



COVID-19 RESPONSE PLAN

01

Relief

02

Recovery

03

Resilience



Response
Time frame

12 months



Budget

**₹ 15.75 Cr.
(\$ 2.10 million)**



Target
Beneficiaries

**500,000
Population**



Program
Sectors

**Nutrition
WASH
Food Security
Livelihoods
Child Protection &
Education**



Reach

**1000 Villages
50 Districts
15 States**

1. Problem Statement

With India reeling under the grip of COVID-19 Pandemic, the isolation and lockdown are hurting the vulnerable children & their families. Families in villages and urban slums are struggling to get food, basic hygiene items, clean water and healthcare. People have lost their livelihoods; many of them are living in crowded conditions, as they have nowhere to go. In such conditions, COVID-19 could cause devastating, exponential harm to these families and communities.

Migrant workers, daily wage earners and marginal farmers are worst affected.

424
million

Indians are daily
wage earners

ChildFund did a quick assessment in the first week of April 2020 and understood that,

72,561
families

from 1,498 villages
are in need of immediate
relief support

49
million

people into extreme
poverty in year 2020

ChildFund
estimates over
700,000
people

need support during
this crisis period

As per World Bank estimate - the pandemic could push

2. Response Goal

To reach 500,000 population affected by COVID-19 pandemic and support in restoring their lives by providing them with a comprehensive package of relief and rehabilitation interventions.



3. Response Reach and Target Beneficiaries

Reaching **500,000 population** in **1,000 villages** of **50 districts** spread across **15 States** through emergency relief and rehabilitation assistance.



4. Response Overview:

The response plan is divided into two phases- relief & rehabilitation. The activities for relief and rehabilitation can be implemented together as well as independently.

0-3 months

4.1. Phase I - Immediate Relief:

ChildFund is providing relief assistance to address the immediate needs of children and their families in the outbreak of COVID-19 pandemic. This includes



Emergency medical support for children



Food Baskets for 30,000 families



Hygiene kits for 30,000 families with BCC messages



Protection kits for 1,200 Frontline workers



InterGenerational Coping and Learning (IGCL) kits for 25,000 families

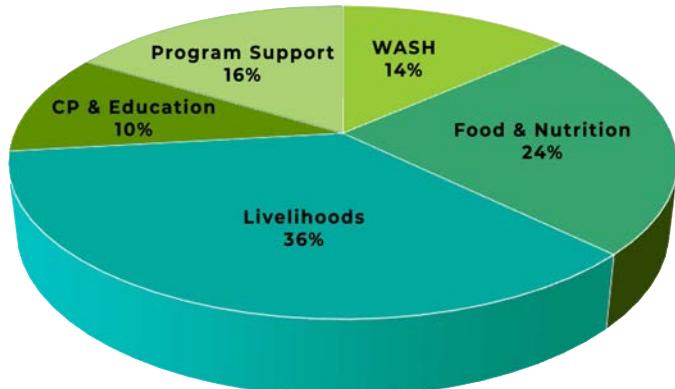
4.2. Phase II –Early Recovery / Rehabilitation:

ChildFund plans to undertake early recovery and rehabilitation interventions to minimize the impact of COVID-19 pandemic on vulnerable children and families. The interventions include



5. Budget

The total estimated budget to implement the response interventions is **Rs. INR 15,75,28,800/ USD 2,100,384** over a period of 12 months. The following is break-up of the budget into key program sectors.





6. Management and Operational Approach

ChildFund India is implementing its emergency response activities through the network of over 45 implementation partners & self-implementation teams across 15 States. The response activities are implemented in coordination with district/local administration. Technical oversight is provided by the Specialist – Disaster Risk Management with strategic guidance from the Country Director and other key functional heads such as Human Resource, Finance, Administration, Communications and Fund raising.



7. Child Protection and Child Safeguarding Protocols

In line with its child protection strategy, ChildFund India is focusing on protecting children from violence, abuse, exploitation and neglect during COVID-19 pandemic. ChildFund is sensitizing/orienting the field teams & local partner teams to mitigate child protection risks at quarantine facilities/communities.



8. Monitoring and Evaluation

ChildFund India has standard M&E processes in place which are being adapted to COVID-19 Response actions on the ground to monitor the interventions. Online Google Template has been created so that the distribution details are updated as per the progress on regular basis. The M&E Specialist is guiding the field staff on its rollout and implementation. M&E activities would be considered separately for specific Phase-I (Relief) and Phase-II (Rehabilitation) related interventions focusing on outputs and outcomes respectively.

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