



Save the Children

GLOBAL RESPONSE

PLAN TO COVID-19



PROTECTING A GENERATION

OF CHILDREN

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FOREWORD

COVID-19 knows no borders and it doesn't discriminate – no country, rich or poor, is immune. And as the world grapples with the pandemic, children's lives are being turned upside down.

It is the most at-risk children who will be hardest hit by this pandemic. Refugees and displaced children, street children, girls, and children with disabilities risk being even further excluded, isolated and neglected.

For refugees and displaced children, it's virtually impossible to practice social distancing or safe handwashing. As pressures mount on low-income families, children may need to work to support family incomes. And many girls will be more at risk from gender-based violence and child marriage. Our global response to this pandemic must be inclusive and recognise particular risks these children face to their survival, learning and protection.

It is now more urgent than ever for us to take action to protect the lives and rights of a generation of children. Failure to do so could reverse 30 years of progress in reducing poverty, cutting child deaths and expanding access to learning. Countries around the world are fighting a deadly mix of COVID-19 and rising poverty as economic recession looms.

By working together, we can ensure children survive, continue to learn and stay safe. If COVID-19 is to be beaten anywhere, it must be beaten everywhere. Children cannot be left behind in the global response. This is the biggest crisis of our lifetime. But it's also a once in a lifetime opportunity for the world to come together and do the right thing. We may be physically apart, but we stand together in solidarity.

Inger Ashing
Chief Executive Officer,
Save the Children International

EXECUTIVE SUMMARY

Unprecedented in scale, COVID-19 is a global crisis that poses immediate threats to children's rights to survival, development, learning, protection, and to be heard. Unless mitigated, the pandemic risks undermining progress made on achieving the Sustainable Development Goals and puts an entire generation of children at risk of not fulfilling their potential. Urgent action is required now to safeguard children's rights by ensuring that children and their families can access services and protection throughout the pandemic and to strengthen national systems to prepare, adapt and respond to the evolving needs of children.

COVID-19 is impacting children everywhere, but it is worsening existing inequalities, including gender inequalities – increasing the care burden for women and girls, who also have less secure incomes, lower access to technology and a higher risk of gender based violence. The cumulative impacts of COVID-19 on countries with fragile systems and already experiencing complex emergencies will hit the most marginalized and vulnerable children hardest by exposing them to critical risks to their health, nutrition, learning and protection.

As a global child rights organisation, our ambition is to ensure that the most vulnerable children and their rights are at the centre of the global COVID-19 response. Save the Children works in 117 countries worldwide. Our staff are seeing first-hand the impact of disruption of routine health and nutrition services, school closures, reduced household income and increase in violence on children's rights around the world.

We launched Protect a Generation, our global response to the COVID-19 crisis, to act quickly to prevent, mitigate and respond to the devastating impact of the pandemic. Our response has four priorities underpinned by our global commitment to quality, accountability and partnership:

- Mitigate the impact of the pandemic on child survival
- Help children learn, stay safe, and return to school
- Support family survival and food security through safety nets
- Keep children, families and communities safe.

Our strong global presence and experience of delivering integrated programmes and advocacy for children and communities has enabled us to rapidly adjust our response. However, children living in the most vulnerable countries are now on the frontline of an evolving crisis which threatens their lives and future potential.

Save the Children requires US\$649 million to reach 69 million children and adults with assistance until the end of the year. This funding will enable us to protect children's access to essential services for their survival and development and prevent children and their families from slipping further into poverty.

Our revised global financial requirements are informed by country-level response planning in 87 countries and reflect our engagement in the preparation of the revised Global Humanitarian Response Plan (GHRP) launched by the Emergency Relief Coordinator on the 7th May 2020.

THE IMPACT OF COVID-19 ON CHILDREN¹

The COVID-19 pandemic has spread at an alarming rate and is now hitting countries with some of the world's most vulnerable children. Cases are now being confirmed in some of the world's most fragile countries where response capacity is already stretched to meet the life-saving needs of children and communities.

Children trapped in conflict zones, refugee camps and living in fragile states face acute risks to their survival, development, learning and protection. Adolescent girls are facing increased risk of early and unwanted pregnancy, being forced into early marriage and never returning to school. Key concerns for children during the pandemic include immediate threats to health and nutrition systems, reduced access to education and learning as a result of school closures, exposure to poverty due to pressure on family income and livelihoods, and heightened exposure to protection risks.

Child survival

The effects of the COVID-19 pandemic could disrupt the ability of health systems to administer routine and life-saving services such as child immunisations, prevention and management of childhood disease, sexual and reproductive health services, and infant and young child feeding services. It is estimated that the coverage of essential medical services could be reduced by between 15% and 45% over 6 months, resulting in an additional 253,500 to 1.157 million child deaths globally (10% to 45% increase) and reversing recent progress in reducing infant mortality.² In addition, disruption to sexual and reproductive health services result in dire impacts for women and girls. Pregnancy and childbirth related complications are already the leading cause of death for adolescent girls aged 15-19, and in crises adolescent girls face even greater challenges to getting the health services and information they need.³

The pandemic could result in an additional 250,000 to 1.1 million child deaths due to disruptions to the health system.

Malnutrition is a particular risk with a severely undernourished child being nine times more likely to die from common infections than a well-nourished child.⁴ Early estimates suggest that the number of children under age five who are stunted may increase by 5% or an extra 7 million children.⁵

Children's education and learning

The closure of schools as part of wider national strategies to contain COVID-19 puts children's learning at risk without adequate investment in distance learning and support to teachers. A recent perception survey of children in Lebanon highlighted the need for adequate support to teachers, parents and caregivers for adapted child learning and the importance of consulting with children and youth in developing these approaches.⁶

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countries.⁷ Our experience from responding to the Ebola crisis in West Africa tells us that where children's school attendance and learning is disrupted, girls in particular are at risk of never returning to education due to a combination of harmful gender norms around household labour, negative coping strategies, teenage pregnancy

and early marriage. In addition, 368.5 million children may lose access to school feeding programs and a reliable source of food.⁸ For those children where technological infrastructure is lagging or unaffordable, equitable access to essential learning and development resources requires local and national governments to urgently resource and implement distance learning plans.

Child poverty

Government-led measures to manage the spread of the pandemic including lockdowns, social distancing and travel restrictions are already having negative impacts on local and global economies and household livelihoods. Globally, an additional 42-66 million children are expected to be pushed into extreme poverty in 2020⁹, and the number of people suffering from acute food insecurity could also double to 265 million globally.¹⁰ In sub-Saharan Africa, Save the Children's analysis suggests that between 22 and 33 million additional children will be pushed into extreme poverty by the economic consequences of COVID-19. With the poorest countries lacking the fiscal space to respond to the growing crisis, public budgets for safety nets and public services for children and their families will come under immense pressure.

Child protection

In countries where COVID-19¹¹ prevention measures have been put in place, many previously

Globally an additional 42 – 66 million children are expected to be pushed into extreme poverty.

available child protection and gender-based violence support services have been suspended leaving many children unprotected. Violence, abuse, neglect and exploitation of children is expected to exponentially increase during the COVID-19 crisis for a range of reasons. Some of these include interruptions to safe and appropriate care due to the absence or loss of parents and caregivers, exposure to domestic violence through increased stressors in the home, exposure to online abuse, early entry into the labour market, and child marriage as a survival strategy in the face of loss of family incomes.

These impacts, individually and in combination, will have a huge toll on children and caregivers' mental health and well-being. Previous research from health-related disasters found that children who were isolated or quarantined were four times more likely to meet the criteria for Post-Traumatic Stress Disorder (PTSD) compared to those who were not.¹² The strict preventative measures, treatment, illness and loss expected during an infectious disease outbreak also increases the number of children at-risk of family separation and in need of alternative care in both the short and longer term.¹³ Providing safe, appropriate care is lifesaving for these children. At particular risk are children living in refugee camps and informal settlements, and those living in impoverished urban areas where overcrowding and lack of access to health and protection services are already the norm. In many conflict-affected states, insecurity and division may fuel support for armed non-state actors putting children, particularly boys, at increased risk of recruitment and use in armed conflict. Some girls will be disproportionately affected due to existing gender inequalities and increased burden of care, vulnerability to child marriage, and exposure to gender-based violence.



Jermaine, 10, shows his hygiene kit with soap and hand sanitiser, received from Save the Children during a distribution of hygiene essentials as part of the coronavirus response in Navatos, Philippines

¹ This section reflects a synthesis of Save the Children COVID-19 office response plans as of 1 May 2020 from Uganda, Zambia, Malawi, Ethiopia, Sudan, Burkina Faso, Sierra Leone, Niger, Cote D' Ivoire, Yemen, Ukraine, Lebanon, Syria, Iraq, Jordan, Guatemala, El Salvador, Nicaragua, Haiti, Mexico, India, Indonesia, Philippines, Bangladesh, Hong Kong, Japan, Italy, Spain, Germany, Denmark and Finland.

² 21 April 2020, John Hopkins, Early Estimates of the Indirect Effects of the Coronavirus Pandemic on Maternal and Child Mortality in Low- and Middle-Income Countries, p.1

³ WHO 2020, Adolescent Pregnancy accessed 7 May 2020 and WHO 2020 Maternal and Reproductive Health Service Coverage accessed 7 May 2020.

⁴ UNICEF Acute Malnutrition accessed 7 May 2020.

⁵ Lawrence Haddad for IFPRI: Biblical, on steroids, and across generations: The coming food and nutrition crash can be averted if we act now to counter the COVID-19 crisis

⁶ Save the Children Lebanon, 2020, Views From The Lockdown: Summary of Children and Youth's Perceptions of the COVID-19 Situation in Lebanon, internal

⁷ UNESCO, COVID-19 Educational Disruption and Response, accessed 3 May 2020.

⁸ United Nations, 16 April 2020, Policy Brief: The Impact of COVID-19 on Children, p.9

⁹ United Nations, 16 April 2020: Policy Brief: The Impact of COVID-19 on Children, p.6

¹⁰ World Food Program, 21 April 2020 COVID-19 will double number people facing food crises unless swift action taken

¹¹ Save the Children, 22 April 2020: Coronavirus could push over 40 million children globally into poverty

¹² Sprang & Sillman, 2013: Post-traumatic stress disorder in parents and youth after health-related disasters, Disaster Medicine and Public Health Preparedness.

¹³ Better Care Network et al, Protection of Children during the COVID-19 Pandemic: Children and Alternative Care

MAYA*, 14
ZA'ATARI, JORDAN



Photo: Sherbel Dassi / Save the Children

Maya*, 14, lives in Za'atari camp in Jordan with her mother and two brothers.

Maya is from Syria and her family fled to Za'atari in 2013. Maya used to be very shy, but after taking part in Save the Children's 'Coaching for Life' project, she built her confidence and made new friends.

She now advocates for the rights of other children in the camp. She is determined to end child marriage and wants to see girls finish their education.

Maya wants to be a pharmacist when she's older and she wants to write about women's issues through poetry and articles

Maya and her family are quarantining in their home to protect themselves from coronavirus. She doesn't leave the house and she has stopped going to school. She keeps up with her lessons through the TV, internet and WhatsApp. She misses her friends and teachers.

In her own words:

'Of course my life has changed after the quarantine, I don't go to school anymore, and I don't go to the safe zone anymore. I don't see my friends. I miss the people I love a lot. Almost all children around the world are in the same situation.

We are in quarantine and we don't go to school. But I keep up with my lessons through [the] TV, and I take pictures of my homework and send them to my teachers via Whatsapp. I miss my school so much because it is my second home, and I miss my teachers. It's true that I learn [though the] TV but it's not like my teacher.

What scares me the most about coronavirus is if it hits someone I love. Like my family, friends or my teachers. I am worried about everyone I love.

I advise children in Za'atari camp to take care of their hygiene, stay away from crowds, sanitise their hands and follow quarantine. Stay home, for your own safety and for your family's safety.

SAVE THE CHILDREN'S RESPONSE: PROTECTING A GENERATION

Overview

Save the Children is responding to the crisis in 87 countries worldwide through preparedness and an integrated programme and advocacy response. Save the Children developed the 'Protect a Generation' strategy to guide the delivery and adaptation of integrated programming and advocacy in response to the crisis entering a new phase in countries with fragile systems and high levels of pre-existing humanitarian need.

Our programme adaptation is informed by [Save the Children's COVID Programme Framework Guidance](#) and investment in real-time analysis and learning to adapt and implement. This approach has proven to be critical to allow timely and effective pivots to new contextual and operational challenges associated with COVID-19. In April 2020, Save the Children

conducted a real-time scoping exercise in 22 countries to capture challenges associated with rapid programme adaption and emerging responses and adaptations in high density and low resource contexts.

To date, we have reached over 1.5 million children with alternative remote education, cash support and Risk Communication and Community Engagement (RCCE) to keep children and their families safe from infection and allocated approximately US\$4 million of internal flexible funding to support programme adaptation and scale-up of the response. Through our national and global advocacy, we have put a spotlight on the policies and financing required, including through debt relief, to ensure that children continue to access health, nutrition, education and protection services.



PILLAR 1

Mitigate the impact of COVID-19 on child survival



PILLAR 2

Help children learn stay safe and return to school



PILLAR 3

Support family survival and food security through safety nets



PILLAR 4

Keep children safe in their home and in communities

ENABLERS

Accountability to Affected Populations	Coordination	Partnership with Local National Actors	Real-Time Learning and Evidence
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PILLAR 1



MITIGATE THE IMPACT OF COVID-19 ON CHILD SURVIVAL

Goal: Reduce excess morbidity and mortality of children due to effects of COVID-19 and its impact on health and nutrition systems.

Global financial requirement
US\$229 million

Save the Children is an experienced actor in community-based health provision which will be a first line of defence against COVID-19 in many countries. Our health and nutrition response will support the continuation of life-saving and life-sustaining services for children and families while also ensuring services for COVID-19 prevention, detection and management. Properly trained and effectively supported health workers can identify symptoms to quickly isolate cases and educate families about the importance of physical distancing, handwashing and other behaviours needed to prevent and reduce transmission of the virus. As pressures mount on health systems, community health workers and primary health clinics will play a critical role in defending the health systems that protect children from killer diseases – like pneumonia, malaria, sepsis and measles – and in providing women with safe childbirth facilities. In addition to equipping frontline workers with the resources, tools, and skills to safely deliver essential services to detect and treat common childhood illnesses and malnutrition, Save the Children will expand the number, strengthen the capabilities, and extend the reach of community health workers to continue life-saving services in their communities in the safest way possible.

Programme response

Support the safe continuation of community-based preventive and curative care to address common childhood illnesses and malnutrition through existing community and facility levels.

Scale up Community Case Management and facility-based services through direct provision or support through training, incentives, supplies and human resources.

Enhance existing community-based service packages with COVID-19 detection, prevention and management activities including expanding the reach of community health workers.

Support the Ministry of Health and Health Cluster partners to scale up surveillance systems by training staff on case definitions, contact tracing and active case finding, and setting up registers for reporting health care associated infections in health facilities and communities.

Strengthen Infection Prevention and Control (IPC) in supported facilities, including the provision of Water, Sanitation and Hygiene (WASH) services and supplies. Ensure COVID-19 considerations for screening, triage and isolation, at supported health facilities and ensure patient referral pathways.

Support families and communities to promote and enable handwashing and other essential mitigation efforts through social behaviour change approaches, including locally and culturally appropriate Risk Communication and Community Engagement (RCCE) efforts designed to detect and rapidly respond to public perceptions and to counter any misinformation and rumour.

Support effective supply chain through pre-positioning of COVID-19 basic disease commodity packages in health facilities and explore local sources of supplies.

Advocacy response

In line with our [Global Agenda for Action](#), we advocate for:

Investment in public health and nutrition systems, prioritising primary healthcare to respond to COVID and the continued delivery of essential services. This includes investment in frontline health workers, ensuring they are adequately remunerated, empowered and supported, and provided with the right training, skills, equipment, resources and supplies to respond to the pandemic and ensure continued service delivery.

Adequate supply of essential medicines, equipment and supplies, including medical oxygen and pulse oximeters as part of strong primary health care.

Public and private health and nutrition services made available free at the point of use, at least for vulnerable children and families and the removal of other financial and non-financial barriers to accessing services.

Investment in the development of vaccines and treatment for COVID-19 and guarantees for equitable and affordable vaccines so all countries get their fair share.

PILLAR 2



HELP CHILDREN LEARN, STAY SAFE AND RETURN TO SCHOOL

Goal: Children affected by school closures continue to learn and their physical, psychosocial and learning needs are supported.

Global financial requirement
US\$113.1 million

As schools close, it is critical that opportunities for learning stay open and that teachers and students are supported throughout the crisis. Where schools are closed or children cannot get to them, children must have daily access to quality and inclusive interactive learning activities through the most accessible and appropriate means for each context. As well as traditional lessons, distance learning should also integrate lessons on health, hygiene and keeping safe. The pandemic is likely to exacerbate the stress on teachers and increase teacher shortages and requires coordinated support to Ministries of Education to help teachers with appropriate support. When it is safe, children will need help to get back to school, especially marginalized children such as girls and children with disabilities.

Programme response

Ensure effective education national coordination mechanisms are put in place, including clusters and education in emergencies working groups; and provide leadership to these mechanisms where necessary.

Support the delivery of distance learning for children out of school by working with education partners, teachers and governments to develop and deliver a suite of distance learning materials for dissemination by internet, radio, phone or television.

Work with the Ministry of Education to support teachers to maintain their salaries, motivation, well-being and skills during the pandemic.

Support the Ministry of Education and Education Cluster partners on Back to School initiatives including determination of when to open/close schools; ensuring parents are informed and schools are safe and equipped with resources.

Ensure that children who rely on school feeding to support their nutrition have access to alternatives.

Advocacy response

In line with our [Global Agenda for Action](#) and supported by a Back to School Campaign, we advocate for:

Governments to ensure the continuity of learning during national lockdown through developing a holistic suite of age and gender-sensitive quality, inclusive distance learning pathways, materials and tools to reach children.

Ensuring that distance learning prioritises the safety of children and caregivers through raising awareness of good practice in Water, Sanitation and Hygiene (WASH) and social and behavioural change activities.

Ensuring that distance learning prioritises children's mental health and psychosocial wellbeing with resources for caregivers and for children in isolation, children who are not safe at home, or who have lost caregivers.

Ensuring distance learning creates opportunities for children to evaluate the platforms they are accessing and facilitates spaces where children can have their voices heard and define their role as agents of change.

Ensuring teachers are supported to provide inclusive distance learning and ensuring teacher salaries are sustained through the crisis.

Planning now for the safe school reopening, with a focus on the reintegration of marginalised groups, including adolescent girls and other groups at higher risk of not returning.

Upholding and increase national education budgets and Overseas Development Assistance (ODA) for education throughout the crisis.



Saуда is a clinical officer at Save the Children and works in a mobile health clinic that operates in Mvepi refugee settlement.

NASSIR*, 12 SOMALI REGION, ETHIOPIA

Nassir*, 12, is a 4th grade student in the Somali region in Ethiopia.

Photo: Seifu Asseged / Save the Children



Nassir is out of school but thanks to Save the Children's mobile library, he is able to continue his reading and learning at home.

In his own words:

"Our teacher told us that the coronavirus, what we call Dury Arorey here [which means the angry influenza in the Somali language] is a tiny organism that we cannot see with our eyes. He also told us it spreads when sick people cough and sneeze near others. People who are sick have symptoms like cough, fever and have trouble breathing.

I wish I could go to school, but our school is closed and I feel sad and upset that I cannot go to school. I miss my friends in school. When we were in school, we used to play different games with my friends. I often think of them. Before the coronavirus, the school fed us meals each school day, but now the school feeding program has stopped. I hope it will start again soon.

Our teacher also taught us how to protect others and ourselves from the coronavirus. Some of the things we learned are to wash our hands with soap and water, wave to people instead of

shaking hands and we have to stay at least one metre away from people.

We know we have to wash our hands but water is very scarce here. Therefore, it is very difficult for us to get enough water and soap to wash our hands and protect ourselves from the virus.

I am scared of the Dury Arorey . I worry the virus could spread here in our village and hurt many people I know.

Schools are closed but the mobile reading camp still comes to our village once a week. The librarian lends us storybooks that we can take home to read. I borrow different storybooks from the reading camp. I find it fun reading stories to my family at home. It also helps me improve my reading skills.

On behalf of the children in my village, I would like to say please bring us clean water and soaps so we keep clean and protect ourselves from this virus

I wish the virus would just go away so school opens again. I want to learn and become an engineer someday, support my family."

PILLAR 3



SUPPORT FAMILY SURVIVAL AND FOOD SECURITY THROUGH SAFETY NETS

Goal: Ensure families, particularly the most deprived and marginalised, are able to meet children’s most basic needs and avoid hunger, malnutrition and other negative coping strategies due to lost livelihoods.

Global financial requirement
US\$210.1 million

Parents and other caregivers in many of the world’s poorest communities already face enormous challenges in providing for the basic needs of their children. In rich countries, recession and lockdown is already contributing to rising child poverty, even with the expansion of safety nets. In poor countries with millions of people living on less than the \$1.90 a day poverty threshold, the social and economic disruption that comes with coronavirus could lead to catastrophic results. With increasing numbers of countries adopting ‘lockdown’ policies requiring people to stay home, the immediate loss of income to hundreds of millions of people will immediately translate into not being able to put food on the table. Anyone without regular salaries, a group that is disproportionately women, is especially vulnerable to this. The knock-on disruption of food markets is also already resulting in food price inflation, putting an affordable diet beyond the reach of many households, particularly in urban areas. Vulnerable families urgently require financial support to provide for the most basic needs.

Programme response

- Scale-up and adapt delivery models for cash transfers and vouchers - either electronically or physically in line with guidance on social distancing.
- Implement Cash and Voucher Assistance (CVA) surveillance systems and provide essential items in areas where access is limited due to market closure.
- Set-up new or expand existing surveillance systems, to monitor those factors that impact the feasibility of CVA. These include: supply chains and food markets; non-food items, in particular hygiene commodities.
- Assess and model the potential impact of shocks on hunger and food insecurity, including through use of Household Economy Analysis (HEA).
- In contexts where government-led social protection schemes and systems (e.g. social registries and delivery mechanisms) exist and have adequate coverage, work with governments to review how to scale up or adapt existing systems – to ensure the most marginalised and deprived benefit and that families newly impacted by income loss from COVID-19 can be supported.
- Ensure that all systems – whether government or humanitarian, are developed and expanded based on the best available data – including a strong contextual analysis of gender and other issues such as disability inclusion.
- Engage adolescents and youth in monitoring risks and availability of decent and age-appropriate economic opportunities for recovery. Encourage development of innovative solutions for continued learning and earning during and after the crisis.
- Engage youth in skills training for recovery and encourage development of innovative solutions for supply chain/ food system continuity.
- As far as possible build on Save the Children’s experience of integrating cash transfers with other service provision to maximise impact e.g. cash plus nutrition interventions, or cash plus access to protection services (e.g. for child protection and GBV).
- Continue to innovate through use of mobile phone transfers - with a special focus on inclusion of women and adolescent girls – by improving gender equality in access to technology, information and services.

Advocacy response

- In line with our [Global Agenda for Action](#), we advocate for:**
- All children, starting with the most deprived and marginalised, have access to government-led universal child benefits, including by taking the following measures:
 - Scale up of cash and other forms of direct assistance to families through social protection systems or humanitarian systems supported by debt cancellation.
 - The global community come together and commit to financing a Global Fund for Social Protection so that the poorest countries can finance the establishment of child-sensitive, inclusive and gender-responsive social protection systems, also known as ‘floors’, in line with the SDGs.
 - Governments budget adequately to meet basic needs of citizens, and that where governments are not able or willing to deliver, humanitarian response is funded to deliver.
 - The continuation of life-saving remittances from migrant workers to their families in a context where containment measures are both drying up and making it harder for end recipients to access remittances.
 - Classification of ‘essential services’ during lockdown period should include agricultural production, food processing and marketing – to avoid exacerbating problems of local and international food availability and affordability.

PILLAR 4



PROTECT CHILDREN FROM RISK OF VIOLENCE, EXPLOITATION AND ABUSE IN THEIR HOMES AND IN THEIR COMMUNITIES

Goal: Children at-risk of, or experiencing, violence, exploitation, abuse and neglect have access to quality child protection services during COVID-19.

Global financial requirement
US\$69 million

Evidence from our response to previous infectious disease outbreaks indicate that existing child protection risks are exacerbated, and new ones emerge, as a result of the virus as well as of the socio-economic impacts of prevention and control measures. Children are at heightened risk of exploitation, violence and abuse when schools are closed, social services are interrupted, and movement is restricted. The mental health of children and adolescents is of particular concern, particularly where this new crisis overlays existing crisis or stressors. Collaboration with Governments, donors and partners will be critical in ensuring a comprehensive, multi-sectoral approach that means children are safe and protected in their homes, communities and online, at a time where there is less possibility of monitoring their protection and well-being, and where access to vital protective services for vulnerable children and their families is limited.

Programme response

Support parents and caregivers to deal with multiple new stressors due to COVID-19 by providing resources and guidance on positive parenting to reduce children's risk of physical and humiliating punishment in the home, and their abuse online.

Support children at-risk of, and separated from their primary caregivers to live in safe, appropriate care, and access necessary services.

Provide children at-risk of, or experiencing, sexual and gender based violence, especially adolescent girls, with appropriate prevention, support and care services, and improved referral pathways across sectors.

Engage communities in safely preventing and responding to child protection issues, and connecting to a social service workforce with increased capacity to adapt and respond to child protection risks in the context of COVID-19.

Support children and adolescents to cope with stress and anxiety through appropriate and accessible Mental Health and Psycho-Social Support (MHPSS) support and tools.

Integrated delivery of cash and voucher assistance to at-risk households to prevent negative coping strategies, such as child labour and child marriage.

Advocacy response

In line with our [Global Agenda for Action](#), we advocate for:

Global and national responses to COVID-19 must prioritise and fund the protection of children, particularly girls, from gender-based and other forms of violence and MHPSS. This is critical to ensure the implementation of the UN Secretary General's Call to Action on a Ceasefire on Violence in the Homes and enable a fully integrated response to children's protection and needs.

Contingency to scale up emergency family-based care within communities to provide safe homes for children separated from their support networks due to illness, preventative measures or bereavement and focus on separated and unaccompanied children in displacement, including refugee children.

Warring parties to immediately de-scale conflicts and agree to nationwide ceasefires to allow frontline responders to work unhindered.

The collection of disaggregated data to ensure that future investments are data driven and targeted to the most vulnerable children and families.

Classification and resourcing of social service workforce and humanitarian workers as essential, and provided with the necessary protective equipment and training to be able to continue to deliver essential services to protect children.

RESPONSE ENABLERS

The response pillars highlight what we aim to achieve for children, the response enablers demonstrate the policy principles upon how we aim to get there. They are based on the understanding that COVID-19 is challenging us in ways never imagined and only through humility, agility, coordination and collaboration with others and the willingness to listen and learn from each other will we be able to succeed in delivering a quality response for children and their communities. COVID-19 provides an opportunity to put these policy ambitions into practice at scale.

Accountability to Affected Populations

Save the Children will continue to work in a way that builds trusting and collaborative relationships with children and communities through information sharing, participation, and feedback, in line with our commitment to children's rights, the Core Humanitarian Standard and the Grand Bargain Participation Revolution. Risk communication and community engagement will be central to the response. Save the Children will promote safe and meaningful child participation, helping us to learn from children about how COVID-19 has affected their lives, supporting us to understand children's ideas

and priorities, and enabling us to work together with children on responses to the pandemic. Save the Children will apply feedback and reporting mechanisms throughout our response to the COVID-19 pandemic to promote accountability to affected populations, support safeguarding and to aid learning and continuous improvement in our response. Country Offices will apply new guidance on adapting those mechanisms to mitigate against restrictions on data collection opportunities and ensuring the safety of children and other community members.

Coordination and collaboration

As a member of the Inter-Agency Standing Committee (IASC) and Global Cluster Lead Agency for Education, alongside UNICEF, Save the Children will support nationally-led response and continue to engage and lead coordination structures at local, national, regional and global levels.¹⁴ Save the Children's humanitarian response strategy to COVID-19 is informed and aligned to the strategic pillars of the IASC Global Humanitarian Response Plan to COVID-19. We will coordinate and collaborate with national and local actors, UN Agencies, INGOs and ICRC/IFRC to identify under-served geographic areas and populations to ensure complementarity and coverage of our response.

GLOBAL CLUSTER LEAD AGENCY FOR EDUCATION

Save the Children leads 23 of the 30 activated education clusters/hubs and (co)leads over 20 education in emergencies working groups in other countries. Through this leadership role, Save the Children ensures that the voices of children and the priorities of civil society are central to the planning, implementation and monitoring of humanitarian education responses.

Our key contributions to the global work of the Education Cluster include strengthening accountability to affected populations; leadership on child safeguarding and child-led response monitoring and supporting the localisation of coordination structures.

Partnership with Local and National Actors

Supporting local leadership from the start is key to reach the most affected children quickly with quality services in line with their needs. Save the Children's global COVID-19 will be in line with our partnership principles: **value driven** and **empowering** relationships, **transparency** and **accountability, mutual benefit** and **complementarity**. Save the Children's interim [Guidance Note on Working with Local and National Actors during COVID-19](#) outlines how Save the Children will work with local and national actors during the first phase of the response in relation to staff health; business continuity; preparedness and response. In line with Grand Bargain commitments, Save the Children will allocate up to 10% additional costs to local and national actors to support their indirect costs and capacity strengthening initiatives to

support a locally-led response to COVID-19. Save the Children also commits to transfer any additional budget flexibility from donors and UN Agencies to local and national actors. Finally, Save the Children and the Humanitarian Leadership Academy will continue to expand the [COVID-19 Learning](#) Pathway in line with feedback from users including staff from partner organisations.

Real-time learning and evidence

Given the high degree of learning and innovation required for an effective response to COVID-19, Save the Children will work with partners to deliver a research agenda focused primarily on understanding and assessing operational and programme adaptation with a secondary focus on contribution to longer-term learning on pandemic response. Save the Children's research agenda will be coordinated with and support identified sector-wide priorities, and will initially focus on:

Research Area	Forthcoming
Understanding the impact of COVID on children's rights and wellbeing	Global online survey on the impact of COVID-19 on health, education and protection. Learning losses among children during school closures.
Understanding the effectiveness of COVID-related interventions, with a focus on the most vulnerable children	What risk communication and shielding activities work best in COVID responses in high-density urban areas and camps?
Operational adaptations for effective COVID responses	What remote engagement and data collection methods are most effective in reaching deprived and marginalised children?

¹⁴ Save the Children co-leads the Child Protection Area of Responsibility (CPAoR) in Afghanistan, Burkina Faso, Democratic Republic of Congo, Iraq, South Sudan, Somalia and Yemen and contributes to the Alliance for Child Protection in Humanitarian Action. We also co-lead country level coordination groups for health and cash in cluster and non-cluster settings, including in refugee contexts and a member of cluster Strategic Advisory Groups.

RESPONSE MONITORING

Save the Children will monitor all country-level response interventions for the purposes of:

- Tracking the relevance of our response to children's needs
- Tracking coverage and – where possible – results of our activities
- Learning lessons for improving response within and across countries and with other actors.

We recognise that pandemics affect people differently. All indicators will be disaggregated by gender, age, disability and other social characteristics where possible. They will be

regularly reviewed as part of our commitment to inclusion and equality.

The global nature of COVID-19 provides both opportunities and challenges around monitoring. Countries experiencing different phases of COVID-19 in similar contexts can benefit from exchanging learning and innovation. Limitations on movement and a focus on safety will require heavier reliance on remote monitoring methods.

The core indicators monitored in global response are as follows:



Althea*, 19 months, is held by her mother at the water refilling station where her parents work.

Strategic Priority	Indicator
1.Child Survival	# of countries where Save the Children has supported the roll-out of large scale, culturally appropriate risk communication on COVID-19.
1.Child Survival	# of community health workers supported or trained to prevent and mitigate the impact of COVID-19 on child survival.
1.Child Survival	# of children (under five) who received treatment for acute malnutrition.
1.Child Survival	# of households supported by Save the Children to access safe water, facilities for handwashing with soap and environmental sanitation practices.
2.Education	# of children affected by school closures supported by Save the Children to access distance learning.
2.Education	# of countries in which Save the Children supported Ministries of Education to adapt education curriculum and provision to COVID-19 context.
2. Education	% of Save the Children-led Education clusters/working groups operating with a COVID19 response plan.
3.Safety Nets	# of households supported by Save the Children to receive cash and voucher transfers
3.Safety Nets	# of governments supported by Save the Children to protect, adapt and/ or scale safety nets for COVID-19-affected populations (including social protection, food security and livelihoods, and household economy analysis).
4.Child Protection	# of children receiving case management child protection support during the COVID-19 pandemic (e.g. for reintegration/ alternative care; risk of family separation; violence in the home, sexual and gender-based violence).
4.Child Protection	# of children and caregivers receiving MHPSS support during the COVID pandemic.
Enablers	# of national COVID-19 responses supported by Save the Children to provide for children's health, learning, protection and social protection, and with a focus on the most marginalised.
Enablers	# of countries supported by Save the Children to include children's voices in national and subnational COVID-19 planning and implementation.
Enablers	% of new COVID response funding provided to local and national actors.

ANNEX

Global Financial Requirements for Save the Children's Global Response to COVID-19

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Total (\$M USD)	229.0	210.1	113.1	69.0	27.9	649.1	69,017,912	34,971,584

ASIA

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Afghanistan	4.00	6.00	3.50	3.00	0.25	16.75	5,400,000	835,000
Bangladesh	21.00	16.40	4.00	5.00	1.76	48.16	14,900,000	8,493,000
Cambodia	1.00	4.00	2.00	1.00	0.00	8.00	172,500	89,900
Laos	2.00	5.00	2.50	0.50	0.00	10.00	548,800	334,700
Vietnam	0.65	0.20	0.44	0.12	0.12	1.53	526,700	252,400
China	0.05	0.00	0.39	0.46	0.18	1.07	70,900	40,500
Indonesia	4.50	3.75	2.50	1.50	0.00	12.25	980,900	328,600
Sri Lanka	0.60	0.75	0.50	0.25	0.15	2.25	375,000	172,500
Thailand	0.22	1.00	0.18	0.00	0.26	1.66	202,000	115,300
Myanmar	1.20	4.57	4.30	0.23	0.00	10.29	979,800	268,600
Nepal & Bhutan	8.05	5.37	2.87	0.25	0.30	16.83	736,200	386,100
Pakistan	12.52	3.50	2.50	0.47	0.07	19.07	445,900	254,600
Philippines	0.80	0.70	1.40	0.27	0.33	3.50	1,037,300	547,600
India	8.16	17.50	3.10	5.23	0.74	34.73	4,169,400	1,855,200
Japan	0.01	2.10	0.00	0.50	0.10	2.71	22,800	13,000
Korea	0.01	1.08	0.16	0.00	0.00	1.25	8,900	5,100
Australia	0.13	0.00	0.00	0.00	0.00	0.13	7,000	7,000
Hong Kong	0.04	0.00	0.00	0.05	1.30	1.39	161,600	11,500
New Zealand	0.00	0.00	0.00	0.00	0.00	0.00	0	0
Papua New Guinea	0.23	0.00	0.25	0.00	0.00	0.47	175,600	35,200
Solomon Islands	0.59	0.00	0.50	0.50	0.13	1.71	18,700	6,900
Vanuatu	0.11	0.00	2.14	0.00	0.00	2.25	66,600	38,000
Fiji	0.20	0.20	0.20	0.20	0.35	1.15	44,500	14,200
Mongolia	0.00	0.21	0.27	0.05	0.03	0.56	103,800	94,800

EUROPE

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Denmark	0.00	0.05	0.60	0.10	0.00	0.75	6,600	5,300
Finland	0.00	0.53	0.00	0.23	0.00	0.76	41,000	23,400
Germany	0.00	0.00	0.99	0.54	0.00	1.53	4,500	4,200
Iceland	0.00	0.00	0.00	0.00	0.00	0.00	3,000	2,500
Italy	0.00	1.30	4.00	3.71	0.01	9.02	46,600	26,600
Lithuania	0.00	0.15	0.04	0.08	0.01	0.28	4,300	3,100
Netherlands	0.00	0.00	0.00	0.00	0.00	0.00	4,300	4,300
Norway	0.00	0.00	0.20	0.30	0.10	0.60	33,000	13,000
Romania	0.30	0.06	0.19	0.06	1.46	2.06	16,100	9,300
Spain	0.00	0.98	2.06	0.38	0.00	3.41	5,600	3,600
Sweden	0.10	1.32	0.20	1.42	0.00	3.03	25,000	15,000
Switzerland	0.00	0.00	0.15	0.00	0.00	0.15	1,000	1,000
United Kingdom	0.00	0.00	2.00	0.00	0.00	2.00	20,000	10,000

EAST AND SOUTHERN AFRICA

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Ethiopia	11.00	10.00	10.00	4.00	0.00	35.00	10,000,000	5,710,000
Kenya	6.00	2.30	0.04	1.50	1.55	11.39	70,000	40,000
Malawi	1.80	2.00	1.80	0.98	0.00	6.58	3,045,200	1,738,800
Mozambique	4.09	0.30	1.78	1.33	0.03	7.53	2,301,300	1,314,000
Rwanda	1.80	0.03	0.30	0.28	0.05	1.30	3,519,500	2,009,600
Somalia	0.98	20.70	7.10	5.37	4.23	79.65	1,936,800	1,220,200
South Sudan	0.00	1.35	2.20	4.20	0.45	18.59	850,000	485,400
Sudan	6.58	2.76	3.50	1.05	1.01	14.25	1,600,000	913,600
Tanzania	1.47	0.00	0.65	0.99	1.86	4.96	400,000	228,400
Uganda	4.13	3.00	0.15	2.43	0.90	10.60	1,500,000	856,500
Zambia	0.03	0.00	0.92	0.25	0.08	1.27	78,400	44,700
Zimbabwe	9.25	24.30	7.00	1.75	2.70	45.00	2,000,000	1,142,000
S.Africa	0.12	0.01	0.03	0.04	0.00	0.19	8,400	6,200
Swaziland	0.12	0.13	0.03	0.02	0.03	0.32	201,500	110,800

LATIN AMERICA AND THE CARIBBEAN

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Bolivia	0.35	0.89	0.02	0.01	0.00	1.27	71,400	60,400
Colombia	2.13	0.80	0.42	0.50	0.00	3.85	172,500	89,900
El Salvador	0.18	0.11	0.21	0.08	0.15	0.73	500,000	300,000
Guatemala	2.51	9.00	0.07	0.04	0.10	11.71	225,000	70,000
Haiti	1.91	0.55	1.25	0.56	0.65	4.92	127,600	47,900
Nicaragua	1.07	0.00	0.03	0.02	0.35	1.47	311,000	186,200
Peru	2.38	1.00	0.12	0.20	1.23	4.92	140,000	40,000
Mexico	1.15	4.89	0.15	0.05	0.04	6.27	700,000	300,000
Honduras	0.56	0.67	0.32	0.32	1.49	3.35	30,500	13,400
Dominican Republic	0.46	0.27	0.15	0.53	0.00	1.41	849,600	305,900
Venezuela	0.65	0.76	0.17	0.12	0.21	1.91	85,612	48,884

MIDDLE EAST AND EASTERN EUROPE

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Albania	0.11	0.10	0.17	0.17	0.00	0.54	125,000	25,000
Egypt	1.00	2.00	0.35	0.65	0.00	4.00	281,700	25,000
Georgia	0.00	0.00	0.01	0.00	0.00	0.01	4,000	2,300
Iraq	0.76	0.67	0.50	0.00	0.00	1.92	85,000	55,000
Kosovo	0.27	0.50	0.25	1.44	0.00	2.46	150,000	50,000
Lebanon	1.94	1.27	0.00	0.81	0.00	4.02	100,000	57,100
NW Balkans	1.00	0.00	1.40	0.46	0.00	2.86	26,200	21,300
OPT	1.28	0.00	0.49	0.70	0.00	2.46	102,900	58,700
Syria	4.10	0.00	2.00	2.50	0.00	8.60	97,400	55,600
Turkey	0.00	0.00	0.00	0.00	0.00	0.00	5,000	2,900
Ukraine	1.20	0.00	1.00	0.60	0.00	2.80	55,000	31,400
Yemen	3.88	0.00	0.00	1.13	0.00	5.00	591,000	400,000
Jordan	0.00	0.46	1.37	0.00	0.00	1.83	10,200	6,000

NORTH AMERICA

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Canada	0.00	0.00	0.50	0.00	0.50	1.00	30,000	10,000
US	0.00	10.00	10.00	0.00	0.00	20.00	300,000	150,000

WEST AND CENTRAL AFRICA

	Health	Fsl/cash	Education	Protection	Other	Total	Beneficiary (total)	Beneficiary (children)
Burkina Faso	0.80	0.86	1.37	0.60	0.31	3.94	175,300	85,000
Cote D'Ivoire	5.80	1.75	1.15	0.92	1.23	10.85	541,100	230,000
DRC	4.50	0.00	1.50	3.30	0.00	9.30	1,700,000	935,000
Mali	3.47	1.58	1.63	0.11	0.13	6.91	946,200	268,000
Mauritania	0.00	0.00	0.00	0.00	0.00	0.00	0	0
Niger	4.20	2.50	0.50	0.80	0.00	8.00	140,000	79,900
Nigeria	15.43	24.90	5.00	1.21	0.69	47.23	360,400	205,800
Senegal	0.62	0.00	0.43	0.39	0.10	1.54	284,700	138,900
Sierra Leone	1.61	0.98	0.98	0.26	0.22	4.05	550,000	314,100

Note: All funding targets in \$M USD; Time frame of funding targets is through 2020; Beneficiary count only inclusive of direct reach (exclude indirect reach); Assumed 57% of total beneficiaries are children for countries where % children breakdown not provided (assumption based off 2019 Save the Children average); Asia region details: New Zealand conducting advocacy and will repurpose existing funds to do so, reach not available; Europe region details: Germany education targets to be funded through existing programming/funding, Iceland & Netherlands lack targets as existing programming/funds will help conduct COVID programming; MEEE region details: Turkey targets to be funded through existing programming/funding; WCA region details: Mauritania data incomplete but programming is occurring.

Sources: Save the Children Country Response Plans (April 2020) and Save the Children's input at country and global level to the IASC Global Humanitarian Response Plan (April 2020).

Cover photo: Save the Children Mexico



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