

UNMASKING THE IMPACT

of COVID-19 on
Asia's Most Vulnerable Children

AUGUST 2020

World Vision 

Acknowledgements

This report is a joint effort of many individuals across World Vision (WV) Offices, communities and partner organisations.

We would like to acknowledge all stakeholders who partnered with us for this assessment across various countries in the Asia Pacific Region including children, parents, caregivers, community members and leaders, government representatives, women's groups, faith leaders, local partners and community-based organisations (CBOs) who willingly committed their time and efforts amidst the challenging global health crisis.

We would like to express our sincere gratitude to the staff from WV Field Offices (FOs) of Bangladesh, Cambodia, India, Indonesia, Laos, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand, Timor Leste and Vietnam for their dedication, expertise and commitment towards conducting the field assessments and capturing, consolidating and analysing the data.

A special thank you to WV Support Offices and the Global Technical Team for providing support in data analysis and interpretation.

Thank you to all for partnering with the Asia Pacific Regional Office in this journey towards unmasking the impact of COVID-19 on Asia's Most Vulnerable Children.

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are committed to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

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Executive Summary

We are facing a global health and economic crisis unlike any since the second world war — one that is killing people, spreading human suffering, and turning people's lives upside down.

But this is much more than a health crisis. It is a humanitarian crisis, and Asia's children, especially the most vulnerable, are on the brink of severe hunger, increased disease, and physical and emotional safety risks. The coronavirus disease (COVID-19) is bringing societies to their knees, crippling their core.

World Vision (WV), in Asia Pacific, began its humanitarian response as COVID-19 confirmed cases continued to increase in China. As the virus spread across the region and governments started taking drastic public health measures to protect their citizens, WV found that children were among the most affected by the severe consequences of lockdowns and major economic contraction and scaled up its emergency response to include the 17 countries in the Asia Pacific.

To better understand the socio-economic impact of COVID-19 on the lives of vulnerable children, in Asia, and better inform the journey ahead, WV conducted a Recovery Assessment, the findings of which are summarised in this report.

Some of the most significant findings from the assessment include:

- More than 69% of parents/caregivers confirmed that their livelihoods were either moderately, fully or severely affected by the COVID-19 pandemic. Daily/wage workers, the largest segment of many Asian economies, are the hardest hit.
- Loss of livelihood is the top-most concern for the rural and urban poor, which in turn negatively affects all the other aspects of child well-being including, access to food and nutrition, access to healthcare and essential medicines, access to hygiene and sanitation facilities, and child

In Asia, children, especially those suffering from poverty and inequity, are among the most vulnerable to the harsh socio-economic impact of COVID-19. Over the already high rates of child malnutrition, physical abuse, and the lack of access to proper sanitation, existing before the COVID-19 crisis, the early recovery assessment analysis highlights, post-COVID-19, the vulnerabilities of children and their families, in Asia, has grossly been aggravated.

Families are now experiencing a devastating loss of livelihoods that in part has led to limited access to food, essential medicines and basic healthcare. The resulting economic, psychosocial, and physical strain on families has increased incidences of physical abuse, early marriage, and entry of children into exploitative work like child labour. Loss of jobs in urban areas has triggered mass migrations back to rural areas. This large movement of people, will not only pose as a health risk to the villages they return to, as they may unknowingly spread the disease, but also cause further strain on their families' meagre income.

protection and safety. Further, 84% of urban respondents indicated that in the previous two weeks, they lost their job or experienced income reduction.

- Coping mechanisms, as a result of the crisis, are diminishing core assets in 33% of households (HHs), impacting their recovery journey, and growing children's risk for increased malnutrition and lack of promising opportunities to secure their future.
- The ripple effects of the economic impact on nutrition are demonstrably visible in 50% of the HHs, where they

are opting for cheaper, more filling but less nutritious food. The reduction in quantity and quality of meals is particularly worrisome as all respondents reported a 19% reduction (23% reduction for urban respondents) in their average weekly food expenditures.

- Access to adequate water, sanitation and hygiene remains a challenge for almost 23% of all HHs surveyed, which increases the risk of malnutrition and spread of diseases, including COVID-19.
- The gap in access to basic hospital services has drastically widened by 21% (29% for urban respondents); and the gap in access to community health centres has widened by 22% (29% for urban respondents).
- Loss of livelihood is forcing parents and caregivers to take desperate measures that are negatively impacting children's well-being. In Bangladesh, over 31% of children may be sent to engage in high-risk jobs and almost 2% are likely to be sent to beg or married off early.
- 27% of parents and caregivers shared that the stress on families related to loss of income, lack of school, and change of children's behaviour during quarantine has contributed to children experiencing physical punishment and emotional abuse. However, 25% of all children (39% of children in urban areas) confirmed that caregivers had used physical or psychological punishment in the last month.

While many countries in Asia are easing or ceasing their lockdown measures, the region still faces a continuing economic crisis with high unemployment rates.

According to the International Monetary Fund (IMF), Asia is predicted to be at 0% growth performance in 2020 which is the worst in almost 60 years, including during the Global Financial Crisis (4.7%) and the Asian Financial Crisis (1.3%). The informal sector, which employs over half the workforce in many Asian economies, is the hardest hit. Informal workers, already among the most vulnerable to COVID-19, are being left out of many government recovery programmes. And with the economic impacts of the pandemic forecasted to linger until at least 2022, the road to recovery seems like a daunting task.

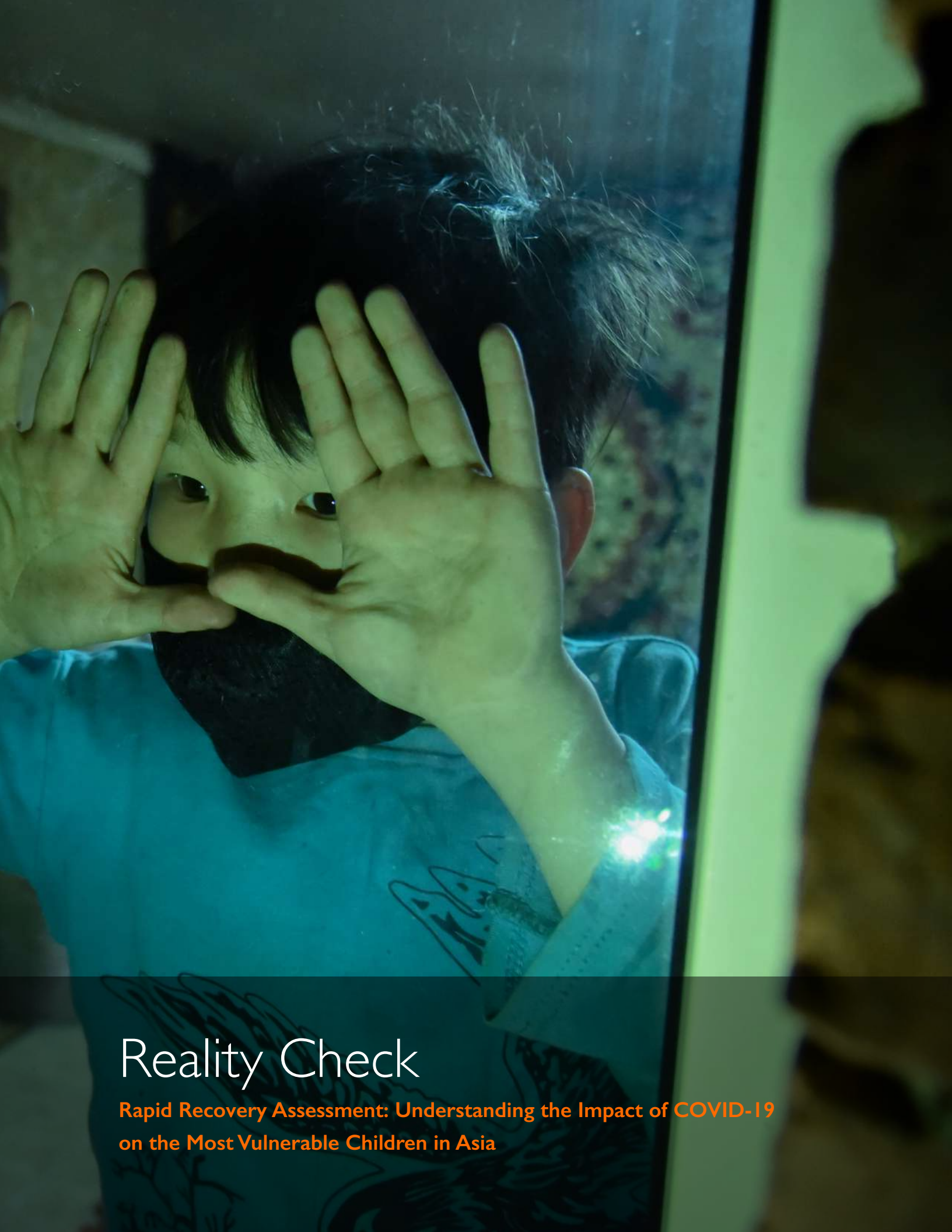
The crisis is threatening to erase the gains made in recent years in key Sustainable Development Goals related to child protection, education, and health and nutrition.

Based on the evidence from the recovery assessment, this report provides key recommendations for governments, international cooperation agencies and multi-lateral and implementing partners to address and respond to, at national and local levels, the urgent socio-economic needs of vulnerable children, their families, and their communities. Governments are called to focus on and invest in the families of the most vulnerable children, ensuring access to healthcare and child-protection services, nutrition, education and financial resources. International agencies and institutional donors are called to invest in and leverage faith-based responses and economic recovery programmes that put seed capital in vulnerable HHs. Implementing partners are encouraged to contribute to rebuilding HH resilience and provide psychosocial support.

This report is the first of many steps in the long road ahead to recovery and resilience. Our experience over the last seven decades has taught us that the human spirit is indomitable and child well-being is a matter of concern to parents. These are our greatest allies.

We have been entrusted with the responsibility of ensuring that today's children look ahead with hope. Let us not let their masks suffocate their vision for a brighter tomorrow.





Reality Check

**Rapid Recovery Assessment: Understanding the Impact of COVID-19
on the Most Vulnerable Children in Asia**

Reality Check

Rapid Recovery Assessment: Understanding the Impact of COVID-19 on the most vulnerable children in Asia

Background

The current COVID-19 pandemic, in most Asian countries, has triggered a number of economic and social fractures aggravated by the lockdowns and other measures imposed by governments. This harsh condition has sent into motion the shrinking of the economy and the limited provision of health, social and educational services. The compounded effects of these circumstances over vulnerable children, their families and communities exacerbate the pre-existing risks of malnutrition, child violence, poverty and lack of access to essential services. Post WW's initial COVID-19 relief response phase, the need to conduct a rapid recovery assessment at HH and community level was identified to grasp the enormity of the socio-economic impact of COVID-19 on the most vulnerable groups, especially children. The findings of this report will inform WW's recovery interventions, moving forward.

The Rapid Recovery Assessment is a joint undertaking between the WW Regional Office and thirteen Field Offices (FOs) across Asia: Bangladesh, Cambodia, India, Indonesia, Laos, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand, Timor Leste and Vietnam.

The objective of the Rapid Recovery Assessment is to understand the impact of the COVID-19 pandemic on the most vulnerable children, their families and communities. And based on the recovery assessment findings, enable WW and other relevant stakeholders - government, United Nations, international cooperation agencies, corporates, CBOs, faith-based organisations and donors - to feed into recovery programmes that address the impact of the COVID-19 crisis and minimise risks posed by the pandemic, helping children to recover and heal.

The results of the Rapid Recovery Assessment enable WW programmes to better meet the needs of our most important stakeholder – the most vulnerable children – and amplify their voices, along with those of their parent/ caregivers, in a broader regional and global arena.

The Rapid Recovery Assessment is based on quantitative and qualitative primary data collected from parents and caregivers, children and key informants at community levels, including community leaders, children groups, youth groups, government representatives, women's groups, faith leaders, and CBOs.

Specific Objectives:

- Gain a better understanding on how the COVID-19 pandemic is impacting the lives of the most vulnerable children, their families and communities.
- Identify how children and their families are currently coping (continued access to goods and services amid pandemic), with special focus on the vulnerable populations and groups (children and families living in poverty, children from migrant families, children at risk from violence and neglect, etc.).
- Assess the recovery capacity of the vulnerable children, their families and communities and understand their recovery needs – to inform the development of appropriate WW recovery programmes and influence government and other partners.
- Identify the gaps that require external intervention, resources and/or policy change to improve the lives of vulnerable children within their families and communities.

The Methodology

The Rapid Recovery Assessment is based on a mix of quantitative and qualitative data collection. The HH survey and child consultation survey were used as the main quantitative methodologies. Key informant interviews with community leaders, children groups, youth groups, government representatives, women's groups, faith leaders, and other CBOs, were used as a primary qualitative methodology. Finally, a desk review of secondary data was conducted to understand the broader contextual regional dynamics. The Rapid Recovery Assessment surveys and interviews were conducted in May-July 2020, mostly by telephone, and in some communities via face to face with appropriate physical distancing measures in place.

The Rapid Recovery Assessment was conducted using consistent tools across the thirteen FOs. The data collected is based on a semi-structured interview guide, with a set of questionnaires for each data collection method. The guiding principles for ethical research (e.g. informed consent, voluntary participation, etc.), data protection regulations, anonymisation of data before being processed have been followed.

The Rapid Recovery Assessments includes a total of **402 communities** from thirteen countries including Bangladesh, Cambodia, India, Indonesia, Laos, Mongolia, Myanmar, Nepal, Philippines, Sri Lanka, Thailand, Timor Leste and Vietnam.

Countries and the number of communities



10 Unmasking the Impact of COVID-19 on Asia's Most Vulnerable Children

The total sample size of the Rapid Assessment is 35,927 surveys/interviews -- with 19,065 from HH surveys; 14,669 from child surveys; and 2,193 from key informant interviews (KIIs), as per Table 1. Since this assessment was conducted under an emergency there was no control over the sample size and observed disparities among countries. To minimise the bias in regional aggregation, the data was weighted to sample size.

Table 1. Distribution of type of method used in Rapid Recovery Assessment

| | # of Household Surveys | # of Child Surveys | # of Informant Interviews |
|-------------|------------------------|--------------------|---------------------------|
| Bangladesh | 2671 | 1616 | 273 |
| Cambodia | 222 | 238 | 42 |
| India | 5668 | 5595 | 1032 |
| Laos | 214 | 72 | - |
| Indonesia | 900 | 943 | 15 |
| Mongolia | 489 | 47 | 122 |
| Myanmar | 767 | 386 | 433 |
| Nepal | 836 | 813 | 126 |
| Philippines | 423 | 422 | - |
| Sri Lanka | 2190 | - | - |
| Thailand | 1101 | 1112 | - |
| Timor Leste | 153 | - | 117 |
| Vietnam | 3431 | 3425 | 33 |

From the 19,065 HH surveys, 43% are men and 57% women. From the 14,669 child surveys, 45% are boys and 55% girls. In addition, 13% of the HHs surveyed had a member of the family living with a disability or chronic illness.

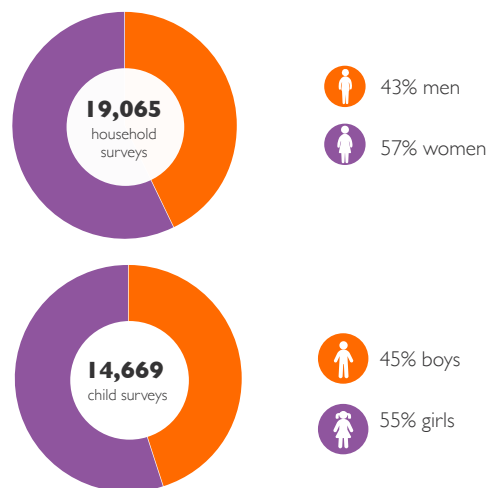


Table 2. Distribution of respondents by gender and disability

| | # of parents/caregivers | % men | % women | # total children | % boys | % girls | % disability/chronic illness |
|-------------|-------------------------|-------|---------|------------------|--------|---------|------------------------------|
| Bangladesh | 2671 | 48 | 52 | 1616 | 44 | 56 | 9 |
| Cambodia | 222 | 19 | 81 | 238 | 34 | 34 | 25 |
| India | 5668 | 45 | 55 | 5995 | 46 | 34 | 34 |
| Laos | 900 | 24 | 76 | 943 | 37 | 34 | 34 |
| Indonesia | 900 | 52 | 48 | 72 | 57 | 43 | 15 |
| Mongolia | 489 | 66 | 34 | 47 | 43 | 34 | 34 |
| Myanmar | 767 | 17 | 83 | 836 | 42 | 34 | 34 |
| Nepal | 836 | 41 | 59 | 813 | 34 | 34 | 34 |
| Philippines | 423 | 80 | 20 | 422 | 34 | 34 | 10 |
| Sri Lanka | 2190 | 51 | 49 | - | - | - | 19 |
| Thailand | 1101 | 18 | 82 | 1112 | 32 | 68 | 7 |
| Timor Leste | 153 | 51 | 49 | - | - | - | 15 |
| Vietnam | 3431 | 52 | 48 | 3425 | 48 | 52 | 9 |

The Rapid Recovery Assessment covers communities from rural (76.9%), urban (17.2%) and peri-urban (3%) areas across the thirteen countries, as per Table 3.

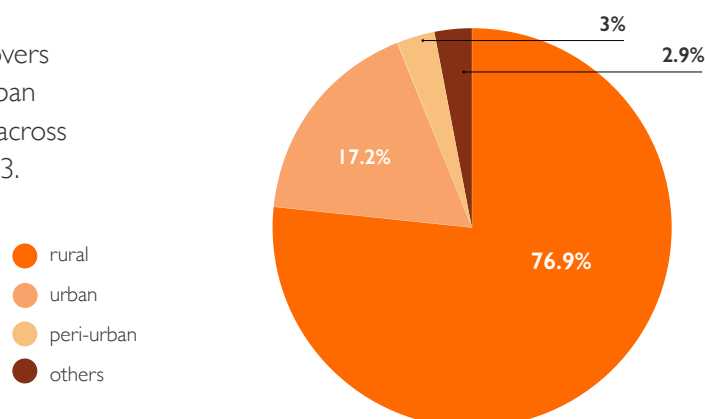
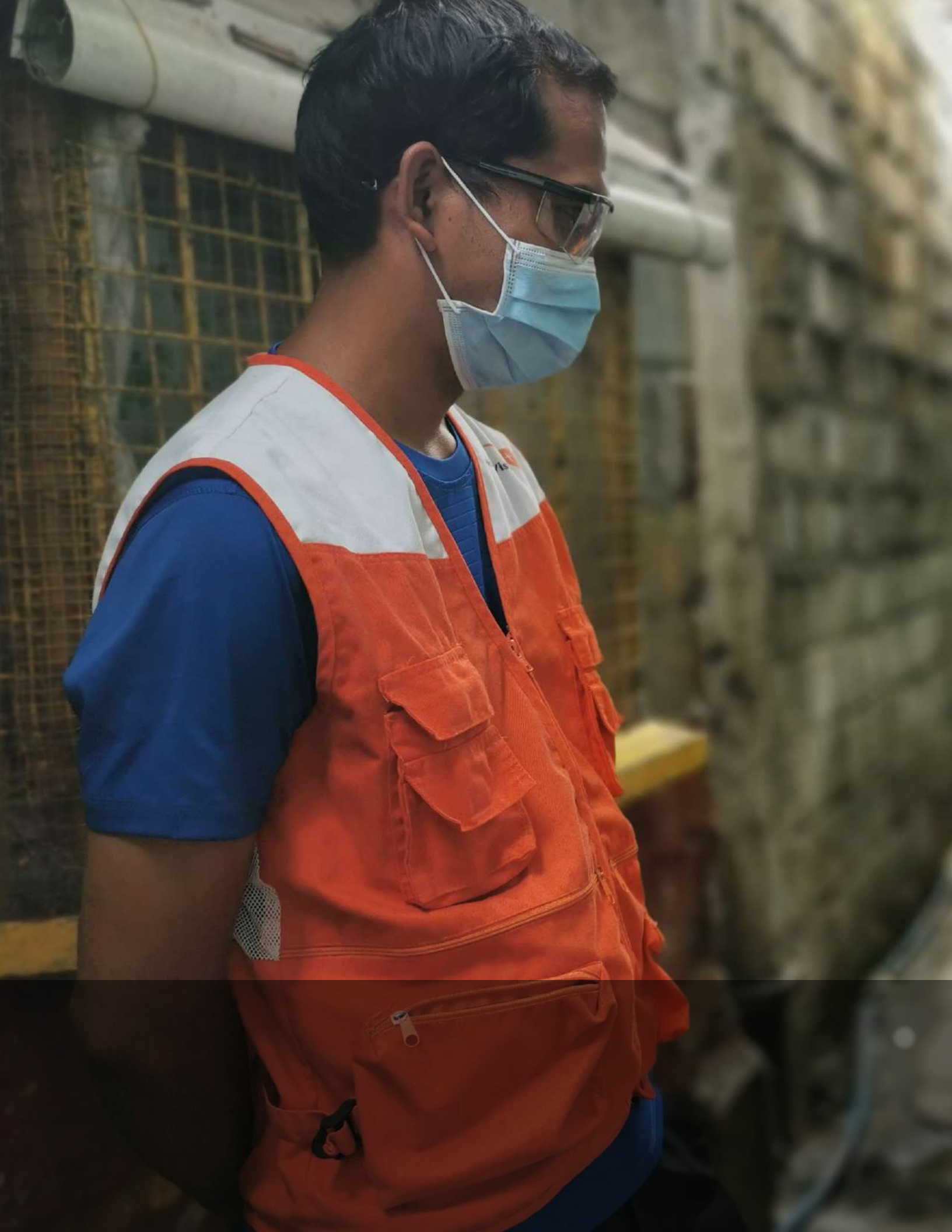


Table 3. **Distribution of respondents by rural, urban and peri-urban areas**

| | % rural | % urban | % peri-urban |
|-------------|---------|---------|--------------|
| Bangladesh | 79.7 | 20.3 | - |
| Cambodia | 77.5 | 22.5 | - |
| India | 60.6 | 30 | 1.9 |
| Indonesia | 88.1 | 7.8 | 4.1 |
| Mongolia | 63 | 37 | - |
| Laos | 74 | - | 26 |
| Myanmar | 54 | 25 | 19 |
| Nepal | 87 | 6 | 7 |
| Philippines | 74 | 22 | 4 |
| Sri Lanka | 93.5 | - | 6.5 |
| Thailand | 100 | - | - |
| Timor Leste | 100 | - | - |
| Vietnam | 84.9 | 11.7 | 0.1 |

The limitations of the methodology are mainly related to the pandemic:

- 1) Most of the surveys/interviews were conducted by phone (Skype, WhatsApp or similar).
- 2) In the immediate aftermath of an emergency, it may not be possible to carry out a strict probability sample survey. This may be due to access/mobility issues, time/resource factors or because there is an absence of good population data to create a suitable sample frame. In such situations, FOs were selected through non-probabilistic sampling.
- 3) Sample size varies among FOs as the Rapid Recovery Assessment was carried out in an emergency context with different government policies and restrictions.
- 4) The regional aggregated findings are not weighted to the population of the countries.
- 5) Samples are predominately selected from WVV operational areas where the FOs have long-term development programmes, which may reflect higher standards than other parts of their country without similar development programmes.





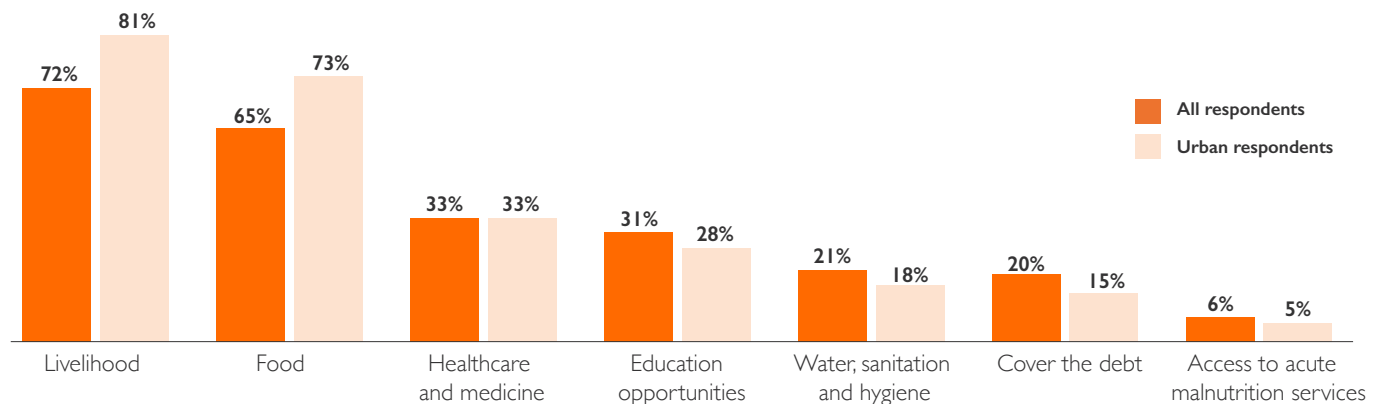
The Recovery Assessment Findings

Loss of Livelihood, Limited Access to Food and Essential Services,
and Increase in Physical and Emotional Abuse of Children

Livelihoods

The loss of livelihoods resulting from lockdowns was identified as the most critical challenge (72% of respondents) in the HH survey, followed by limited access to food (65% of respondents) and medicine and healthcare services (33% of respondents). There were no significant differences between the responses of male and female respondents.

Most critical challenges in rural and urban communities



Urban respondents indicated significantly higher concerns for livelihood (81% for urban respondents) and food (73% of urban respondents).

The pandemic has inflicted tremendous economic pain on Asian societies at large, which is even higher on urban dwellers. As countries implement social distancing and lockdown measures, economic growth has stalled and unemployment has surged, disproportionately impacting the workers part of the informal sector workforce, particularly worst in urban areas. Subsequently, HHs with reduced income levels are facing significant challenges in accessing food, healthcare services and medicines.

69% of all HH survey respondents have have either moderately, fully or severely lost their livelihood.

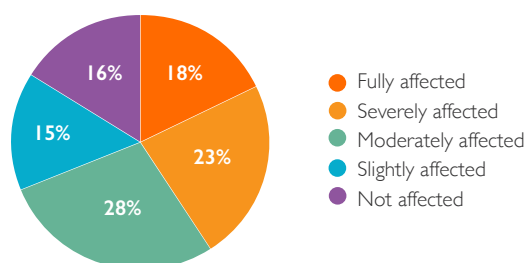
Largest segments surveyed are daily/wage workers (55% of sample), farmers (36% of sample) and people with a regular salary (13%).

Daily wage workers, the largest segment in the survey, and the largest segment of many Asian economies, have been the hardest hit as 53% of that segment indicated that they have been fully (25%) or severely affected (28%).

Impact of livelihood by segment surveyed



Level of impact on livelihood across all respondents

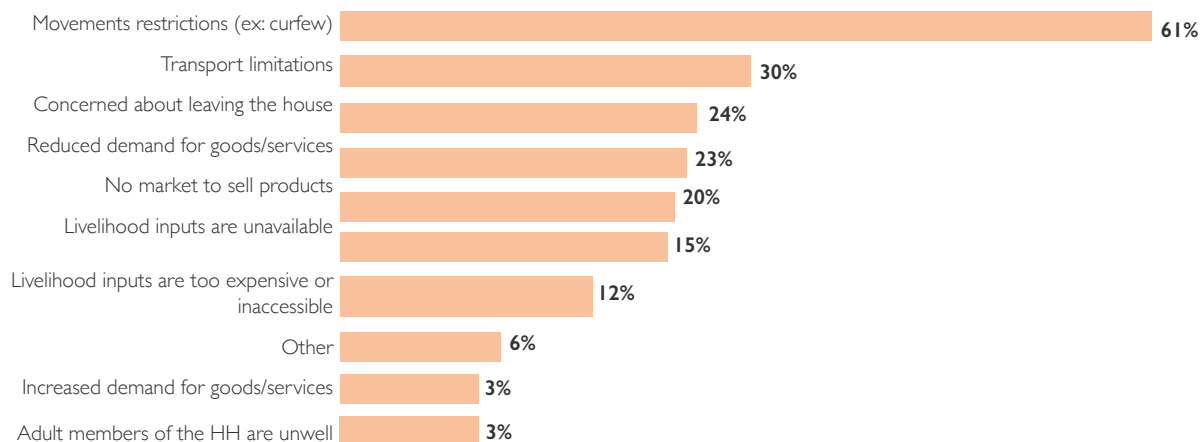


The monthly average income of the respondents has dropped drastically. For example, in Nepal, monthly income dropped 86% from US\$199 to US\$27 and in Sri Lanka 82%, from US\$126 to US\$35.

All the key segments represented in the sample of the HH survey are significantly affected by the economic impact of COVID-19. However, daily wage workers are the most affected by the loss of livelihood. The lockdown measures have severely affected the informal sector the most, as the livelihood of informal sector workers often depends on daily face to face interactions. As a result of the economic contraction, these workers are the first to be let go and working from home is not an option for many. The results of the rapid assessment confirm that the weakest and most disadvantaged group is the daily wage earners and the pandemic has worsened the region's income inequality, leaving many countries in Asia Pacific to grapple with this major challenge; a significant roadblock in achieving the region's sustainable development goals.

Movement restrictions have the most impact on loss of livelihoods. 61% of respondents noted that the lockdown restrictions on movement and the linked transportation limitations were the principal causes of HH economic distress.

Reasons for disruption of livelihood



The lockdown's movement restrictions, such as curfews and cessation of all but essential activities, have resulted in livelihoods being significantly affected as people can no longer leave their homes for livelihood activities. Transport limitations, such as reduced public transportation options, have reduced HH's ability to conduct economic exchange, therefore making it extremely challenging to earn a livelihood.

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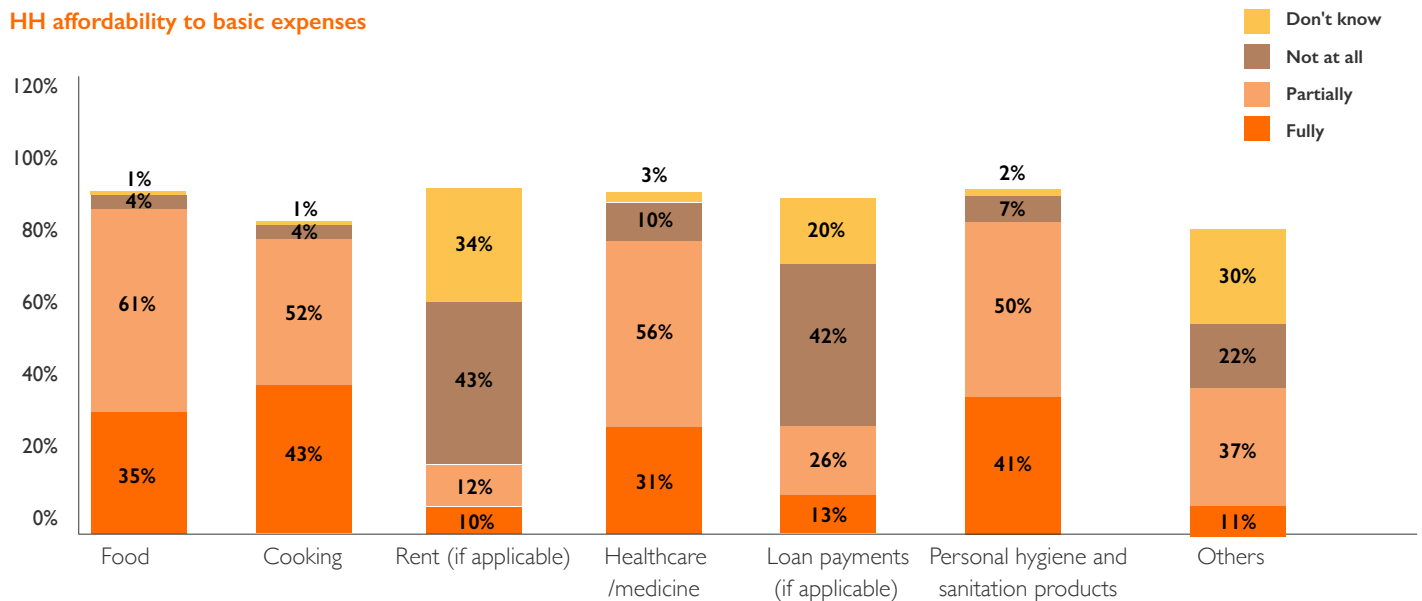
I lost my husband two years ago. Before COVID 19, I worked as a maid in 3 houses. I lost my income after the pandemic as no one would allow me to work in their homes. I was helpless and resorted to begging from house to house. They told me to find other means of supporting my two children.”

Laila, 45, Bangladesh



Ability to afford basic HH expenses has been significantly impacted. 43% of respondents cannot pay their rent and 42% of all respondents (and 53% of urban respondents) cannot at all afford loan payments, indicating a significant dip in HH finances.

HH affordability to basic expenses



If HH's are not able to meet rent payments, they are in danger of being evicted and possible split of the family unit as members disperse to find adequate shelter. Such disruption and instability can increase stress levels among children and put them in unsafe or unsanitary shelter situations which increase the risk of physical or emotional abuse. Not paying loans reduces a family's economic solvency and can lead to loss of collateral and increase the cost of future borrowing.

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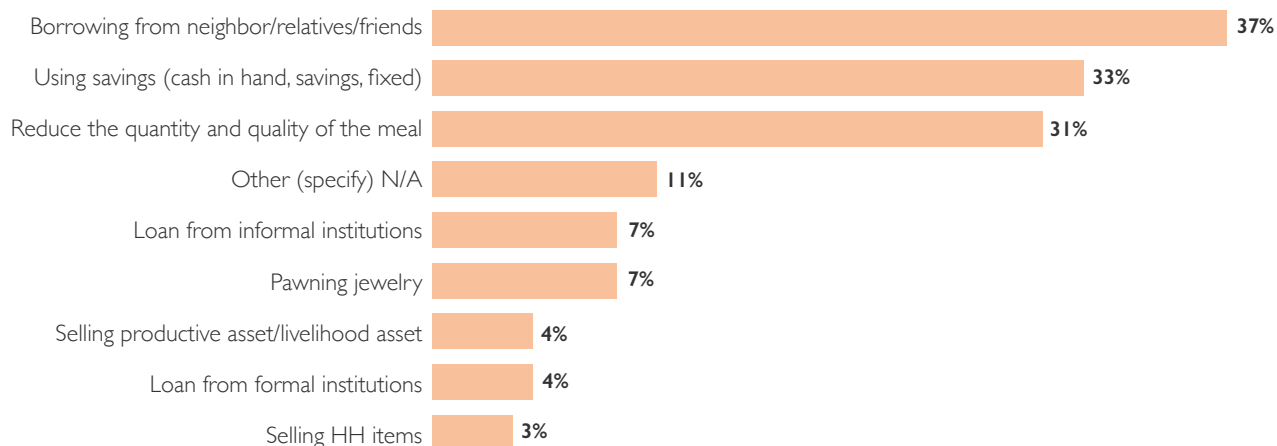
Before COVID-19, my wife and I had a reasonably peaceful life. At least there was always someone who needed my service. But since the lock down, there's no work around anywhere here and that has cost me my relationship. I'm behind on my rent payments, I cannot buy food, accessing treatment is difficult, and now the only person who loved and cared for me, my wife, is not happy with me.”

Alomgir, 27, Bangladesh



Individual and community resilience is being sorely tested as 37% of respondents (and 44% of urban respondents) have borrowed from neighbours/relatives/friend; 33% (36% of urban respondents) have used savings - cash in hand, savings and fixed deposits - for basic needs and 31% have reduced the quantity and quality of their meals.

Mechanisms to cope with the loss of livelihoods



These coping mechanisms are diminishing core assets at the HH level thereby increasing the likelihood of children becoming malnourished and not accessing healthcare when needed. Community resources are strained as neighbours use cash to meet day-to-day survival needs instead of investing in productive assets. Across the sample countries, HH assets are shrinking rapidly in terms of diversity and quantity, compelling HHs to employ livelihood coping mechanisms.

Respondents in Bangladesh, India, Cambodia and Vietnam employed the greatest diversity of coping mechanisms, which may indicate a particularly challenging economic situation for the HH in these countries.



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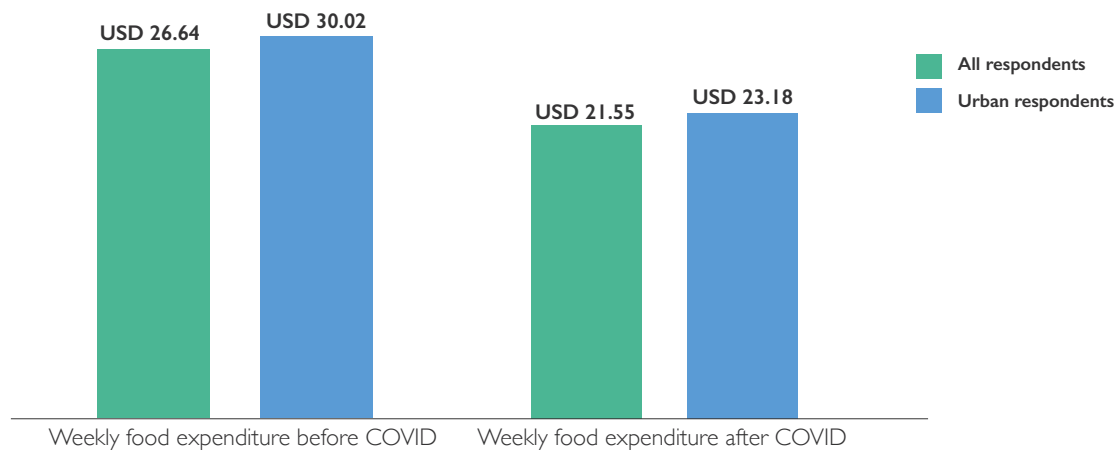
I am a single mother of three. The lockdown due to COVID-19 has had a big impact on us. I used to work at a burger shack, but now it has all gone because of COVID-19. It's difficult to survive because I have three children and I can't provide for their needs. It's painful for me. I can't even provide for my baby who I breastfeed. I just rely now on the relief goods provided by the *barangay* (village). Sometimes the relief goods are not enough because there are many of us.”

Jessica, 30, Philippines

Food Security

31% of respondents reported reducing the quantity and quality of meals to cope with the loss of livelihood. The reduction in quantity and quality of meals is particularly worrisome as all respondents reported a 19% reduction (23% reduction for urban respondents) in their average weekly food expenditures.

Average weekly household expenditure before and after COVID-19



Before COVID-19, the average food expenditures of the sample were \$26.64. After COVID-19 onset, this has dropped to \$21.55 – a 19% drop. The drop in average food expenditures points to the impact of COVID-19 on the reduction in food intake because of less affordability of food, a consequence of livelihood loss and less accessibility due to the lockdowns imposed and limited transportation availability and affordability. This is particularly worrisome as even before COVID-19, the levels of malnutrition in South and East Asia were already alarming. Asia and the Pacific region accounts for well over half of the world's undernourished, nearly half a billion people (486 million), as per UNICEF (2018) statistics. Statistics further reveal that 59 million children under 5 in South Asia and 13 million children under 5 in East Asia and the Pacific were stunted (or in other words, severely malnourished).¹ The steeper decline (23%) in urban food expenditure is concerning as urban dwellers are less likely to access home gardens to supplement purchased food and so may run the risk of greater nutritional deficiency.

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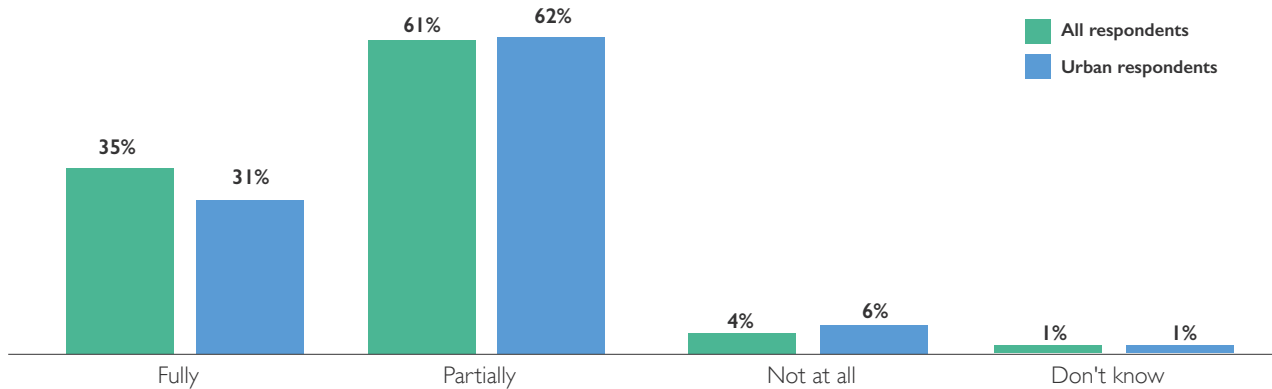
The people in my community are following the rules of the lockdown, however, certain things are challenging. For example, shops and vegetable vendors are hiking the prices and taking advantage of the situation. It is tougher for daily wage earners and construction workers as well. How will they afford to buy these expensive things? They can't fulfil their needs.”

Durgesh, 13, India

¹ UNICEF, State of the World's Children 2019 accessed online <http://www.unicef.org/progressreport/stopstunting.html> and <https://www.unicef.org/eap/reports/state-worlds-children-2019>.

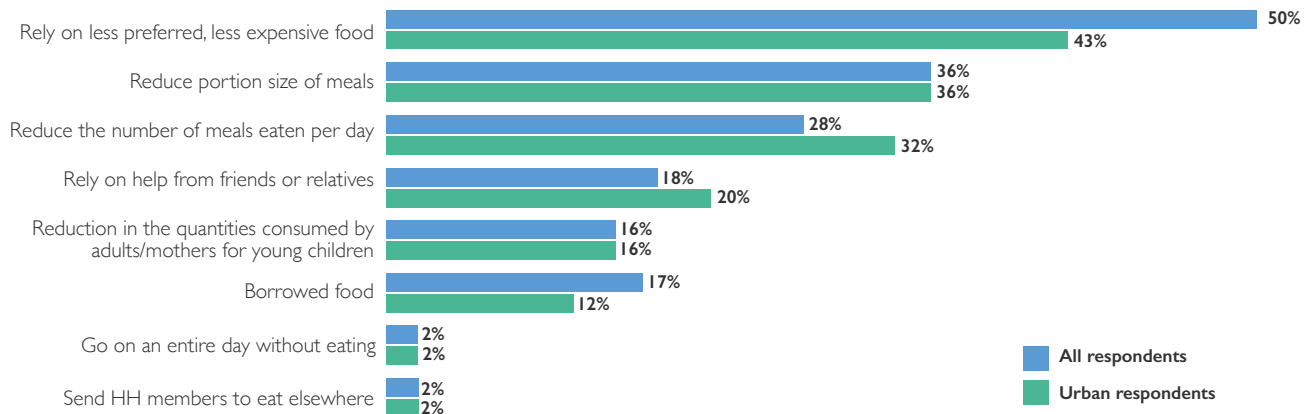
Only 35% of respondents (31% in urban respondents) are able to afford basic HH food supplies. 4% (6% in urban) cannot afford food at all and 61% (62% in urban) can only afford partially.

Affordability of basic food necessities



To cope with the lack of affordability of basic HH food supplies, rural and urban communities are mostly relying on less nutritious food, reducing food portion sizes and reducing the number of meals eaten per day. The differences in urban respondents are shown in the graph below.

Coping mechanisms for lack of affordability of basic HH food supplies



The analysis reveals the following:

- **50% of households (43% in urban) are relying on less preferred or expensive food** – purchasing food of lesser quality, such as broken rice or older produce that has lost some of its nutritional value, that fills the stomach rather than providing proper nutrition. This behaviour was most reported in Bangladesh (66%), Sri Lanka (63%), Thailand (52%) and India (51%).
- **Households are reducing the frequency of meals and meal size** – 36% of respondents reported reducing the portion size of meals at the household (Bangladesh results revealed 60% for the latter) and 28% of households reduced the number of meals eaten per day.
- **Caregivers are reducing their food intake to provide for their children** – 16% of the entire sample size reduced their food portions to give to their children (29% for Sri Lanka and Bangladesh for 21%). In urban settings, 18% of female caregivers, and 14% of male caregivers, reported reducing their food intake to give to their children – highlighting a gap in gender, related to food intake. **An important issue to note is that respondents across the sample indicated that 22% of children are having two meals a day or less.**

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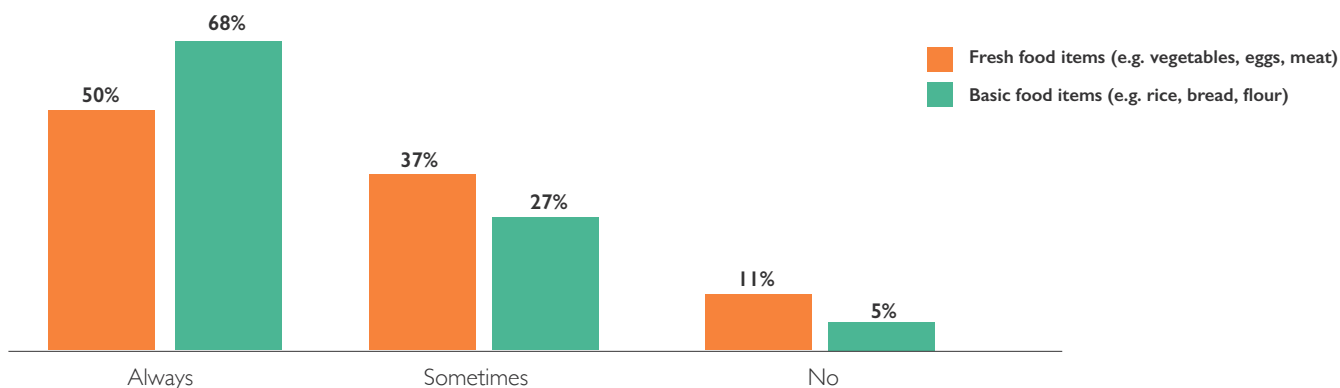
Every day for the past 22 days, we've eaten one meal per day and sometimes for my husband and me, there is no food for us. We do not know how long we can survive. As a health programme participant, I know what kinds of food is needed to keep my baby healthy, but under the circumstances, it's almost impossible. There is no food anywhere. I cannot tolerate this situation anymore.”

Shilpi, 35, Bangladesh



Only 50% of respondents indicate that availability of nutrient-rich fresh foods in the local market is reliable. 37% indicated availability of such foods to be intermittent and 11% lack complete access to such foods for household consumption.

Accessibility to food supplies

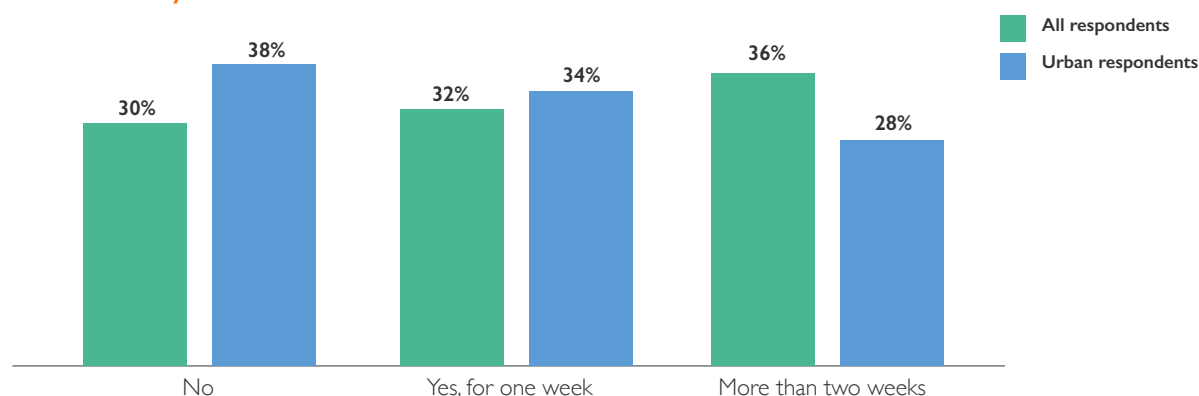


Fresh food, which offers the most nutrition, is also the most challenging to source given its quickly perishable nature and the price of such food is more likely to be affected by the increases in transportation costs due to the lockdown measures. Basic food items, such as rice, bread, and flour, are easier to source (68%) and store but are less nutritious.

With the lockdown measures that limit transportation both of food to local markets and of people to travel to those markets to purchase food, it is clear that even if people have money to purchase food, the most nutritious food may not be available easily.

30% of all respondents indicate that they don't have any food stock, and an additional 32% respondents indicate that they have stocks sufficient for only one week. Urban respondents face an even more dire food availability gap, as 38% do not have any food stock.

Food stock availability within the household



When people cannot regularly source both staples and nutrient-rich food, and have few, if any, food stocks, there is a high risk of severe malnutrition. The reduced quality or quantity of food has a significant health and nutritional impact on all HH members, especially children. When access to food is limited, the nutritional status of HH members, particularly infants, children, youth, pregnant and lactating women, will decrease and this is reflected not just in their weight but also in their body's ability to fight disease, compromising development. For pregnant/lactating women, it can increase stress levels as they are concerned for their infant's health. When children are hungry, they become more unsettled, resorting to crying or misbehaving, and this can place added stress on the immediate caregiver and the whole HH, leading to increased family violence and punitive discipline when children ask for food.

In urban and semi-urban areas, HHs are more likely to make daily purchases to fulfil their needs. This is because lockdowns and market closures make it difficult for people to restock food supplies as people are reluctant to go to densely populated areas to purchase daily supplies. Stockpiling of fresh food requires some form of refrigeration or ice (adding additional costs) and is less likely to be available for poorer HHs.

Respondents highlighted that, in rural areas, vegetables and other perishables were rotting because they were unable to transport them to markets, or if they were able to take them to local markets, the prices were lower than in more distant urban locations. Consequently, poorer HHs are unable to purchase a variety of foods.

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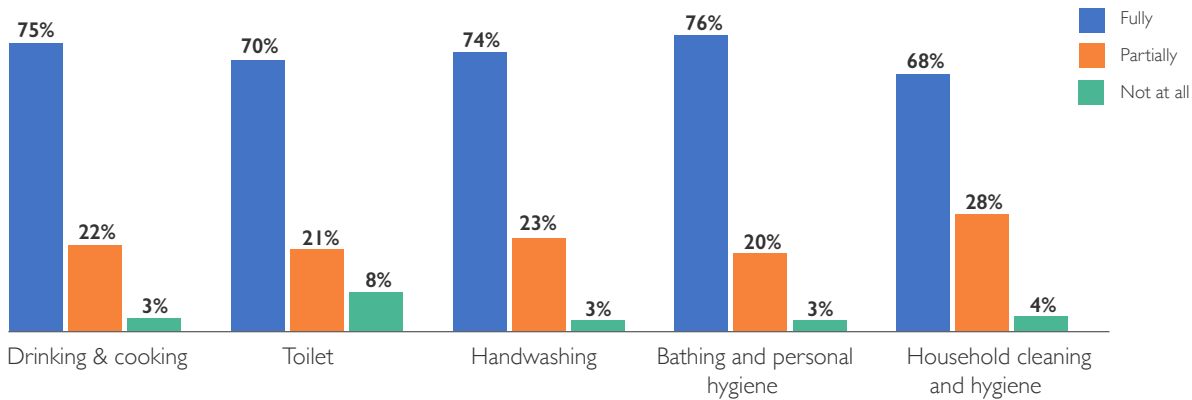
I cannot not sleep because in the next few days our rice supply will finish and I have no money left. We eat less and save up for the next days.”

Sum, 43, Cambodia

Wash, Sanitation and Hygiene (WASH)

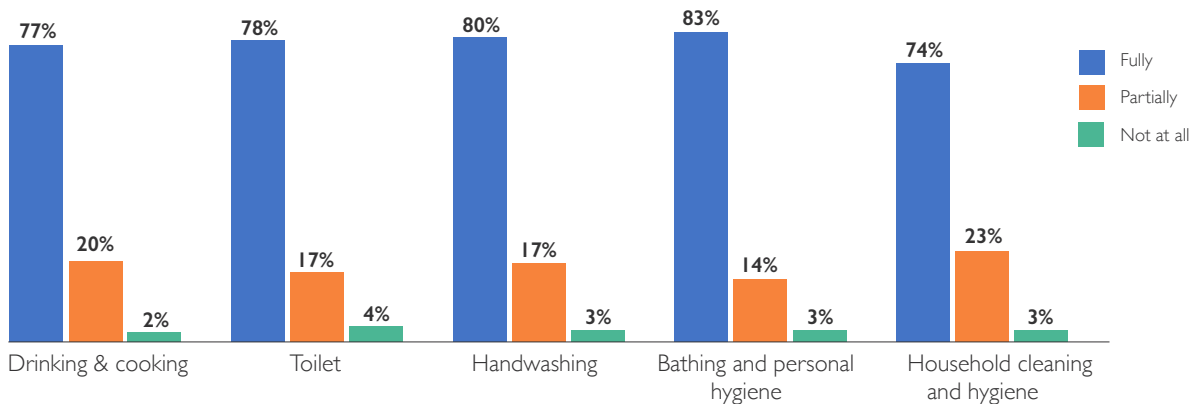
Over 23% of respondents do not have access to adequate water for drinking, cooking, and personal and HH hygiene needs which increases the risk of waterborne and infectious disease and child malnutrition.

Availability of water for key daily activities - All respondents



Availability of water seems greater in urban areas for all key daily activities, except drinking and cooking for which availability is the same.

Availability of water for key daily activities - Urban respondents

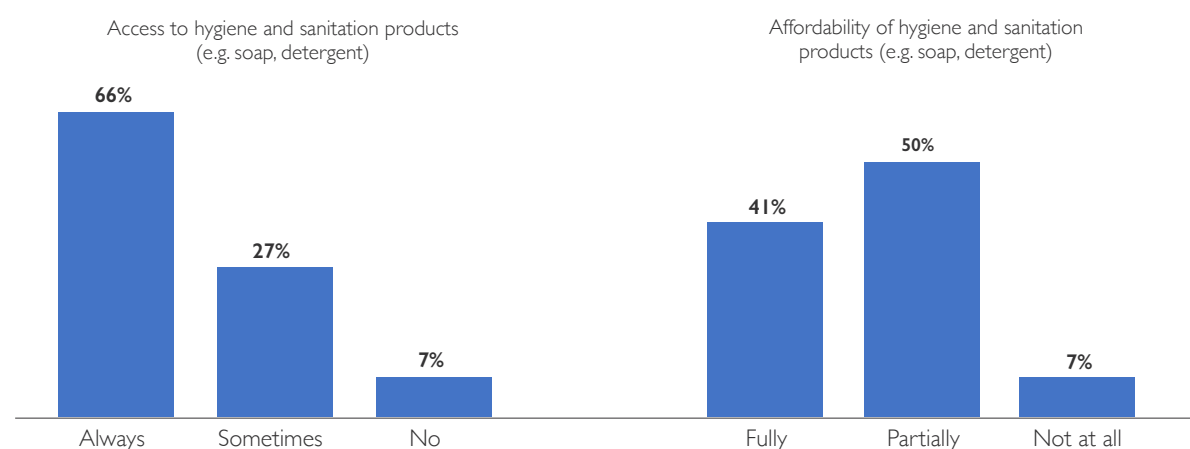


“With COVID-19 pandemic, the situation in Agusan Marshland, Mindanao has become more complicated. We talk about the importance of frequent handwashing and yet, in these communities, even clean drinking water is scarce. Majority of the families rely on the lake, or on rainwater or deep wells.”

Frank, WY Staff, Philippines

If people do not have access to safe water for essential food and hygiene needs, there is an increased risk of waterborne diseases. This fact, paired with increased lack of food access and availability, contributes to significant challenges with child malnutrition. Lack of access to clean water also increases the risk of child protection and gender-based violence as it is women and girls who are most often tasked with sourcing water for daily cooking and hygiene needs and must travel longer distances to obtain water. The further they travel, the higher the risk of gender-based violence.

While 66% of respondents confirmed that hygiene supplies (soap, detergent, etc.) were always available in the market, 57% found these good to be unaffordable. Furthermore, 32% did not have access to clean water for HH cleaning purposes.



The availability of hygiene products also varies country to country from 'always available' to 'sometimes available'. In India, only 56% of respondents always had access to hygiene items, and 40% had access only sometimes. In Sri Lanka, only 25% of respondents always had access, while 62% had access sometimes.

This is particularly problematic as access to water, as well as to hygiene supplies, is key for the prevention and the control of COVID-19. Without having water and cleaning materials, HHs are unable to adequately bathe, wash their hands and clean their homes.

Access to hygiene supplies is closely linked to market access. Lockdowns have made it difficult for people to access markets, especially due to the limited availability of public transportation. And the higher cost of goods combined with HHs' limited buying power has severely affected access to hygiene items for the most vulnerable.

“

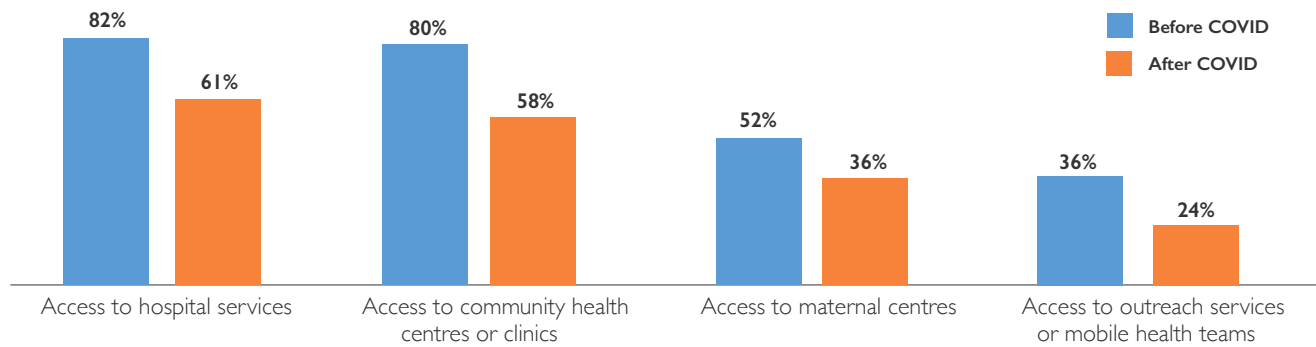
Many daily wage earners are finding it difficult to get food for their family. Another challenge is accessing the public toilets. Earlier we could go at least three to four times in a day, but now we go just once to the toilet. When we go there it is very crowded and there is always a police van nearby. If people are not wearing masks, then they get beaten.”

Shivmangal, 14, India

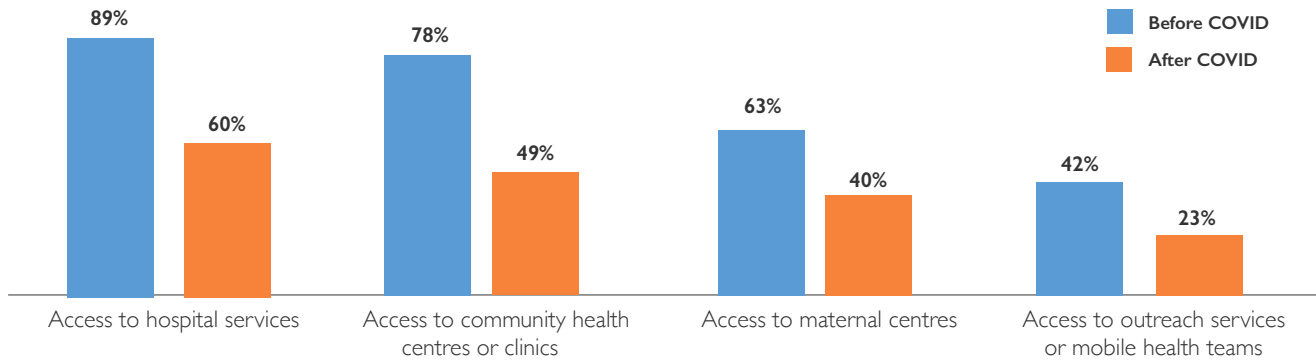
Health Services and Essential Medicines

Access to basic health services has drastically decreased (pre and post COVID-19) especially for urban dwellers, increasing the risk of maternal and child morbidity and mortality. Access to hospital services has decreased by 21% (29% for urban respondents); access to community health centres has decreased by 22% (29% for urban respondents); access to maternal centres has decreased by 16% (23% for urban respondents); access to outreach services has decreased by 12% (19% for urban respondents).

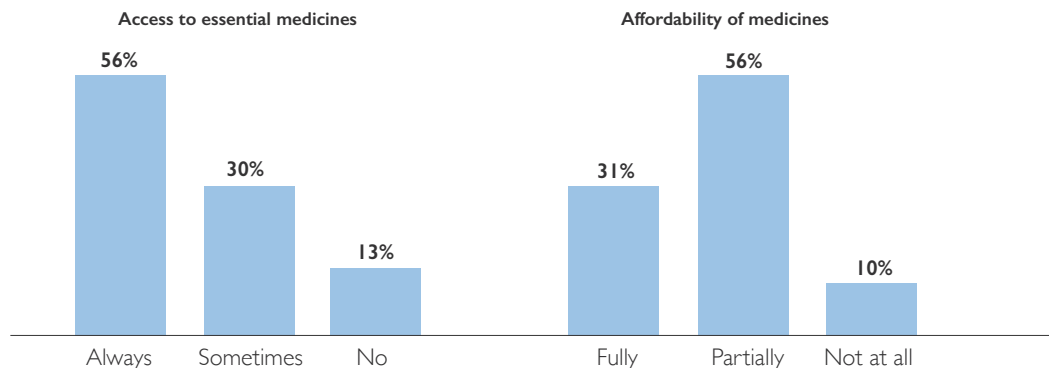
Access to health care services before and after COVID19 - All respondents



Access to health care services before and after COVID19 - Urban respondents



While 56% of respondents confirmed essential medicines were always available in the market, 66% found them to be unaffordable.



Most of the respondents indicated they had access to hospital and community health centres or clinics prior to the outbreak but since the outbreak, access has decreased largely due to lockdowns either because people are unable to access transport to the health facility and/or because health facilities have limited operating hours so that health staff may arrive home before curfew.

Kills in India highlighted that, as of May 2020, health services were concentrating on COVID-19 and other emergency cases and were only providing limited access to non-emergency services including vaccinations and antenatal check-ups. Respondents also indicated that their reduced income, the costs of services and transport, and their fear of contracting COVID-19 from other patients also contributed to their reduced access to health services.

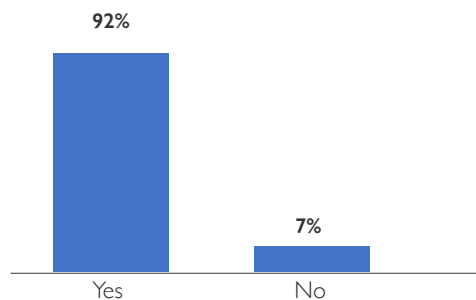


Before COVID, we could buy medicine for my mother. Conditions worsened with COVID-19. My father was out of a job. My mother's health became bad so my father had to mortgage his trishaw to raise money and keep the medicine flowing. There was no more money for rent. I felt so sad. Nothing to eat. A sick mother. I did not know what to do. I sneaked out with my sister and without my parents' knowledge, we begged for money under the hot sun. I was shy asking for money but we needed it.” Thandar, 9, Myanmar



92% of respondents confirmed that they have adequate and regular updates and information about COVID-19. Main channels are television and radio (73%), family, friend and relatives (47%) and social media (39%) are the key channels used to access COVID-19 updates.

Access to adequate and regular updates on COVID-19



WV staff educate children on safety precautions for COVID-19 in Nakhon Ratchasima, Thailand.

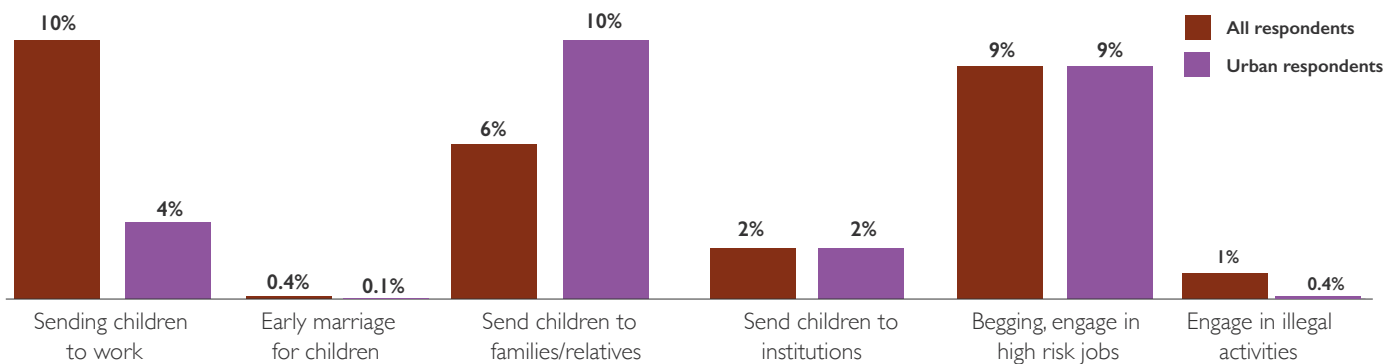
Respondents have adequate information about COVID-19, however, the concerns about the transmission of COVID-19 and how to prevent the infection from spreading has meant that people refrain from accessing health facilities, a behavioural pattern common to previous outbreaks in the region.² Limited transportation options and the fear of public transport operators to carry sick people to the hospital further complicates access to health services. If people are unable to travel, then Community Health Workers (CHWs) and other local health workers may be unable to conduct home visits. And this delay in accessing health services may have a detrimental effect on the families as necessary treatments are delayed which may lead to morbidity and death.

² Robertson, T. et al, 2020, Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study, The Lancet, [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1)

Child Protection

Loss of livelihood is forcing parents and caregivers to take desperate actions that are negatively impacting the well-being of children, with 10% of caregivers sending their children to work (4% in urban), 9% sending their children to beg or high-risk jobs 6% sending children to live with relatives (10% in urban), 2% percent sending children to institutions, and 0.4% consenting to an early marriage for their children (0.1% in urban), and 1% consenting to illegal activities (0.4% in urban).

Impact of loss of livelihood in child well-being in rural and urban communities



The economic consequences of the lockdown are thus increasing safety risks for already vulnerable children and pushing those on the brink into deeper vulnerability. Key informant interviews also include reports of online exploitation, neglect, and child trafficking.



We, children, are frustrated because my parents have lost their job. They stay at home and quarrel often. Daily survival is a challenge as my father lost his job since the disease (COVID-19) started spreading. I am frustrated and don't want to stay at home while my parents are quarrelling, so, I go out. Although my father is looking for a job, it is not easy. In the coming academic year, I am going to be in Grade 11. During school holidays, my mother asked me to work, carrying lime bags. But, I didn't get that job because the supervisor told me that my body is not fit to carry those heavy bags. Earlier, during school holidays, I did not need to work, but now, my mother scolds me often for not working and forces me to work. She was not like this before, but now I think it is due to the difficult living conditions.”

Tun, 15, Myanmar

The stress on families related to the loss of income, reduced access to schooling, and changes to children's behaviour during quarantine contributes to an increase in the physical and emotional abuse of children. The levels of mental health illness reported (4%) correlates with the expected amount of mental health needs in a community, but the rise in stress in 13% of respondents is a concern. In Bangladesh, over 44% of the respondents experienced high levels of stress. This affects productivity, children's ability to learn, cohesion in the HH and the health of the HHs.

45% of parents/caregivers indicate that they are only partially able or completely unable to handle changes in their children's behaviour which increases the risk of children's physical and emotional punishment.



When parents are unable to handle their children's behaviour, especially with heightened stress levels, they tend to use physical or psychological aggression to maintain perceived control. Both girls and boys (25%) reported experiencing abusive language and scolding from their parents.

“

People in our communities have become very depressed. No one imagined that we would come to such a state of depression which is forcing children to go to work. A lot of children during this time are involved in child labour. There are many children who are selling vegetables on the streets. The parents have not been able to go to work and this has affected the economy of the family. Children have become depressed, seeing the plight of their parents. Though they have not discontinued schooling but since schools are closed they are involved in selling vegetables on the streets. This is putting them at great risk as they are alone on the streets and could be kidnapped or face some other child protection issues.”

Sheetal, 15, India

27% of parents/caregivers indicated that they had resorted to physical punishment or emotional abuse in the last month (39% for urban parents) while 25% of the children confirmed that their parents or caregivers used physical punishment and/or psychological aggression in the past month.

There is a general agreement while interpreting the perceptions of parents/caregivers and those of children. Urban parents indicated significantly higher rates of physical punishment and emotional abuse which may be due to higher levels of stress and desperation when compared with the broader sample due to higher loss of livelihoods, sharper reductions in food expenditures, steeper reductions in access to healthcare, and higher relative financial distress especially related to an increased likelihood of loan default.

In addition, girls indicated feeling slightly more unsafe during lockdowns (15%) than boys (13%). 25% of girls and 23% of boys indicated that they experienced yelling, shouting, name-calling, and threats from their caregivers/parents. 73% of children indicated that they are aware of the child protection related services in their community – this may be due to WV's past awareness-raising efforts in this regard.

A significant portion of KIs reported an increase in alcohol consumption within families and a rise in disputes among couples, witnessed by children and elderly family members. Respondents mentioned that the rise in abuse and violence was due to the stress of lockdown measures, the loss of jobs and school closures which have resulted in families spending more time together. All of these have contributed to families' rising fears about their security, health, and future.

“

I share our little living space in a small room, with my mum, dad and my two siblings. My dad beats us when we ask for more food. He is frustrated and angry. To forget my hunger pangs I try to focus on my studies. However, I fail to concentrate due to hunger. I have headaches, general body pains and sometimes feel dizzy. Everything seems blurry around me.”

Kabita (not her real name), 12, Bangladesh





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Forging Ahead

Recommendations for Addressing the Needs of Asia's Most Vulnerable Children Affected by COVID-19

Forging Ahead

Recommendations for addressing the needs of Asia's most vulnerable children affected by COVID-19

I. Recommendations for Asian Governments

I.1 In the short-term (through end of 2020)

National Governments

Scale-up social protection interventions for nutritious food, cash, and voucher assistance that are child-sensitive, gender-responsive which provide a pathway to broader social protection. Short- or medium-term interventions must be underpinned by effective social accountability mechanisms where citizens, communities and children can exercise their rights to inclusive service delivery. These interventions must meet the basic needs of the most vulnerable children, especially girls and children with disabilities, through market-based assistance. As part of this effort, national governments must provide municipalities with the technical and financial support to design inclusive, localised solutions to addressing the diverse needs of residents in urban hotspots, in partnership with local and grassroots actors and other key stakeholders.

Increase investment in public works programmes.

Policy efforts related to emergency employment for day labourers have been implemented in the Philippines to support some of the most basic medical services in quarantined areas. Cash for Work (CFW) schemes by both government and private sector/INGO partners could help the immediate jump-start of local economies and stimulate consumption, supporting families with income to purchase needed food and transportation. However, this must be tempered with the understanding that this intervention may exacerbate the existing challenges for daily labourers in urban contexts relating to transport, availability of personal protective equipment, etc. and so these interventions must be designed in consultation with key community leaders. It is also important to have clear linkages with long term plans for livelihoods embedded from the beginning of this intervention.

Optimise the targeting of beneficiaries in government social assistance schemes

(especially relevant for urban slums and informal settlements residents), given the significant gaps in coverage for those without birth registration (especially women), migrants, and refugees. A recent United Nations Development Programme report (2020) highlights the example of Sri Lanka as a country attempting higher social assistance coverage through a mix of expanding relief schemes for the poor to 47% of HHs nationally and a transfer that is meant to reach all informal economy workers, which have, by early May, been provided for two months. However, simulations using the most recent national household survey suggested that around 34% of HHs nationally were likely to be excluded, including a high proportion who were already on low incomes before the crisis as well as those who were better-off income-wise but who were significantly affected by job losses.³ Getting the right economic support to the right people is critical in the short-term.

Support micro, small, and medium enterprises to achieve business continuity through flexible finance.

Access to finance is critical to help businesses survive, avoid closure and keep employees. Governments must ensure the appropriate regulatory and business enabling environment to facilitate debt financing from banks and microfinance institutions that would allow flexible repayments, grace periods and ensure timely delivery. This could be complemented by fostering an enabling environment for formal and informal savings and loan, especially savings groups at the community level linked with microfinance lenders. Microfinance recovery loan

³ United Nations Development Programme (2020). Addressing the COVID-19 Economic Crisis in Asia Through Social Protection.

products linked to savings groups could, together, be a powerful asset for local economic recovery.

To further address the immediate gap in healthcare access, CHW scale-up and skill-building are particularly critical now as they are the frontline workers who connect highly vulnerable families with community and government support mechanisms. CHWs are critical for helping households to reduce exposure to COVID-19, tackle issues related to gender-based violence and violence against children and ensure vaccination and basic healthcare for women and children. They can watch for household-level child protection, domestic violence, and mental health emergencies and link those experiencing these challenges to appropriate government and community services. Particular attention should be considered to hire female frontline health workers to deal with gender-based violence -related cases that affect women and girls. It is also critical to ensure frontline health workers, including CHWs, are protected, and equipped with the training and supplies necessary to not only respond to COVID-19 but also maintain essential primary healthcare services.

Classify frontline health and humanitarian workers and supplies as 'essential' and allow for exceptions to travel and movement restrictions to ensure continued provision of critical assistance to affected children and families in urban

hotspots; Ensure frontline workers, including waste pickers, informal health and social workers, and volunteers have protective equipment.

Local Government

Immediately stop evictions of urban residents in informal settlements and ensure access to housing for the most vulnerable families and groups as part of city development plans;

Assess the need for informal economies and include representatives of informal sectors in local COVID-19 response planning as well as longer-term local economic development strategies to both protect against the spread of the virus and reduce future risks to this already vulnerable population;

Engage local organisations, including faith actors, in the design of contextualised COVID-19 prevention, response and recovery plans for vulnerable urban residents building on their existing capacity to respond to disasters, risk and hazards. Plans should target those most vulnerable for support with preventative measures (e.g., handwashing stations), and include preparedness measures (e.g., death management protocols) and efforts to ensure all, especially those dependent on informal economies, are able to meet their basic needs, access essential services and care for their children.

1.2 In the medium to long-term (2021-2022)

Include universal access to affordable housing, healthcare, child protection, education, social protection for the most vulnerable and sustainable income generation opportunities for the urban poor in national and local development plans beyond this crisis.

Increase government resources for these social assistance interventions. The IMF (2020) recently highlighted that the packages of support recently approved in most Asian countries are not large enough to be an effective economic stimulus, given the depth of the

recession that many countries will face; the majority of those affected by the crisis, including those working in the formal and informal economies, will be excluded; and, the value of the transfers is too limited to offer effective livelihoods support to people across a period of six months, which is likely to be the minimum period during which assistance will be required. As a result, the economic downturns experienced by countries will be much larger and longer than they need be, with corresponding damage to government revenues; many families will continue to be threatened by food insecurity, with children experiencing significant set-backs to their

ⁱ <https://blogs.imf.org/2020/04/30/a-new-deal-for-informal-workers-in-asia/>

development while older people and those with underlying health conditions will be more susceptible to the COVID-19 virus.ⁱ

As such WV urgently calls on governments and donors to:

- **Increase investments in approaches that link humanitarian and peace interventions with medium and longer-term recovery efforts** aimed at sustainable livelihoods, increased food security, strengthened markets, and climate change outcomes.
- **Leverage multi-sectoral responses to promote child well-being.** Economic recovery responses should leverage and integrate interventions that promote child nutrition, reduce risks of child labour/marriage; and prevent Gender-Based Violence (GBV) and violence against children. This should leverage the work of NGOs, civil society and other actors. Similar to the Ebola crisis, by adapting our Channels of Hope model in our COVID-19 emergency response, in the last three months, WV helped 8,000 faith leaders provide appropriate health and child protection messaging and psychosocial support reaching over 80,000 people.
- **Invest in the rebuilding of livelihoods interventions that promote inclusion of vulnerable populations and women's economic empowerment:** Interventions should, therefore, prioritise 'hybrid' approaches that address gender-based constraints working directly with women, households and communities, and in partnership with market actors. This should ensure the inclusion of women in the formal economy, value and support paid and unpaid care work, and address harmful gender and social norms and relations in market systems and communities. Intersectionality should be considered, including disability and ethnicity.
- **Increase investments in public health and water, sanitation and hygiene to address root causes of child malnutrition.** If internal and/or external resources can be obtained, countries in Asia must improve public health capacity, increasing public health infrastructure and expanding coverage, and addressing gaps in clean water

and sanitation.

- o They must ensure that critical food assistance and nutrition programmes (e.g., community management of acute malnutrition) are adapted safely and functioning throughout the COVID-19 Response. They should also regularly assess the food security and nutritional status of highly vulnerable populations, including refugees, internally displaced people, and those living in urban slums and informal settlements, and strengthen referral mechanisms between health, nutrition, food security and child protection actors. Government social assistance schemes must ensure targeted cash and food voucher assistance, linked to market-based livelihoods interventions, to enable poor households to source a variety of nutrient-rich foods.

- o Health ministries should intensify efforts to prevent malnutrition including measures to protect, promote and support breastfeeding and adequate complementary feeding practices, including responsive and active feeding during illness; prepositioning of essential nutrition commodities, and shifting from health facility service delivery to community-based treatment options.

- o To address waterborne/infectious disease transmission, governments must scale-up efforts that reduce open defecation and increase access to water, basic sanitation, and hygiene supplies particularly in homes, health centers, schools and child development centers. Strategic partnerships among government, private sector companies, and NGO partners, particularly to make soaps more affordable, are critical to making significant progress in government WASH plans over the medium-term that contribute towards results for SDG 6- Ensure access to water and sanitation for all. Particularly important is the provision of handwashing facilities in household and communal spaces and provision of water, even through temporary means such as trucking, in areas at high risk of COVID-19 transmission. Governments must have a deliberate focus on delivering high-quality water supply closer to (if not inside) the home with establishment of a handwashing station within the home itself through the

ⁱ World Vision International (2020). COVID-19 Aftershocks: Secondary Impacts Threaten More Children's Lives Than the Disease Itself. Accessed online at https://www.wvi.org/sites/default/files/2020-04/COVID-19%20AFTERSHOCKS-%20SECONDARY%20IMPACTS%20THREATEN%20MORE%20CHILDREN%E2%80%99S%20LIVES%20THAN%20DISEASE%20ITSELF_0.pdf.

broader promotion of the effectiveness of handwashing for preventing infection with COVID-19. Public education on safe water storage and management can also reduce transmission risk within homes. These efforts will go a long way to addressing both COVID-19 transmission and the disastrous effects of water-borne disease, such as diarrhea, on child nutrition.

Strengthen child protection systems and partner with community leaders (including faith leaders) to address the physical and emotional abuse of children. As WVI highlighted in its April 2020 *Aftershocks* report, governments should make child protection and mental health and psychosocial support for caregiver's core components of their COVID-19 Response. They should develop a mental health and psychosocial support strategy for reaching those directly and indirectly impacted, especially those most vulnerable. This support should address fear, stigma, negative coping strategies, and other needs identified through assessments and build on positive, community-proposed coping strategies, promoting close collaboration between communities, inclusive of faith actors, and health, education, and social welfare services.

The emergence of incidences of child labour, child marriage, and parent/caregiver choices to send children to institutions or relatives as highlighted in the data above can be significantly mitigated through the above-mentioned social assistance and livelihood interventions. However, governments must develop clear action plans for formal and informal actors involved in the child protection system

in the communities and at a national level to join efforts to respond to the crisis. In the short-term, this must include ensuring adapted reporting and referral mechanisms are in place, promoting child helplines, help desks and case management systems. It is also critical for governments to adapt existing referral pathways to ensure alternative care for situations where children lose parental care as COVID-19 proliferates. Faith leaders can complement this by disseminating child protection messaging, serve as key actors in local child protection systems, and influence local public opinion on the importance of child protection.

Increase digital capacity while ensuring a safer online environment for children. Across Asia, digital access and bandwidth remain uneven between more and less developed Asian economies. This disparity results in a significant lack of access to education and financial services, which are increasingly going online. For financial institutions, including many microfinance institutions, digital payments have yet to be fully implemented. Digital versus cash payments can also reduce the possibility of viral transmission as this would reduce direct physical contact in money exchange. Many social assistance schemes, such as Aadhar in India, rely on such connectivity and so investments must ensure that the most vulnerable populations have digital access. In addition, as children increasingly access the internet, it is critical to ensure greater protection against online bullying and sexual exploitation.

2. Recommendations for International Cooperation Agencies and Multi-lateral Partners

2.1 In the short-term (through end of 2020)

- Leverage faith-based organisations, non-government organisations, and civil society actors' community engagement, footprint and reach to complement government capacity and efforts. These diverse actors can deliver needed assistance where government response cannot yet reach. Ensure that government-led social

protection support such as cash voucher programmes are complemented by strengthening informal local safety net systems such as savings groups. Leveraging efforts by NGOs and other actors ensure that social protection reaches those in the hard to reach areas where the most vulnerable live.

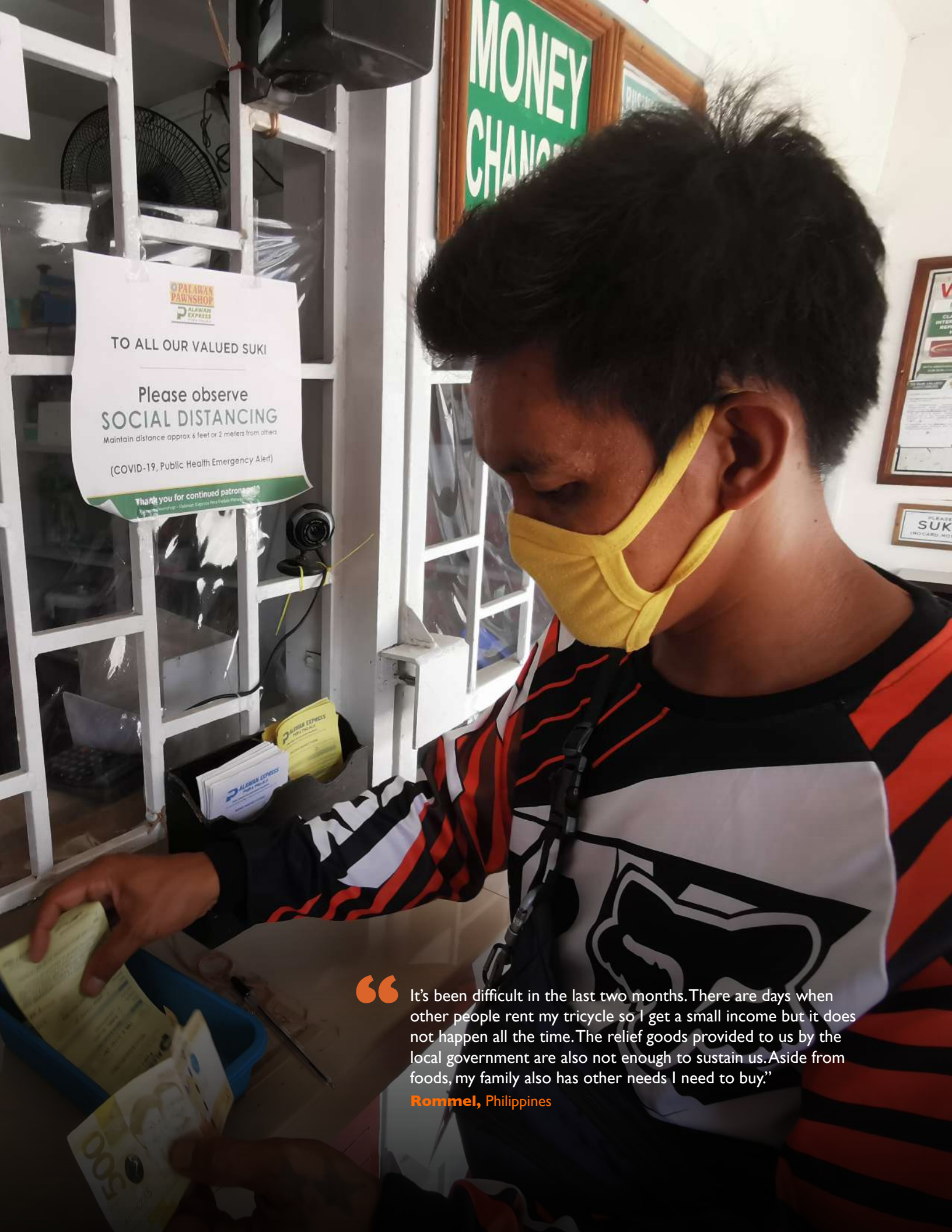
2.2 In the medium to long term (2021-2022)

- **Invest in economic recovery programmes that build household resilience to climate change and disaster impacts.** Global climate forecasts predict 2020 to be one of the hottest years on record. This has already been observed in Asia where the continent had its warmest May on record at 2.09°C (3.76°F) above average, surpassing the now second-warmest May set in 2012.ⁱⁱⁱ Higher temperatures for the region could intensify rainfall events during the monsoon, increase cyclone activity and lead to longer and drier dry seasons. Households reliant on agriculture and day labouring have already been severely impacted by movement restrictions and other social distancing measures resulting in a significant drop in income and high adoption of negative coping mechanisms. This will leave these households highly vulnerable to climate and disaster impacts, including flooding, landslides, cyclones/typhoons and drought and at risk of being entrenched in cycles of poverty from which they can't escape. COVID-19 economic recovery activities need to consider and support the long-term resilience of communities to climate change and disasters, including preparedness for future emergencies. This can be achieved by:

- Linking humanitarian focused cash and voucher

assistance with longer-term recovery efforts aimed at sustainable livelihoods, increased food security, environmental and climate change outcomes. This could include supporting triple-bottom-line outcomes for private sector and government investment in green approaches to livelihoods that "build back better".

- Developing economic recovery interventions that build in resilience to climate change and restore environmental assets that are central to food security, safety nets and natural resource-based livelihoods.
- Developing economic recovery interventions that enhance market resilience and adaptive capacity, while simultaneously tackling unequal gender and social norms, which constrains the capacity of market systems.
- Developing economic recovery interventions with pro-poor, women's economic empowerment and climate-smart outcomes as both core and complementary criteria for investment.
- Designing and implement economic recovery interventions in partnership with beneficiaries, especially those from vulnerable groups. Ensure strong feedback loops, communications channels and adaptive management practices to respond to fast-moving developments.



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Maintain distance approx. 6 feet or 2 meters from others
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**MONEY
CHANGE**

“ It’s been difficult in the last two months. There are days when other people rent my tricycle so I get a small income but it does not happen all the time. The relief goods provided to us by the local government are also not enough to sustain us. Aside from foods, my family also has other needs I need to buy.”

Rommel, Philippines

3. Recommendations for Implementing Partners

3.1 In the short-term (through end of 2020)

Ensure cash voucher programme assistance is market-based and linked to longer-term financial inclusion and economic recovery activities. Use this crisis to “build back better” to link short-term emergency measures such as cash assistance to medium-term recovery efforts that are “green” and linked closely into local and national markets.

Strengthen the productive capacity of vulnerable households. For example, it is critical to support smallholder farmers, agriculture workers, and informal traders to access finance, purchase agri-inputs, and sell their crops in markets – particularly perishable fruit and vegetables. As part of this effort, it will be important to adapt programming to the dynamics of urban-rural migration where possible intermittent lockdowns may disrupt value chains and linked livelihoods activities. Partners should further assess how the urban-rural migration during the pandemic is affecting livelihood opportunities and the opportunities that may be emerging as a result.

Provide mental health and psychosocial support services for boys and girls, their parents and teachers, and frontline workers. This level of response must not be a one size fits all approach in the region. Within each context, it is necessary to understand the needs of specific groups within the population who might experience barriers to accessing information, care and support or be at higher risk of infection. The services should be accessible and adapted appropriately for the needs of age- and gender-specific groups of children, the elderly, people with disabilities, and other most vulnerable groups. In addition, faith leaders, who oftentimes enjoy significant trust by community members, can play a positive role in psychosocial support, stopping child marriages and entry into child labour, and preventing or addressing household-level domestic violence. CHWs, faith leaders and community groups can also provide critical emotional and spiritual support through phone or text check-in/chats.

Build resilience of marginalised and most vulnerable boys and girls, including children with disabilities, through life skills training, adapted to movement restrictions and physical distancing rules. Sensitise and consult children and young people on different child protection risks and solutions including child marriage, trafficking and job offers, domestic labour, massage/dancing jobs, agriculture and food processing roles, and online sexual exploitation.

3.2 In the medium to long term (2021-2022)

Strengthen social accountability mechanisms to ensure feedback to policymakers on the impact of their COVID-19-related policy implementation at the local level. As governments ramp up their responses, the real-time feedback loops from communities will help ensure effective targeting of government efforts and drive continuous improvement of services for the most vulnerable. It is critical that implementing partners empower the most vulnerable at the community level to advocate for access to basic needs and to address the critical needs affecting their well-being. This will enhance social stability and improve the effectiveness of significant government investments in livelihoods, health, child protection and education.

Increase engagement with faith leaders. Engaging faith leaders in responding to the pandemic is critical to protecting communities and building their resilience. In Asia, faith leaders have been important partners in creating and disseminating messages on disease prevention and delivering messages of hope during this pandemic.

Relationships that WV established with faith leaders prior to the pandemic through development programmes proved to be vital channels of communication and trust to provide reliable information on the pandemic in a context of much misinformation. This helped address unwarranted fears and enabled communities to have access to accurate and critical information to protect themselves and children.

Faith leaders are important assets to partner with to mobilise their adherents to identify and help vulnerable children and families. In countries such as India, Indonesia and Philippines faith leaders have provided a faith-enriched understanding of positive parenting to address violence against children and provide psychosocial support to families and children. Other areas that faith leaders are able to contribute to are in stopping child marriages, preventing potential child labour as well as addressing household-level domestic violence, and creating an environment that nurtures the spirituality of children.

Mobilising and engaging faith leaders in livelihoods, health, child protection and education will be key to helping children, families and communities in the recovery process.

Measures taken by governments and partners during the crisis need to lay the foundation for long-term improvements in the social safety net and essential public services. Given the stakes, such desperate times call for bold solutions. We can do no less for Asia's children.



Acronyms

| | |
|----------|--------------------------------------|
| COVID-19 | Coronavirus Disease |
| AP | Asia Pacific |
| CFW | Cash for Work |
| CHW | Community Health Workers |
| COVER | COVID-19 Emergency Response |
| FO | Field Office |
| GBV | Gender Based Violence |
| HH | Household |
| IMF | International Monetary Fund |
| PPE | Personal Protective Equipment |
| UNDP | United Nations Development Programme |
| WASH | Water, Hygiene and Sanitation |
| WFP | World Food Programme |
| WV | World Vision |







Asia Pacific Regional Office - Bangkok

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