response activities.
- **Coordination with local leaders** who best know a community's residents increases the level of trust among participants. This includes close communication and contact with principals, teachers, and others responsible for education who can engage and inform parents on the importance of continuing their child's education.
- Engaging **community volunteers** can help keep a community informed and involved after relief workers leave the community.

DIGITAL/ONLINE ADAPTATION

- Having a **digital system** in place that allows the electronic registration of the information of the participant population, in addition to adequate mapping of banking institutions and the services provided by each one, **is essential** to the successful delivery of cash assistance and food baskets.
- To respond rapidly to participant needs in health, nutrition, education, and protection with mobility restrictions in place, **members need to be able to quickly pivot** existing, relevant resources and activities to online platforms.
- Use of social media platforms for communication, messaging, coaching and mentoring proved to be effective during the height of the pandemic. For this to continue, **investment should be made in technology**, capacity building for partners and other stakeholders, and life skills for young people.
- It is **essential to train teachers and children in the use of digital tools** in order to facilitate their skills in an increasingly online world, without their being emotionally overwhelmed.

FUNDING

- **Budget flexibility** allowed members to redirect funds promptly to meet the needs of those in crisis. The availability of sponsorship and unrestricted funds and flexible funding support by donors helped to facilitate this.
- Participants and stakeholders report **cash support** is more relevant and appropriate because it **allows them to purchase the essentials they need the most**. Cash also means families are less likely to receive a duplicate of commodities and goods already provided by other outlets.

COMMUNICATION AND COORDINATION

- Ongoing communication and **continuous coordination with local authorities** is critical for the successful delivery of key messages, especially when mobility restrictions are in place.
- Community leaders, equipped with **loudspeakers, can be a highly effective vehicle for messaging** and awareness campaigns aimed at educating adults and children.

PSYCHOSOCIAL WELL-BEING

- **Meeting the holistic needs** of children, their families and communities **is an integral component of any response**. ChildFund members were able to successfully use funding to expand psychosocial support and counseling services, increase information and referral services, and to support safe housing and child protection services.
- Affected families positively perceived the **delivery of psychosocial and well-being services**, when they were delivered in tandem with food assistance.

Moving Forward

The events of this global pandemic are much more than a moment in time—they are still ongoing and by the very nature of this global disaster—the impacts will be long and far-reaching. Consequently, **the lessons ChildFund has learned over the past year and a half will resonate beyond our preliminary response efforts for COVID-19.**

In-kind humanitarian response is becoming more frequent and relevant in short-term emergencies and long-term humanitarian actions. Knowing this, it is all the more urgent that progress be made in the establishment of guidelines and protocols for the rapid detection of the needs of populations in the event of a crisis. The need to scale up humanitarian action using cash and vouchers to reach those who are most vulnerable is also vital. So too is building on our collective expertise to develop protocols and frameworks. It is important to both strengthen partnerships as well as invest more in the capacity of local partners to deliver programs.

Indeed, **the health crisis, and our response efforts to it, are changing how we provide support and services both now, and, for the long term.** Most importantly, we recognize that the ability to adapt and pivot quickly—while always an advantage—is now a prerequisite for all we do moving forward.



Children in Timor-Leste line up to use soap and water to wash their hands



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Every child deserves to live a life free from violence.

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