COVID-19

SHIELDING CHILDREN

Three Months On - Progress Report
June 2020
Introduction

War Child is a humanitarian organisation that works exclusively to improve the resilience and wellbeing of children and youth living with violence and armed conflict. War Child delivers vital child protection, education and psychosocial support in countries where all aspects of life are disrupted by armed conflict.

The World Health Organization (WHO) declared COVID-19 a pandemic on 11 March 2020. By then, the novel coronavirus had already demonstrated its lethal effect and ability to spread fast.

Prior to the announcement by WHO, War Child had taken a number of preventative measures (see table). As the world moved from readiness to response, we shifted gears.

On 12 March we initiated a system-wide humanitarian activation of War Child, covering all countries, teams and partners. We quickly adapted our activities in all 17 programme countries to help shield children and communities from the worst effects of the pandemic. We adopted and disseminated best practices for public health, hygiene promotion and disease outbreak prevention as directed by WHO.

A Rapid Needs Assessment was conducted by each of our country offices in order to locally assess needs and anticipate gaps - informing our subsequent emergency response strategy. Extraordinary times must be met with an extraordinary response. This was made possible through the continued support of our partners worldwide including community-based organisations, government agencies and international agencies.

Immediate priorities:

► Ensure the immediate safety, health and wellbeing of all War Child staff

► Develop an emergency humanitarian response strategy with relevant programmes, security, child safeguarding, learning and continuous improvement as core components - supported by internationally-recognised humanitarian values and principles, best practices for public health in emergencies (WHO), War Child’s Theory of Change and strategic priorities and War Child Holland’s Fast Aid (see pg. 10) framework. Fast Aid is War Child’s emergency humanitarian response and readiness initiative.

► Adapt our existing programmes in all 17 countries as part of a localised emergency humanitarian response to meet the fresh challenges posed by the pandemic

► Set up a real-time Virtual Operations Room to disseminate critical information amongst staff and manage all aspects of the response and preparedness work

► Put our new Fast Aid framework into action - developing or adapting tools, guidance notes and procedures where needed

Information management and communication is a vital component of any emergency response. We established various mechanisms to allow for information flow in real time. Our Virtual Operations Room went live on 13 March. Coordination calls were organised with key staff at all levels including the Senior Management Team, Country Directors, Programme Managers, technical leads and various teams within countries. Our emergency response coordination group, consisting of the leads on programmes, operations, communications, funding and the humanitarian director, also began regular meetings - designed to address plans for communicating with the public and techniques for producing, exchanging and distributing information as the pandemic took hold. We shared information and learnings with other agencies.

Working with our partners and governments worldwide, we made some significant contributions to stop the spread of the virus and limit its impacts on the children and communities we serve. This report, published in the 3rd week of June, provides an exhaustive overview of our COVID-19 Emergency Response to date and offers critical reflections and learnings to take forward. The report makes key recommendations for the future and reflects our commitment to maintain momentum in the months ahead.
Timeline

12.31.2019
Wuhan Municipal Health Commission, China, reports a cluster of cases of pneumonia in Wuhan, Hubei Province. A novel coronavirus is identified.

01.05.2020
WHO publishes first disease outbreak news about the virus.

01.30.2020
Director-General declares the novel coronavirus outbreak (2019-nCoV) a Public Health Emergency of International Concern.

03.01.2020
War Child South Sudan initiates preparedness measures.

02.12.2020
Lebanon reports first case.

02.24.2020
War Child Lebanon responds by conducting a session to improve awareness among teachers and staff of partner organisations.

03.11.2020
WHO declares COVID-19 a pandemic.

03.12.2020
WHO publishes first disease outbreak news about the virus.

02.21.2020
Director-General declares the novel coronavirus outbreak (2019-nCoV) a Public Health Emergency of International Concern.

03.13.2020
Virtual Operations Room set up.

03.12.2020
War Child Holland conducts Fast Aid workshop - in strict adherence to the relevant WHO physical distancing guidelines. The workshop discussed various aspects of emergency readiness, preparedness and humanitarian response, including disease outbreaks. First coordination meeting of the International Management Team follows. War Child Holland Managing Director declares the pandemic a priority and activates a system-wide humanitarian scale-up. Decision taken to close War Child offices worldwide with instant effect.
Learn, stay alert and be prepared

COVID-19 has posed an extraordinary challenge not only for War Child, but for the whole of humanity.

It has left lasting footprints on children and communities in conflict zones and beyond. The crisis has also tested our own resilience as an organisation. I have seen colleagues in War Child come together, collaborate and go beyond the call of duty to respond to this pandemic, through extraordinary efforts and creative partnerships.

Our number one priority has been to put the most vulnerable people first such as children and families in refugee camps whom we dedicate our work to on a daily basis.

Leaving no child behind is a compelling idea that rallied us together. This mantra has kept each one of us motivated. I have seen War Child staff achieve some wonderful results in a record period of time - often in some of the most difficult contexts. This has been a source of motivation for me.

Like the wars that regularly test the resilience of the children and communities we work with, this crisis has tested our own resilience as an organisation. I am incredibly proud of the War Child team in all corners of the world for their extraordinary courage and commitment to our mission. Our contingency plan is also a reflection of our resilience. Resilient people build resilient organisations. I believe that, together, we will emerge even stronger.

The pandemic’s impacts are extensive and long-term - and not limited to one single issue or country. The task is too huge for any single agency to address. I am happy to see unprecedented collaboration within War Child as well as with our sister organisations and partners - both a vertical and horizontal response. Such partnerships, new guidance notes, emergency response tools and other system strengthening initiatives have all contributed massively to the birth of a comprehensive evidence-based framework for our COVID-19 response. This will serve as a strong foundation for our future emergency responses.

In addition to clear public health needs, I am glad to see that we are driving efforts to prioritise a number of issues often bypassed by humanitarian actors including the escalating mental health crisis, the protection of children in conflicts, the safeguarding of children from abuse (both internal War Child measures and external policies) and the protection of marginalised groups such as children with disabilities and refugees. I am impressed to note the speed at which we have adapted our flagship programmes and raised funding for them.

Three months on, this pandemic is far from over. Even as restrictions are lifted in Europe, COVID-19 is making headway to communities in Latin America, Asia, and Africa. The alert from the World Health Organisation is clear and simple - please don’t be complacent. I encourage each and every one of you to reflect on our own experiences and that of others. Learn, stay alert and be prepared.
Progress, impact and outcomes: An analysis of our COVID-19 Emergency Response to date

War Child has succeeded in adapting our existing programme activities to help shield children and communities against the worst effects of the pandemic. By strengthening local partnerships, we were able to change the ways in which we delivered our programmes based on the specific context. We also tested and piloted the remote delivery of several interventions via online communication platforms. Our ‘programme outline’ for COVID-19 acted as a vital road map. It saw us build on our existing capacities and expertise in the three specialisms - child protection, education and psychosocial support - while introducing new components regarding public health, hygiene, nutrition, livelihoods and cash programming.

Highlights - Programmes and Operations

Over two dozen Fast Aid tools at various stages of development were fast tracked, tested and institutionalised. Fast Aid is War Child Holland’s emergency humanitarian response and readiness initiative.

Virtual Operations Room (VOR) became the one stop shop for all information related to the COVID-19 emergency response. By 16 June, there were over 18,500 ‘lifetime site’ visits to the VOR.

The safety of all our programme participants during our COVID 19 response was of paramount importance. A set of new child safeguarding guidance notes and educational materials were developed and disseminated to improve staff awareness of how the policy applies while working remotely. An E-learning video on Safe Online Communications between staff and project participants was also developed. Four online orientation sessions were conducted with different departments and child safeguarding focal points to mainstream safeguarding principles and standards. Real time support was provided to support and troubleshoot on different child safeguarding issues. These actions continue to ensure that War Child staff remain aware of potential child safety concerns and prevent abuse throughout the COVID 19 pandemic.

We assembled a COVID-19 Technical Team to deliver quality support to all country offices and global initiatives. Massive progress has been made towards the adaptation and modification of our technical programs in line with the new set of internal and external needs. During the process, we swiftly prioritised measures to prevent the spread of COVID-19 by integrating Risk Communication and Community Engagement into our hygiene promotion work. Over 30 guidance notes were developed during the first three months after WHO’s declaration of the pandemic. We also provided food parcels and unconditional cash transfer to the most vulnerable people.

We developed a Mental Health and Psychosocial Support (MHPSS) intervention matrix with relevant interventions for COVID-19. The work by the IASC reference group on MHPSS informed this matrix.

In collaboration with Compact for Young People in Humanitarian Action, we replicated a video made by youth, for youth that targeted vulnerable groups (e.g. young women, girls and refugees) and addressed specific - often underserved - needs (e.g. mental health).

Real-time learning and continuous improvement is a vital approach in the humanitarian sector. We experienced a steep increase in the number of enrolments in the War Child Learning World - an online learning service spanning various aspects of emergency response and related topics. A large number of our staff and staff of partner organisations are actively participating in online trainings. By 12 June, we had 1315 unique learners. Furthermore, a learning path on Risk Communications and Community Engagement in COVID-19 was developed. This was complimented by webinars, consultation sessions and instructional videos.

In collaboration with War Child UK, we developed practical guidance on Online Safety during COVID-19, with an emphasis on the use of WhatsApp as the key medium of communication.

Country teams developed ‘return to school’, ‘catch-up’ or remedial education programmes to uphold children’s fundamental right to an education. We supported the work of the Accelerated Education Working Group (an inter-agency working group currently led by UNHCR with representation from UN agencies, War Child Holland and other INGOs) and contributed to develop guidance that helps identify activities for children when they return to school.

We adapted our Community Based Child Protection and Case Management work, enhanced by a new learning pathway on Case Management.
Can’t Wait to Learn, our flagship e-learning programme, has reached over 600 children through its innovative game and education materials since the outbreak of COVID-19. In Uganda, children have been able to continue their education by playing the original CWTL games in their homes. We also delivered printed materials to compliment online learning.

TeamUp, War Child’s leading programme to provide refugee children with emotional support and stability, was quickly adapted to ‘TeamUp at Home’ to meet the needs of children living in isolation. Support was delivered through online resources, training, webinars and mentoring. Videos were also rapidly developed for the Dutch context. SOS Children’s Villages, our partner organisation, produced an Italian version. A TeamUp at Home activity book was developed as an offline resource and is now available in in 17 languages. Save the Children Colombia developed a radio podcast off the back of this. Finally, we developed a COVID-19 Monitoring and Evaluation tracker to get information and data out there in real time.

Meeting local needs
On the ground, War Child has taken every action available to us to meet local needs. Awareness-raising has been a simple yet effective first-line of defence - often with life-saving significance.

In the occupied Palestinian territory, our team co-sponsored a youth-led radio program for children on COVID-19 on Palestinian Child Day. Hygiene kits comprising liquid soap, alcohol, sanitizers, gloves and reliable printed information on protection against coronavirus infection have been delivered to 700 families across 12 sites in Gaza.

In South Sudan, our staff and volunteers developed a COVID-19 campaign and evaluation tracker to get information and data out there in real time.

In Uganda, our facilitators carried out door to door ‘sensitisation’. We launched a Mental Health and Psychosocial Support helpline in two settlements.

In Jordan, our team ensured that vital psychosocial support (e.g. Little Fellows, Life Skills Program and Parenting Skills programmes) could reach children at home by conducting video sessions in two major refugee settlements - the Emirati Jordanian Camp and Zaatar Refugee Camp.

In Burundi, War Child disseminated songs developed by Burundian Youth to improve awareness about COVID-19. The songs are broadcast on national and local radios as well as on social media.

In Lebanon, the psychosocial support team conducted sessions with community facilitators in order to safeguard their wellbeing. Meetings and sessions for support groups are conducted through WhatsApp and Skype.

In Democratic Republic of the Congo, we have integrated practical information on hygiene and COVID-19 prevention messages into our regular activities.
The Sri Lanka team developed a short film to raise awareness on COVID-19, based on art and story competitions. The team also printed information, education and communications materials that they then distributed in communities along with hygiene kits.

Our Syria team adapted existing materials and developed new psychosocial support materials for parents and caregivers as well as booklets for home-based activities.

Ensuring effectiveness, maintaining quality

The coronavirus pandemic has posed a significant challenge to our Research and Development (R&D) activities – with our field trials requiring rapid modifications in the wake of widespread lockdown restrictions in our countries of operations. Despite these challenges, our Research and Development team successfully submitted a research article to Columbia University on child protection in the age of the coronavirus pandemic. We developed a teacher professional development programme. In Lebanon, we conducted phone-based data collection for our Caregiver Support Intervention (CSI) - a key component of our research agenda. We also co-authored a paper that was published in the Lancet (about our researchers’ experiences adapting to the COVID-19 crisis).

To enable smooth operations, we adapted some of the new tools that were at various stages of development to strengthen our work in ICT, Human Resources, Finance and Procurement and Logistics. We developed over nine contingency plans. Some such tools helped us start to shift our thinking from readiness to response, introduce faster decision-making processes and shape plans for exceptions to the rules in emergency settings. For example, we implemented two new guidelines on finance and logistics. We also translated over 30,617 words related to COVID-19 work - most of the work was carried out by Translators Without Borders.

Situation Reports (SITREPs) from all countries and Global Information Updates were published and disseminated on a regular basis. In total, we published 135 SITREPs and eight global information updates.

As of 11 June, we ‘reached’ 3,258,668 people through various COVID-19 emergency response activities.

<table>
<thead>
<tr>
<th>COUNTRIES</th>
<th>‘PEOPLE REACHED’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>40,365</td>
</tr>
<tr>
<td>Colombia</td>
<td>12,360</td>
</tr>
<tr>
<td>DRC</td>
<td>263,948</td>
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<tr>
<td>Jordan</td>
<td>9,378</td>
</tr>
<tr>
<td>Lebanon</td>
<td>85,779</td>
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<tr>
<td>Netherlands</td>
<td>4,571</td>
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<tr>
<td>occupied Palestinian territory</td>
<td>47,097</td>
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<tr>
<td>South Sudan</td>
<td>88,030</td>
</tr>
<tr>
<td>Sri Lanka</td>
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</tr>
<tr>
<td>Syria Response</td>
<td>80,509</td>
</tr>
<tr>
<td>Uganda</td>
<td>2,582,104</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,258,668</strong></td>
</tr>
</tbody>
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Distribution of child care kits in South Sudan: house-to-house as the CFSs are already closed down, upon orders of authorities, part of containing the spread of COVID-19.

Photo: War Child
Communications and Advocacy

As part of our advocacy and policy work, War Child invited thought leaders from different fields of expertise to share their views on the continuing importance of mental health support during the COVID-19 pandemic. These panel conversations took place online and facilitated discussion and consensus-building on the subject. They also resulted in ten key steps of advice on ‘how to uphold mental health and wellbeing amid the COVID-19 pandemic’ - an important catalyst to influence the future course of our emergency response.

War Child produced an abundance of public health content and used a variety of channels to communicate this content to children, families, communities and health and humanitarian workers.

War Child shared our global response actions through a liveblog with news, graphics, photos and video content - temporarily doubling the attendance time of the warchildholland.org website - and daily social media posts. The content fuelled the first every emergency fundraising campaign in War Child’s history.

We are proud to have demonstrated agility in our communication and advocacy efforts - bringing sharpness and focus to our messaging in record time and optimising channels of communication. This has made us more relevant not only to the children and communities who take part in our programmes but also to our partners, institutional donors and private donor friends. For example, we expanded our network to include prominent new thought leaders, driving our core belief in psychosocial support as an integral part of emergency humanitarian response to the forefront.

Funding

We established a coordination mechanism to drive fundraising between different teams (including but not limited to Programme Partnership and Grants; and Marketing and Fundraising); War Child Holland, Germany and Sweden. This helped us come up with pragmatic actions to seek emergency funding (in addition to our regular efforts) in a challenging operating context. The crisis response also brought us closer - working together with War Child UK and War Child Canada to deliver several successful fundraising efforts. We also collaborated with other NGOs for fundraising and influencing at both the European and local level.

We developed and deployed tools and procedures to fast-track selection criteria - prioritising opportunities, decision-making and approvals. We initiated and institutionalised new coordination structures and mechanism. These initiatives, learnings and best practices will be used to inform our future marketing and fundraising efforts.

As of 2 June 2020, we have secured €1,415,117 from institutional donors for the COVID-19 response. An additional €537,908 is in the pipeline. The secured funding includes €175,269 that we raised through collaborative work with War Child UK.

As part of our emergency response, War Child Holland launched ‘Laat Corona niet hun volgende oorlog zijn’ - a Dutch fundraising campaign. Until 11 June 2020, the appeal raised €431,950. Telemarketing, direct mailing, online donations, private donations Foundations, Business Partners and Major donors have been the main effective sources in this campaign.

We also set up a COVID-19 Emergency Response START UP Fund to support country offices and teams in kick starting their own emergency response. The turnaround time in which to process requests was set at 72 hours. We have disbursed €544,289 from the start up fund thus far.
What next? Key recommendations:

This is an evolving crisis. However, some characteristics are becoming more evident based on both our and the humanitarian communities’ past experiences of disease outbreaks and public and humanitarian crises. Developing clarity about the direction of the response beyond the first three-month period is key. This must take into consideration the alerts and early warnings from WHO and other UN agencies about future waves in the best interests of the children and communities we work with. We must also take into consideration the direction of national governments, requests from partner organisations and War Child’s own areas of interest. We will also predict the likely course that future outbreaks of COVID-19 may take - they may well be recurrent or seasonal and not necessarily occur in straight lines. Thus, strengthening certain elements of our response to be agile when needed is absolutely critical.

Our Action-Points in the next phase

Mobilise staff do three types of work - our ‘regular’ activities (where possible), COVID-19 response and preparedness measures for future waves. To ensure quality programmes, we will also ensure that we have adequate and appropriate professional capacities.

We have generated unprecedented momentum through collaboration with both internal and external actors. We will maintain these relationships via regular ‘check in’ meetings and applied learnings from our collective experience as well as other humanitarian and public health actors.

We will develop a safe online reporting system to stay in touch with children (project participants) when they are no longer present in our physical centres. Budget lines that foresee the development and establishment of such safe online mechanisms must be included for any future project proposal.

We need to strengthen monitoring of programme quality standards and implementation and performance based on a comprehensive set of key indicators plus processes, systems and procedures for collecting and assessing data related to those indicators in real time and in a systematic way.

We will conduct a Real Time Review in order to recognise achievement, reflect, learn and improve. The crisis presents an ‘opportunity’ to scale up Can’t Wait to Learn.

Smart strategic decisions are necessary in order to prioritise and invest in agile solutions to serve immediate emergency scenarios and to support War Child’s scaling ambitions.

Initiate the process to implement TeamUp’s scaling strategy by strengthening capacity building remotely.

Monitor the context constantly so that we can seize opportunities such as group-based activities and travel to the programme countries in the name of research.

Develop systems that can function efficiently and enable a comprehensive emergency response. Undertake capacity building of staff at all levels to orient them about the standard operating procedures in emergencies.

Integrate communication on the COVID-19 response in a more structural format of communication on humanitarian emergencies (Fast Aid).

Develop communication modes and innovative methods to accelerate scaling to reach the remotest communities. Strengthen relationships with stakeholders who are knowledgeable, experienced and have the capabilities to scale remote delivery of interventions.

Prioritise policy making and capacity-building and create online platforms and modes of delivery.

Make sure the funding damage is minimised and the fundraising for the response is done in a coordinated and efficient manner, without compromising quality assurance. Ensure a balance between the speed that is needed for these types of responses and quality.

Ensure live flow of information in real time to make informed decisions and to keep everyone informed. Information management focal points need to be identified and given proper orientation. Institutionalise the Virtual Operations Room as a permanent platform. Improvise VOR based on user feedback.

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Mobile awareness campaign on COVID-19 on foot in South Sudan.