COVID-19 RESPONSE PLAN

01 Relief
- Response Time frame: 12 months
- Budget: ₹ 15.75 Cr. ($ 2.10 million)

02 Recovery
- Target Beneficiaries: 500,000 Population

03 Resilience
- 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.

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
- ChildFund estimates over 700,000 people need support during this crisis period
- 424 million Indians are daily wage earners
- 49 million people into extreme poverty in year 2020

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.

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:

- Nutrition Security
- Livelihoods support to Marginal Farmers & Migrants
- WASH promotion for COVID-19 prevention and management
- Child Protection and Education

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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