

**War Child Holland**  
**COVID-19 response**  
**Multi-Country Real Time Review**  
**Terms of Reference – July 2020**

## **1. Introduction**

### **i. Brief Background on Emergency**

Globally, on 2 July, the confirmed number of cases is over 10.8 million with 519,584 deaths. Coordinated by World Health Organization, scientists, physicians, funders, the private sector and manufacturers have come together to help speed up the availability of a vaccine against COVID-19.<sup>1</sup>

COVID-19 pandemic has disrupted people's lives, livelihoods and children's education with significant long-term consequences for the global economy, which will disproportionately impact the poor and those in existing humanitarian crises, especially those who are in conflict zones and refugee settings. The pandemic is putting increasing pressure on caregivers who are responsible to provide for their families and ensure children's safety and wellbeing under different quarantine measures. Children have a lot of excess energy and are anxious while under quarantine conditions with severe movement restrictions and at risk of exposure to violence, neglect and exploitation as caregivers' stress is growing due to uncertainty of the developing situation. Warnings of an imminent "economic meltdown" and a 'food crisis'<sup>2</sup> are expected to further amplify poverty resulting in child labour, trafficking and children out of schools or education and further reducing the limited coping capacity of fragile health systems. The pandemic is also reducing access to health facilities and care to children with pre-existing conditions. This is expected to result in vulnerable children in need of essential treatment (e.g. HIV/positive, children with illnesses, children with disabilities). The lockdown in some countries are unprecedented. Limited space for activities (because of the space and other procedures) is expected to result in restricting the movement and options for humanitarian workers. If left unattended, the mental health consequences of the pandemic may leave lasting footprints.

War Child is working in a number of countries experiencing active transmission of COVID-19 as well as countries at risk of outbreak. Containing the outbreak is ensuring children's protection and wellbeing and therefore relevant to War Child's mandate. Individual country offices have already responded to the outbreak in various ways. Based on the experience of EVD (Ebola Virus Disease) outbreak in West Africa, failure to mount a timely, coordinated global response with sufficient resources in support of the countries is likely to lead to inability to operate at all.

The WHO is calling for measures to be taken to contain the outbreak and has warned to prepare for the worst. As an organization working at community level War Child is well positioned to work on breaking the chain of COVID-19 transmission, an essential component of containment while promoting protection and wellbeing of children and their caregivers as well as identifying rapid deployment of remote learning solutions. Advocacy efforts to maximize War Child's influence will be integrated in our approach, including but not limited to supporting the policy development at the national level and advocating for dignity, protection and humanitarian assistance for the most vulnerable.<sup>3</sup>

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<sup>1</sup> Extract from War Child internal COVID-19: Global Weekly Information Update (14 April 2020)

<sup>2</sup> <https://reliefweb.int/report/world/global-report-food-crises-2020>

<sup>3</sup> Extract from War Child internal COVID-19: Programme Outline (23 March 2020)

## ii. War Child Holland Response

War Child is working to meet the urgent needs of children and communities affected by the COVID-19 pandemic. We have developed a programme response to support the most vulnerable children, families and communities where we work. We are already working to ensure their basic needs are met - and their safety and dignity maintained. Together we aim to see that no child is left behind.

**Our immediate response** to the threat of COVID-19 sees us take two primary approaches. The first is awareness-raising to share reliable and scientific information to protect children and families against infection and uphold their social and emotional wellbeing. Messages are being shared through radio and social media - and displayed on posters in the heart of remote communities - to promote hygiene best practice. In our second approach we use our global network to support partner organisations and communities to maintain the supply of life-sustaining resources inside our countries of operation - including water, food and hygiene. We are also working with these partners to support community members to earn livelihoods - of which many opportunities have been drastically reduced due to quarantine measures and travel restrictions. In addition to these two primary approaches, War Child and partner organisations are adapting key activities to be delivered remotely - including the case management of vulnerable children in our care and basic mental health support.

**Our medium-term response:** We are also developing contingency plans to shape our response to the pandemic in the weeks and months to come. In line with our stated mission we will continue to provide - through remote modalities - protection, education and psychosocial support to vulnerable children and families living in isolation. Can't Wait to Learn - the innovative e-learning programme driven by War Child Holland and coalition partners - is making technical adaptations to the delivery of the programme to ensure children receive and (continue to) get access to quality primary-level education. Other interventions will be adapted to meet specific needs arising from the pandemic. We will work to maintain our child protection activities as far as possible, helping to ensure children's rights are not violated. This includes protection from gender-based violence and child labour. We will also prioritise our advocacy efforts, which include support in developing national policy and promoting the additional support for mental health as a core element of international humanitarian assistance - both now and in the long-term.<sup>4</sup>

Adapting our interventions to address the needs and well being of children living in a context where violent conflict, humanitarian response, development and peace initiatives unfold is an added dimension to this crisis.

## 2. Purpose and objectives of RTR

A review that takes place at the start of and during an emergency response to provide decision makers with the necessary information to make immediate changes, using the Core Humanitarian Standard (CHS) quality criteria.

RTR is an '**appreciative inquiry**'. (1) RTR recognizes the efforts put and appreciates the results achieved through the collaborative work between country team and the rest of War Child and partners in any given crisis setting. (2) RTR enables us to continuously learn and improve (3) RTR findings help to do course-correction. RTR is **not** a fault-finding mission.

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This overarching objective is to better meet the needs of persons affected by emergencies and uphold agreed accountability and quality through the following specific objectives:

- 1) Provide insights on progress against the Core Humanitarian Standard to focus efforts on areas flagged for improvement;

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<sup>4</sup> Extract from War Child internal COVID-19: Programme Response Plan (20 April 2020)

- 2) Present key information including appropriateness, relevance and timeliness of programming and recommend immediate and contextually realistic actions/changes to the response;
- 3) Contribute to an accountability and learning organizational culture that highlights good practices and lessons for wider adoption.

### 3. **Steering group**

A small **steering group** will facilitate the process.

- Head of Programme Quality- chair
- Two Country Directors:
  - One country director from Africa + (including Colombia) and
  - One country director from Middle East + (Including Sri Lanka) - Selection facilitated by the Regional Representatives.
- M & E lead
- Humanitarian Director

#### **RACI matrix:**

<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
M&E Specialist manages RTR carried out by independent external actor	Director of International Programs	Humanitarian Director COVID-19 Technical Team Coordinator; Operations lead; Funding lead and Communications lead; Director-Shared resources; All country directors, Programme managers and / or emergency response managers.  COVID-19 Technical leads  Directors of Global Programmes	International Management Team  Core International Programs team  Programme Quality + team  Response Teams Country Offices

Some of the people mentioned above and from country offices and other offices are expected to support the process. Members of the steering group will contact them as and when necessary.

### 4. **Scope**

War Child has presence in 15 countries (including Burundi, Colombia, Democratic Republic of the Congo, Germany, Jordan, Lebanon, Netherlands, occupied Palestinian territory, South Sudan, Sri Lanka, , Sweden, Uganda, Iraq, Yemen, Sudan and Bangladesh). Real Time Review covers 12 countries of operation. We also work through partners in Syria. More details will be shared upon the start of the consultancy agreement.

The quality criteria of the Core Humanitarian Standard (CHS) will form the backbone of the Real Time Review and shape its scope. Key questions of interest will be extracted from the updated CHS self-assessment<sup>5</sup>, alongside lines of inquiry developed by the Consultant together with internal stakeholders to address aspects of coordination, effectiveness and resource management for the COVID-19 response. Respondents to the RTR will include (but may not be limited to) affected persons from operation locations to capture community perceptions, as well as partner and War Child's staff across multiple countries of operation.

<sup>5</sup> CHS Alliance, *Validated CHS Self-Assessment*, [Final version](#) (May 2020)

## 5. Methodology & Work Plan

A brief recommended outline is provided below, while it is expected that the Consultant will develop, propose and finalize the methodology and related tools with incorporation of internal stakeholders' feedback and approval. The expected time frame for completion of the RTR should be between 15-20 working days.

### i. Planning & Data Collection

Preparatory steps to be conducted by Country Office teams ahead of the RTR:

- Dedicate a focal person to handle communications with Consultant (see RACI);
- Share any background materials to the response (that cannot be found on virtual ops);
- Communicate ahead of time with any potential interviewees/respondents (communities, partners, staff) to set aside time for RTR involvement;
- Prepare for collection of perceptions from affected populations with guidance from Consultant;
- Arrange for a learning/reflection workshop that includes all relevant stakeholders.

Preparatory steps to be conducted by Consultant ahead of the RTR:

- Review all key documents, including CHS question lists;
- Identify key informants/respondents together with internal RTR Steering Committee;
- Develop data collection tools with context-appropriate methodologies alongside all data entry formats, databases, etc. Test ahead of time & account for restricted levels of access / use of remote data collection options;
- Share tools and methodology for review and approval by Steering Committee;
- Hold inception meeting for Steering Committee.

### ii. Reporting

### iii. Learning & Reflection (3 hrs exercise)

### iv. A management response to the findings and recommendations, within a month after the availability of the report (Director of International Programmes).

Sample work plan:

Activity	Responsible	Location	Dates
Document review, planning & draft methodology / tools., submit to Steering Committee			
Feedback from Steering Committee			
Final versions			
Inception workshop			
Data collection per country			
Analysis / report writing			
Learning & reflection workshops + write up			
First draft report			
Feedback from all relevant stakeholders			
Finalize report and submit to Steering Committee			

## 6. Deliverables



**External consultant:**

- ✓ Inception brief
- ✓ Detailed work plan and budget breakdown
- ✓ Detailed methodology and tools
- ✓ Presentation of process, key findings with actionable and specific recommendations
- ✓ Final report with strong executive summary

**Internal Stakeholders:**

- ✓ Management response (including Minimum Preparedness Actions)
- ✓ Key messages to be communicated to our stakeholders (including partners & beneficiaries)

**7. Budget**

Item	People	Rate (Currency)	#of days	Budget (Currency)
Independent External Actor				
Local travel for team				
Local accommodation for team				
Per-diem for team (if applicable)				
Facilitator or Translator fees (if applicable)				
Learning & Reflection Workshop(s)				
Other costs (describe)				
<b>TOTAL</b>				

**8. Background Required**

- Experience leading an evaluation team (specifically Real Time Review an advantage);
- Demonstrated ability to design evaluation methodology / tools, conduct data analysis etc.;
- Ability to provide strategic recommendations to key stakeholders;
- Culturally sensitive with capacity to work collaboratively with multiple stakeholders;
- Experience working in humanitarian contexts and good understanding of humanitarian response work – both in programs and operations;
- Expert-level analytical skills, presentation and writing skills;
- Skills and experience in War Child response locations, with attention to context-specific issues and/or characteristics of affected populations;
- Experience in assessing accountability, application of CHS quality criteria an advantage;
- Experience conducting ‘appreciative inquiry’ & knowledge of how to incorporate relevant steps within design;
- Experience with remote data collection where access may be extremely limited.

**To submit an application please email:** [Hana.AbulHusn@warchild.nl](mailto:Hana.AbulHusn@warchild.nl)

**Applications should include a CV(s), sample RTR or similar, outline of proposed methodology, work plan and budget.**

**Last date to apply: 15 July 2020. We are expecting the task to be completed by first week of August.**

# Real-Time Review of the COVID-19 Response of War Child Holland

## Consolidation of learning around the CHS from a “grassroots perspective”

Silva Ferretti  
August 2020



1.  
Assistance relevant and appropriate to their needs



2.  
Access to the humanitarian assistance at the right time



3.  
They are not negatively affected and more prepared, resilient



4.  
They know their rights and entitlements, access information, participate



5.  
They have access to feedback/complaints mechanisms



6.  
Coordinated, complementary assistance



7.  
Delivery of improved assistance as organization learn



8.  
Assistance from competent staff and volunteers



9.  
Organizations are managing resources effectively

# About this report

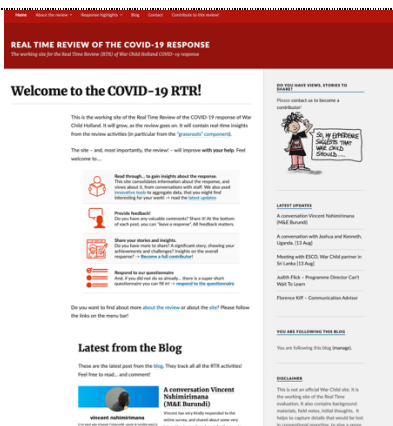
This report uses the **Core Humanitarian Standard** to **consolidate learning**. It pinpoints challenges, opportunities. It provides some **examples** of/for action, emerging from conversations with War Child staff and partners. It an unconventional report, designed as tool to:

- **Take stock** of action and consolidate emerging learning;
- Offer **practical ideas and options** for future work (for the COVID response... and beyond!);
- Offer some **frameworks** to orient future reflection and action. It believes that the Real Time Review should be the start - not the end! - of a process of learning and reflection.



## A cautionary note: community perspectives are lacking.

The review was confronted with a **major limitation** in using the Core Humanitarian Standard as a framework: the **CHS puts the perspective of people affected by disaster first**. And this remote evaluation **could not reach to them**. All the work was done remotely. It was only possible to reach War Child staff or partners. I **tried to establish contact to staff close to the grassroots**, and I always asked them to report what perspectives – if any – they had derived from members of the communities they serve. This is however **not enough to give voice to the communities affected by the primary and secondary effects of COVID**. It should always be kept in mind when reading this review.

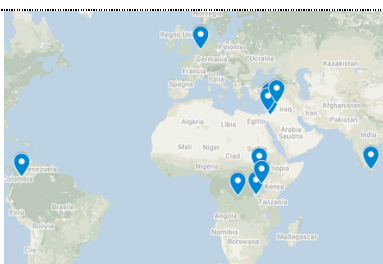


## This report is just the tip of the iceberg!

The review **working site** consolidates a wealth of information gathered and processed – real-time – in the course of the RTR. It includes:

- Information **about the programme**, as gathered from HQ (including links to materials provided for the initial desk review);
- Information **about the review** (approach, tool used);
- **Materials received from countries** (reports, clips, photos);
- Initial analysis, consolidation of information (e.g. **timeline**, **maps**)
- A **liveblog of conversations notes** (and some soundbites);
- **Comments and feedback** on the above, as provided by readers.

The blog is available at:  
<https://warchildrtrcovid.wordpress.com/>



## There is more to be discovered.

I tried hard to get information from and about the grassroots: from field staff, from partners, even from community representatives (even if, from the start, we anticipated that the latter would be hard to connect to). But, in the short time available, I did not manage to reach many informants with this perspective. The chain leading to the grassroots often broke before reaching close. Also, **some countries are over-represented**, and **many interesting challenges and practices are certainly missing**. This Review acknowledges this and invites War Child to continue learning from its own work, bottom-up.

## Yes, it is long, but...



- You can **jump around**. No need to read from page one to the end. Pick the chunks of information that most interest you.
- It is formatted for **“skip reading”**. You can get the main messages from titles, icons, words in **bold**. Then read the rest if interested.
- There are lot of text boxes with **examples from practice**. You can also skip these (but don't! They are often the juiciest bits!)
- It provides some **actionable frameworks**: step by step guidance for action. It is a mix of “report” and “practical manual”
- It needed to make justice to lot of hidden knowledge and expertise. This report is long because **you have a lot to capitalize on!**

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# 1. Assistance relevant and appropriate to their needs



Communities and people affected by crisis receive assistance appropriate to their needs.

**Quality criterion:** Humanitarian assistance is appropriate and relevant.

COVID-19 is a **global threat**. It generated effects and response at an **unprecedented scale**. The onset was rapid and triggered response in affected countries: China first, then Europe. And then the world, as it spread rapidly along globalized hubs and corridors.

The **WHO declared a pandemic** (March 11) demanding preventive measure to stop or limit the spread. Many countries complied (but that some governments didn't, at a high cost for all their citizens). Aside the medical response, lock-down (heavy limitations in the movements of people) was the measure of choice - to both prevent the spread and ensure that the health system would not be overwhelmed by a rapid increase of cases. **Many countries went in lockdown before COVID-19 hit them.** An issue that will be discussed more in depth [re: → 2: timeliness and 3: resilience], as it had major repercussions on the perceived relevance of the response. Limitations of movement within countries and the consequent slow-down of global economy caused **considerable "secondary" socio-economic effects**. They are having a major tool on already vulnerable groups. This is the context within which War Child started its **first emergency response, soon after the declaration of pandemic**.

## The relevance of the overall response (i.e. worldwide).



**The closer to the ground, the lesser the (perceived) relevance of COVID response.**

Field staff emphasized a common concern: the overall response to COVID looked disproportionate to people already experiencing hardships. Especially when COVID was still invisible but their fragile livelihoods started suffering from lockdown. [→ 2: timeliness].



**Mistrust**

A high level of mistrust emerged soon. Some felt COVID-19 was a scam, or an illness of the "whites". Some believed that it was a trick by the government to impose limitations. Did mistrust have repercussions also on responders – such as War Child – as they promoted messages and restrictions? Some respondents believed that INGOs are seen as more credible, and this might have reduced the level of mistrust and increased the buy-in.



**Fatigue**

Beneficiary fatigue was reported. Messaging, from all directions, seems to have overwhelmed people. The response sometimes increased stress level and demands on people already under pressure: by the existing contexts, by the efforts to adapt (for example: Syria response staff believes that excessive demands on them might have been the reason why, in some locations, parents withdrew from assistance programme)

"If COVID, then why not... (malaria / malnutrition / etc)?" is a very legitimate question in **communities plagued by other needs**. Even more so considering how **preventive measures worsened very fragile situations**. Many staff also struggle with this question. Obviously, this question relevant not only for War Child, but to the whole international community.

**Lack of a global perspective and expertise of course limits appreciation of relevance:** people with limited understanding of the consequences of a pandemic are simply not in a position to grapple why it is so important to stop it, early on. But an organization working at the grassroots cannot close the question so simply: it would be extremely patronizing and disempowering. **The worldwide response to COVID-19 had indeed disruptive effects** that must be also addressed. **Unbalances in the resources and measures employed for COVID – vis-à-vis other threats** – must be scrutinized. The risk is, otherwise, to accept that the better-off, in the international community, can impose their priorities and agendas to these who are already most vulnerable to other major, unaddressed threats.



So, in the longer term, War Child should **also ensure relevance** of action by **looking at its own response in relation to the global one**. When is it right to **align with it** (and what is the added value of War Child)? When should the modalities of the global response be questioned (and **new models proposed or advocated for**)? **What effects**, of the many intertwining ones caused by COVID-19 and by the worldwide response should be addressed as a priority? This review, lacking voices from the community, cannot anticipate possible directions. But clearly answering these questions will be of great importance for War Child, if it wants to maintain relevance for the community it serves.



**This time round, would it have been possible not to respond?**

Even if War Child did not have an emergency unit, it should have somehow responded to COVID-19. It was such a game changer for communities and programmes to call, anyway, for some measures. Some War Child staff suggested than stand-by should have been the preferred option. But most emphasized how good it was to be *acting* – rather than *reacting*.



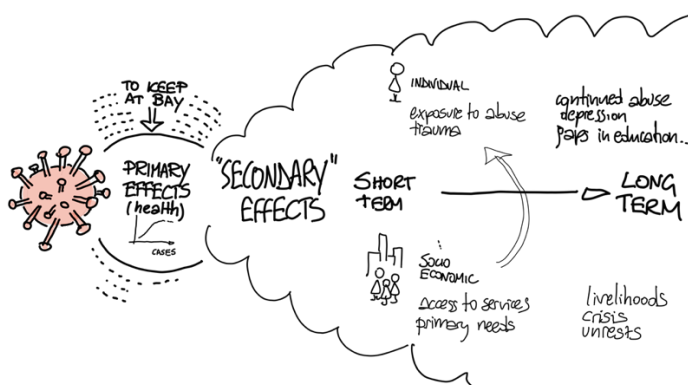
**Relevance will now depend on “intent”.**

What is the purpose of the response? How does War Child intend to address the effects of COVID? And which specific ones does it want to address? In the initial phase, as the world was confronted with unprecedented uncertainties, there was simply not the time and the space to ask these questions. It was a time for coordinated action, requiring sound intervention aligned to prevention and containment protocols. But *intent* now matters. The relevance of the COVID-19 response will depend on what specific issues War Child chose to tackle.



**In the shadow of COVID: catering for “secondary” effects (often, the most relevant)**

Field staff stressed that families are mostly hit by the “secondary effects”. In remote places, often not yet reached by the COVID, they pushed the most fragile people further down. With no support in sight. Many War Child countries started to respond to secondary effects, keen to do more. They strongly believe that– if communities reach new breaking points - War Child cannot turn its head. The way forward? Interventions that help communities appreciating preventive needs, whilst responding to their emergencies. [→ commitment 2, 3]



Emergencies are often complex: any big disaster aggravates other existing threats. This is even more the case for COVID-19. Its “**secondary effects**” (on economy and society) might have a bigger impact than the *primary* ones (on health and on the health system) in many communities. What will then be the most relevant actions? To be relevant War Child now needs to **disentangle the risk(s)** posed by COVID. War Child did some rapid **needs assessment** at the initial stage of the response. It now needs to **broaden its understanding – and without given things for granted**. What will be the longer-term impact(s) on the children it serves?

**The War Child response**

The [Covid-19 programme outline](#) provided a staged **menu of options** for interventions. It recognized that “*The added value of War Child is being able to reach, even if remotely, the most vulnerable children with interventions targeting; (i) education, (ii) mental health and psychosocial support, (iii) child protection, and; (iv) stigma reduction*”. Activities were proposed for different phases and stages of response [→ 2: timeliness]

How had this unfolded? **What was the assistance provided?** The bad news is that – beyond not being able to consult community representatives – the review had **many challenges picturing the response**.



**What was done, where?**

There was no tracking of what activities had happened, where, on a global map. Some information was scattered across diverse documents, but it was impossible to build an overall picture. “Who does what where”-type of information actually seems to be somehow tracked, in the [M&E tracking sheets](#). But it is never consolidated. The only aggregations seem to be totals of children reached by country (which is, of all the possible aggregations, one of the most meaningless and questionable: it aggregates both direct and indirect reach; diverse / not comparable activities; it double counts)





### The lack of “vivid pictures”

A “vivid picture” allows to imagine the program in context. It was really hard to build them. I managed only marginally and in few cases. In usual evaluations the issue of blurred understanding is solved with first-hand engagement on the ground. In this case, it was not obviously possible. This generates strong limitations in gauging relevance. [→ 7: learning]



### The plan was not a common framework for action and monitoring

The global response plan was a useful reference. It presented a menu of actions generating coherence of action as well as a common language. But it never become a live document, a truly owned common framework for intervention and shared learning [→ 7: learning]. Live tracking on progress on the plan did not take place. (Similar considerations apply to the to need assessments / country plans: they were set at the inception. Little deepening / adaptation / monitoring followed).



### What about diversity?

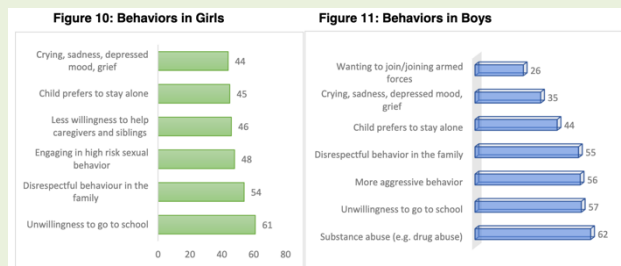
It was hard to gauge if and to what extent interventions considered diversity and inclusion issues. Data disaggregation was overall poor, and there was no qualitative analysis of the impact on different groups, or evidence of tailored approaches.

## Uganda: a protection survey

Uganda engaged early on in a protection survey, an important tool to understand impact on the local community. Certainly, a valuable and needed initiative, essential to address diversity (even if my personal choice of approach would emphasize more rapid participatory analysis tools, to allow for emergence of unanticipated issues).

The analysis looked at many angles. Recommendations, however, did not fully capitalize on the rich analysis: they had a limited inclusion / diversity perspective. The potential to highlight options for different groups (as it happened re: unaccompanied children) could have been tapped in more strongly.

A further improvement? Reduce design bias. GBV questions were only applied to girls. Equating *gender-based* violence to *violence to girls* only is problematic: it might reinforce taboos around violence against boys. Which indeed, exist: the same research also showed that both boys and girls were both involved in sexual transactions, as work. Some response choices for behaviour changes questions were different for boys and girls. For example, they mentioned “risky sexual behaviour” or “need to help in the family” only for girls. And issues of aggressivity and of substance abusers only for boys.



Given the challenges above, it was hard to get a strong understanding of what/how things happened. I only managed to collect scanty, anecdotal information about relevance, little triangulated. The following section does, however, include some actionable ideas to strengthen the relevance of practices, -as emerged from this limited sample and by aggregating views from staff and partners.

## MHPSS / child protection

MHPSS / child protection are different activity streams but had common challenges in **reaching children and adults at a time of lockdown**, and to **respond to the new issues** it created. **Abuse, trauma, distress** had reportedly all increased in the communities where War Child works, and/or took different forms. The teams managed to reveal and act on them, even under limitations of movement. They could often rely on the **support of local volunteers**, living in the proximity of the children. It emerged that **previous engagement was key in creating trust and support** – and possibilities for action.



### The importance of building on existing engagement.

Most initiatives stressed the importance, of existing trust and interaction with the communities (families and volunteers). Guidelines on child management even cautioned against taking on new cases, unless really serious. Relevance was built on existing relationship.



### Inclusion of parents.

Many countries expanded their activities to support also parents. This happened for many reasons: 1) to obtain access to children – in cases where families were initially not supportive; 2) recognizing that parents were also exposed to very stressful situations and needed support for the wellbeing of the whole family.



### Dealing with access

Different communities had different access to services. War Child appreciated the challenge, and set diverse options, modalities and platforms to reach people: in person (through volunteers) - when possible. With mobile technology - when accessible. Obstacles were smoothed, as much as possible. For example, when it emerged that children and their carers would need phone credit to be able to engage remotely, it was provided.



### Guidelines, established bottom-up

Interventions came with novel challenges, for example the safe use of remote technologies. War Child advisers chose not to overburden field staff with pre-established guidelines. Advisers engaged with them, to understand what challenges they encountered. They discussed together how to best address them. Guidelines were issued through this bottom-up process, more responsive to the actual challenges. Field staff appreciated the process and the advisory support.



### Reclaiming in-person interaction: where are you?

Some respondents cautioned against remote interaction: there is an urgent need to recreate spaces and opportunities for face to face engagement. They reported that some communities are feeling abandoned and are losing trust (“where are you?”). War Child should actively seek, as much as possible, to re-create conditions for in-person engagement. It could model practices and options demonstrating how safe interactions can happen - always keeping in mind, however, that individual staff might have different risk thresholds, to be respected.



### Make sure that Mental Health is understood and addressed as a primary need.

War Child staff shared how challenging it is to create space to address needs such as Mental Health, Protection... when they are not acknowledged as essential. They are used to it: their experience is that it takes time and persuasion for communities and other local actors to appreciate their importance. The COVID response was no exception, and this issue surfaced again. War Child had to persuade even humanitarian actors to overcome a “Manslow pyramid vision”, where needs are seen as a sequence rather than integrated. (incidentally, The COVID response was a strong reminder for War Child of a linked issue: precisely because needs are interlinked, War Child had to be vigilant- and sometime even intervene – so that the needs at the bottom of the pyramid could be addressed: it was important to strengthen interventions).

#### [South Sudan] Successfully lobbying for access: MHPSS are primary needs!

In South Sudan MHPSS interventions were not initially considered lifesaving. Permission to travel was not granted to War Child, creating challenges for the organization. War Child lobbied the clusters – initially on its own, and then together with other organizations – for mental health interventions to be recognized as lifesaving. Successfully. This episode reminds that there is still a tendency – even within the humanitarian sector – to consider some needs (e.g. food, health, water) more important than others. War Child did well in advocating against this. The organization should continue to ensure that Mental Health is kept high in the agenda, to avoid similar challenges in future responses.

## Education

Education teams did terrific job in ensuring that **children could access remote education**. They did so in **connection with schools and other educational bodies**. This stream of activities was certainly relevant, and staff reported a satisfactory engagement of children and parents in continuing education.



### Materials were adapted

Adapted materials for remote delivery – online or with paper support – were devised. The education teams employed many different modalities, to adapt to the specific conditions of the different countries.



### How to ensure that education does not stop at instruction or erudition?

It is very understandable that the focus, in these early months of response, was on the curriculum, on the content: ensuring that children did not miss classes. But schooling is not only about *erudition*. It also involves gaining the vast range of skills and behaviours to be better people and citizens. It is about the social interaction. This aspect seems so far little explored, within the COVID-response. If War Child intends to continue investing in remote education, it should look into how best ensuring interaction and socialization – through its platforms or by finding blended options enabling some engagement face-to-face. For example, the setup of “pods” – bringing kids together in small groups to get socialization and other benefits of in-person instruction). Some attempts started, but of course socialization will require much more.



### Did remote / online learning work?

War Child education programmes (e.g. CWTL) are well aware of the importance to understand if remote learning works. They are able to check output level indicators (e.g. track platform use). They are now designing, in coordination with other international initiatives, outcome monitoring.

### Can't Wait to Learn in Uganda: delivery through small groups

In Uganda small clusters of neighbouring children were set. Local facilitators brought them tablets and took them back in the evening. There was rotation: the day after the tablets were given to a different group of children. This option, however, could not be replicated in other (apparently) similar contexts. In neighbouring South Sudan, an assessment with partners suggested that bringing tablets at home would have created a lot of unrest and insecurity: partner preferred paper-based solutions.

### Syria response attempts to retain a sense of togetherness in remote schooling

War Child partners tried to retain some social interaction and connections among the children. They provided lessons at specific and agreed timing (= when the electricity was available in the area). And they asked for homework to be submitted at a specific time. They would then prepare short videos praising the punctual children (for example: "thanks to xx for submitting the homework on the agreed time"). This made the sessions more interactive, and motivated children and parents to stick to schedule. Facilitators also compiled pictures sent by caregivers – of children doing homework or studying.

## New activities

War Child quickly realized that **its usual menu of activities was not sufficient to deal with the challenges emerging** in the communities it served. It identified activities relevant for the unfolding situation (e.g. risk communication; distributions – including of cash; WASH elements, in particular hygiene promotion). All activities that could also be **coherently integrated with the existing package of expertise** (child protection, education, MPHSS). Relevance - of new activities, and in the absence of feedback from recipients - **is even harder to gauge!** The points below collate reflections, by fieldworkers, on **how new activities interplayed with their work**. It emerged that:



### There was a need

The COVID-19 crisis (in particularly the lockdown) worsened the already critical conditions of local communities, under breaking point. Field workers reported that, in their interaction with communities, they discovered many genuine cases of people experiencing for example hunger and profound distress. The two were linked, and no other support was in sight.



### New activities were meaningful addition to existing ones

New activities could be easily integrated to complement existing ones (for example, awareness messages could be meaningfully integrated into educational activities).



### They created new possibilities

Engaging in new activities opened possibilities, such as the use of new communication media [→ 4: participation]. It is anticipated that these new possibilities will continue to be used, also in mainstream programming.



### New activities were achievable, within the organizational capacity.

The new activities proposed were usually within the organizational reach. Distributions, WASH were never intended to be major stand-alone components. They were designed to be small scale, and manageable by the organization. Of course, some additional capacity will be needed, for these activities to become relevant in the future. The general impression is that implementation was good enough, that staff was confident but also keen to improve.



### Capacity investment – when needed – was relevant

War Child spotted the need to strengthen specific new activities, for example, RCCE (Risk Communication and Community Empowerment). It relies on strong expertise. It requires precise and to the point messaging. A new team was appointed to support it. They had to troubleshoot at the beginning, checking on potentially problematic messages. But they could then move on, supporting a community of focal points, sharing learning and expertise.



### They were, sometimes, the only real option.

In some situations, the remoteness and seclusion of communities was so acute that it was not possible to engage them with the usual package of activities, even in a modified form. Distributions were the only possibility to continue contact with marginalized communities.

**oPt: distributions were the only way to achieve contact.**

In West Bank. War Child was confronted with very acute limitations in reaching the most marginalized communities they serve in Area C (i.e. communities living under tight control and restraint by Israel). These communities could not be reached with phone / internet. Mobility was entirely curtailed, also for War Child. Organizing a distribution of essential materials was instrumental in reaching them. The distribution was done by the supplier themselves, with no presence of War Child. The items distributed were accompanied by information materials and messages, which also helped to show proximity. The local council, which could establish contact with these remote communities, conveyed positive feedback from them.

## Awareness campaigns / RCCE

Finally, some specific points re: awareness raising activities /RCCE. They are falling under “new activities”, but a sizable chunk of observation emerged specifically on them, worth highlighting. Please also note that additional insights about the overall aspect of “communication with communities” will be looked at, in more depth, within → 4: participation.



### Check soundness of protection measures and make them locally relevant.

It is important to continuously check the soundness of the measures exhibited. I could see in some images War Child staff wearing gloves during distributions – a measure that was never been promoted by WHO and was actually flagged as counterproductive in preventing spread. A practice of using sanitizer before handling each individual kit would have been a much stronger and more useful message: reinforcing the need for hand washing rather than implicitly suggesting a measure out of reach and, even worse, with no real preventive function.



### Encourage local solutions

Looking at the photo / video documentation of some distributions, I noticed that War Child distributed many industrially produced masks, and that staff wore them in their activities. A “**community mask**” approach (i.e., teaching to stitch masks with fabric and/or procure them locally) would be preferable. It does not give the impression that masks are only for people able to buy them, it reduces use of disposable items [-> 9: resources]. Community masks have a longer lifespan – suggesting that the emergency will last. And they can be linked to petty manufacturing activities.



### Hammer the concept but avoid repetition.

War Child was often one of the few organizations remaining in an area, and in this context the sharing of basic messages is a must. However, the situation changed when many organizations came back. Lot of staff reported issues of “information fatigue”, due to repeated messages. The issue was discussed in coordination meetings with other INGOs, but the agreement was that “messages are never too much”. Well, the bad news is they can be! The fatigue issue was discussed in international War Child RCCE meetings, and some countries reduced focus on messaging. If War Child continues to work on RCCE, it should improve its capacity of assessment (are messages needed? If so, in what form?). It shall continue develop the “CE” (community engagement) component over a standardized “RC (risk communication).



### Make messages actionable

Communities have been flooded with messages. Were they always actionable? Often not! Some staff realized that it is counterproductive to share non-actionable messages (especially when it is the most marginalized who cannot act on them!). It is disempowering. By having feet on the ground, War Child Uganda was able to see the gap from message to action and adapted them with supportive strategies.



### Make messages inclusive

Some teams started to interrogate themselves about the inclusiveness of their messaging. War Child teams are already sensitized to inclusion concerns, strongly emphasized in their developmental programmes (e.g. Team Up). They identified some challenges (e.g. hearing impairment) but had not yet developed innovative solutions.



### Uganda: if you talk about soap, then people must have access to soap

Uganda made reality checks on their messages: could they ask people - who do not even have the soap needed to wash their clothes - to wash hands regularly? Their strategy was then to complement and reinforce the messages with the needed handouts. Soap... for hand washing. Toys... to help keeping children more at home. A list of stress factors... and a linked hotline for response. They did not want to emphasize giveaways but ensure that messages were truly actionable. Listen to [Kenneth](#) and [Joshua](#) explaining the approach, in a video.

## Key lessons:

- **Recognize that there is a relevance issue with COVID responses focusing only on primary effects.** War Child staff in country realized that measures focusing strictly on COVID primary effects (oriented to containment) are not seen as relevant – and are even perceived as alienating, unrealistic. The way forward has been: cater for new needs stemming from secondary effects + incorporation of some preventive work.
- **Understand, address impact of “secondary” effects of COVID, to ensure relevance.** In many marginalized communities, the real challenges are the secondary effects of the global COVID response. Continuous context analysis is needed to ensure the future relevance of all programmes (i.e. not only of the COVID response) and at all levels (local / national / global).
- **Invest in rapid evaluations and community consultation, to get feedback on relevance.** The review was not in a position to get feedback from beneficiaries on the relevance of the intervention. Neither had it found evidence of ongoing analysis on it. It is key that War Child develops rapid tools for participatory assessment, to be able to better gauge the outcomes of its intervention.
- **The menu of activities proposed for the response proved to be coherent with the capacities and the expertise of War Child.**
- **What about “diversity”?** I could not find much, in the reports / accounts of work so far, indicating how War Child programmes approached diversity (gender, age, ability, etc.). Diversity and inclusion aspects were only rarely mentioned in conversation.



## 2. Access to the humanitarian assistance at the right time



Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

**Quality criterion:** Humanitarian response is effective and timely.

One point that came over and over in the conversation with staff:



### **War Child was fast and hit the ground running**

War Child demonstrated an impressive capacity – especially for an organization that had never engaged in fast onset responses – to hit the ground running and delivering at a speed that surprised even the staff themselves! The pride of having responded, immediately, was always palpable when talking with staff.

**Timeliness, however, is not about being first.** It is about **checking if the sequencing of the intervention fits the challenges.** The COVID-19 is a particularly tricky emergency when it comes to timeliness. And in this case, **timing is really the essence.**

### **Acting within a (premature?) worldwide response**

War Child **entered emergency response early on** and pushed the entire organization into this new mode of operation. There was resistance to this sudden shift, **judged premature** by some. But in retrospect, it was a brave and strong intuition. The organization had really been **able to “see it coming”** at a time when many were still in denial or had not yet started to grasp the full consequences of a pandemic.



### **Sooner or later War Child should have responded anyway.**

Ultimately there was no way to avoid responding: adaptations to programmes would have been necessary anyway (the alternative would have been de-facto closure of programmes at a time of need). By acting early, War Child bought time.



### **War Child was ahead.**

Of course, development and humanitarian work are not a race, so there is no inherent value in being first. Some HQ staff felt that fast reaction had reduced needed thinking space: actions started too quickly, without considering if they were really the best fit for War Child. The view from grassroots workers was that being ahead was an asset to them. They were motivated, in action mode (at a time when fear and insecurities might have had negative effects). It was valued by communities (“you are the only one remaining / the first to come back”). And it helped to set actions using the remaining spaces for movement, soon to be closed.

### **Syria response: an early start in adapting education allowed to build trust.**

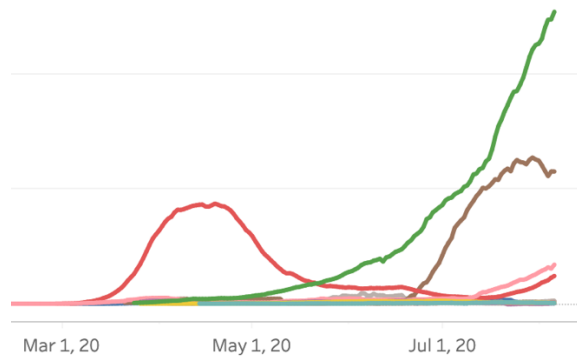
A War Child partner in Syria prepared to move their activities online, early on in the response. But it encountered resistance by conservative families - not keen to share their contacts. As action started at a time when it was still possible to move around with relatively easy, teachers could contact these families directly and in person. This helped to build the needed trust and to enrol children in the activities.

As done for relevance, it is also important to situate War Child response within the global one when discussing timeliness. Worldwide, the knee-jerk reaction to the pandemic by governments was often **lockdown**. There were little nuances. **Even in places where the number of cases had not yet gone up.**



I traced the **COVID-19 contagion curves** for the countries where War Child operates. The only country experiencing cases in the initial months of the response were The Netherlands (in Red). Colombia started to escalate in May (in Green). Palestine in July (in brown).

It was key to contain – early on – the number of cases. The drawback? **Communities experienced full lockdown and emergency measures when the threat had not yet materialized locally.** This created a unique situation where **the main emergency was not the virus itself, but the consequences of the attempts to contain it.**



### Was War Child seen as “part of the problem” or as “part of the solution”?

When the restrictive measures were put in place – and War Child backed them up – staff witnessed and confronted several challenges:

- *mistrust, disbelief*: staff reported challenges in persuading people that COVID-19 was not a hoax.
- *feeling of abandonment* (where are you?). Some staff shared how they had to (or will have to, as they will be back in contact with their communities) re-establish trust and connection.
- *a resistance to seclusion*: people has very good reasons to resist seclusion: it is harming their livelihoods.



### The worse – for many – is yet to come.

National measures could not sustain and were not enough to ultimately prevent the spread. The challenge? Many places which had already suffered lockdown are, only now, experiencing the first surge of cases. It is important to prepare for responses that might be even tougher to design. For example: what to do where the curve is raising but lockdown is now refused (because families cannot cope any longer with the effects of a prolonged seclusion)?

There is not much that War Child could have done differently in the early response, if not adapting to the global measures put in place. A question for the whole international community (which War Child can help asking and answering where it operates) is: **was the adoption of lock-down measures (conceived for countries responding to exponential increase of cases) premature in countries at early prevention stages?** And what could have been a more sustainable course of action – as COVID-19 is there to stay?

War Child was right in “moving to action” quickly, but then it found itself sometimes operating in contexts geared up for risk management options not fitting the local development of the pandemic. In the months to come - as communities will have to “dance with the virus” - **trigger points for different modalities of prevention / mitigation / preparedness / response** will need to be set and managed in a localized fashion. Capacity to set these trigger points effectively will have an enormous impact on the resilience of people. War Child can support the local communities in understanding what type of risk management options are most suited for the situation.

## Localize, contextualize mechanisms for timeliness.

The global programme outline was developed on the idea that different events should trigger different portfolios of action, and that the plan should evolve in the long term.

The <b>Covid-19 programme outline</b> recognized the need to <b>stage</b> response:					
<ul style="list-style-type: none"> <li>• Stage 1, preparedness; countries with no confirmed cases; low confirmed cases; at risk of an outbreak;</li> <li>• Stage 2, response: Outbreak with significant restrictions imposed by national authorities;</li> <li>• Stage 3: recovery: end of movement restrictions).</li> </ul> <p>In addition, it proposed different <b>phases of response</b>:</p> <ul style="list-style-type: none"> <li>• immediate: preventive;</li> <li>• short and medium term: adapting and re-engineer interventions;</li> <li>• longer-term: implement structurally at scale, with partners.</li> </ul>					
Stage 2: RESPONSE : Outbreak with significant restrictions imposed by national authorities.					
WHAT	HOW	WHEN	BY WHOM	RESOURCES	
Remote Risk Communication and Community Engagement	By phone or other remote modalities	With movement restrictions in place	War Child – focusing on our key areas of strength and expertise	Phone/Internet credit; up to date risk information	
Remain continuous support to critical work (e.g. case management)	By phone	With movement restrictions in place	Partners – local community groups, local organisations and institutions, national partners, government authorities, international agencies, Red Cross Red Crescent Movement and the UN.	Phone/Internet credit	
Stress management and psychosocial care and support for children, care givers and carers	Local partners, referral pathways	Before, during and after movement restrictions		Funding: Psychological First Aid; Existing and new materials developed by WHO, IASC, MHPS Reference Group	
Remote staff support for stress management	Remote solutions in some contexts			Phone credits, staff wellness officers	
Remote alternatives to children’s/youth education and animation	By phone	With movement restrictions in place		Learning solutions (also potential adaptation of CWTL)	
Nutritious meals for children (prevention of ill health) and pregnant or nursing (breast-feeding) mothers	Remote solution	With movement restrictions in place	Country-specific plans will list the names of specific partners.	Food procurement; food hygiene training for community cooks; payments to community cooks; plates and utensils along with provisions for cleaning, sterilization and sanitizers or in rare circumstances, single use plates)	
Multipurpose cash	Community cooks; partners; local women’s / mothers’ organisations other (remote) modalities	With movement restrictions in place		Funding, distribution SOPs; Do no harm risk assessments; (food baskets if necessary)	
WASH – access to clean water	Unconditional cash transfers – access permitting	Before/during movement restrictions		Funding	
Youth Engagement	Local partners	Before/after movement restrictions		Remote solutions; phone/Internet credit	
	In supporting community efforts in Risk Communication, hygiene and health promotion, de-stigmatization – online/remote solutions	Before, during and after movement restrictions			

The staging / phasing proposed was good enough when the plan was set, but it will require revision, to remain relevant for action: it did not evolve to suggest the need for more context-sensitive triggers. This matters because of the nature of the threat: **localized capacities to trigger measures will be essential to “dance with the virus”**.



**It remains unclear how “stages” and “phases” interplay in the plan.**

It is not clear how stages and phases interplay. There could be a risk of overlapping them! I would recommend sticking to their difference, as it calls for adaptation of the response activities. For example, preparedness activities happening in the short medium-term need to be designed differently from these in the early stages.



**Dancing with the virus is a fine art. And needs to be localized**

After months looking at contagion curves, it is now clear that dancing with the virus is a fine art. It requires understanding when and to what extent protective measures can be applied or lifted, and the consequences for the population. It is about striking a tough balance about the need to move, to socialize, to work... and the need of containment. Triggering mechanisms need to become quite elaborated and to be context specific. And each sector of activity (e.g. education, child protection, etc..) should evolve their own. Dancing with the virus is much more complex than the sequence presented so far. Identification of global and local factors for adaptation of the response, trigger-points for action shifts, etc... will be needed.



**The response is not only about the primary effects**

A further complication is that the emergency is not any longer only the spread of the virus, but the erosion of the livelihoods of people. Timeliness requires also the setup of trigger points that are not only virus-related.

All this matter not only for the programme.



**Capacities for timeliness are a key resource for communities.**

Capacities for timeliness are not just a programme concerns, but **a precious skill to share with local actors**. Possibly the core skill to develop to enable local strategies for response! The evaluation observed that this has not yet been acknowledged. The opening of schools is a good example of a need for such focus: what factors can allow safe opening? When should school be closed? What is the best way to create minimal disruptions in the life of the children – yet keep them safe? And how can War Child adapt its support, in different phases? What other risks should be considered in setting trigger points? (e.g. is it safe to have [children out of school and out in the streets?](#)). Discussing issues of timeliness with communities and local authorities can generate stronger adapted responses. And will be essential even for ongoing programmes.

**Colombia: working together to reopen schools. And to talk about peace.**

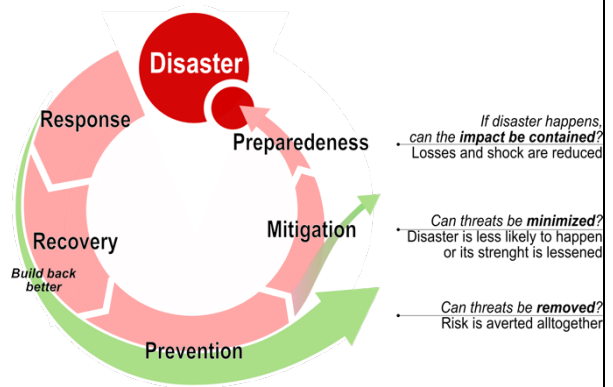
Planning for school reopening is ongoing, but there are still many of uncertainties on how this can happen. War Child in Putumayo is strongly collaborating with local education institutions to discuss possibilities. They are keen to support the reopening – for example with prevention campaigns and similar activities. And, within this, they are trying to devise the best options to continue with needed peace education, even as school will be stretched for space and support. This example shows how the long-term support in training teachers re: socio-emotional aspects paid back, because they are now committed to continue common action, despite the pandemic. And it also points to the importance of timeliness and appreciation of diverse risk cycles, and of their interplay (risk of transmission of COVID through schools, risk of conflict, etc)

Timeliness is not just about “response”. It is about deciding what are the most appropriate measures at a given point in time, and within a given context. Given the importance of this aspect, War Child will benefit from a **stronger appreciation of the Risk Management Cycle**. A very useful strategic exercise could be to plot on it specific actions for each component, and also define triggering point, suitable to the crisis. This will ensure both timeliness and relevance. A disaster risk management mindset will be much more useful than response skills alone in the months to come.

### Adequate and timely options for action on COVID.

Timeliness can be strengthened using the Disaster Risk Management cycle as a reference. In doing so, it is important to remember that:

- the cycle **does not represent a sequence of actions**, but rather a **series of options to reduce disaster**. They can also coexist / happen at the same time. It is very possible to *respond* and set up *preventive* actions whilst doing it (e.g. ensuring that the COVID ward is properly isolated – prevention – when treating patients – response)
- There is not only one disaster to counteract: the COVID-19 is a bundle of threats, primary ones (health related) and secondary ones (economic, social, political). And each one will have its cycle and its linked strategies. Sometimes mutually reinforcing. Sometimes at odds with each other.



### Key lessons and action for a way forward:

- **The worse is yet to come.** The worse is yet to come in many countries. War Child should remain prepared for timely interventions, adapted to needs of communities who had already been weakened by extensive lockdowns.
- **Tailor timeliness along the DRM cycle.** A Disaster Risk Management approach is essential for a better phased action (and not only for “emergency response”!): how should programmes and services swiftly reconfigure to respond, rehabilitate, prevent, mitigate, prepare? What should trigger action?
- **Appreciate both primary and “secondary” effects when setting trigger points for action.** Ensure that need assessments and rapid participatory analysis can check not only on COVID prevalence, but also on the threats posed by the “secondary” effects of the COVID-19 pandemic (and of the global response). And, of course, existing threats. Timeliness is about balancing them.
- **Capacity to swiftly shift gears are an asset for local communities.** The COVID-19 pandemic will not be solved by globalized measures. It requires to build localized capacity to “dance with the virus”. Timeliness is the key skill that can ensure a manageable balance amongst the need to prevent the virus and to protect livelihoods. The capacity to manage risk and set trigger points should be built, in localized fashions, with the communities.

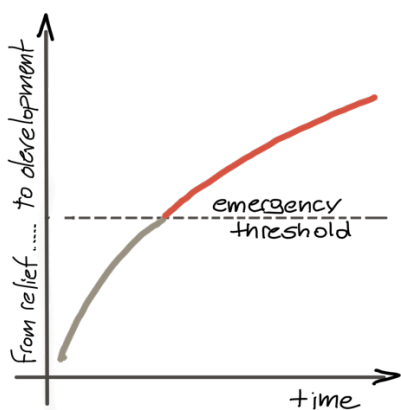
### 3. They are not negatively affected and are more prepared, resilient...



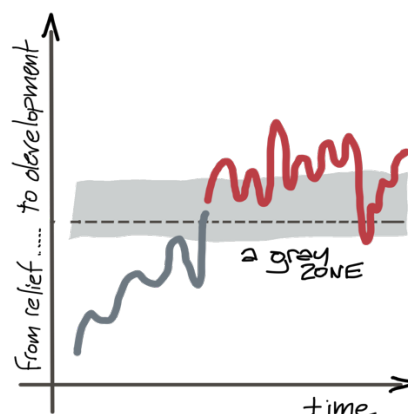
Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.

**Quality criterion:** Humanitarian response strengthens local capacities and avoids negative effects.

For many respondents, COVID was a **wake-up call**: the organization had to respond to the shocks arising in the lives of the children it works with.



War Child was operating as if the transition from relief to development is progressive and relatively smooth: on the assumption that its response is a purely developmental one.



The reality is that the progression from conflict to developmental approaches is never a linear one. There are bumps and challenges. The work of War Child happens in a grey zone.

Understanding uncertainties and risk – including conflict – and be able to respond to them (and to equip communities to do so) **is not optional** for an organization working in the grey zone! This is what **disaster risk management** is all about. As already illustrated [→ 2: timeliness] risk management is more than preparing or responding. It is about creating a **culture appreciating risk** and helping the communities to also do so – hence **building resilience capacities**.

Becoming a relief organization intended as “let’s jump on a plane when something big happens somewhere” is certainly NOT the future for War Child. It is rather about **localized capacities for resilience**, enabling communities and grassroots actors to assess threats and to minimize their impact. And to **be at the side of people when threats materialize and overcome their strengths** or when overcoming such threats requires advocacy and global support. These capacities are vital at a **time of high uncertainties and global challenges** (i.e. COVID-19 and its ripple effects on the global economy, but also climate change – aggravating already existing local threats).

The response so far demonstrated that War Child could easily position itself as an organization relevant for resilience building. Which is nothing else than “**protecting the future**” I would argue that, for an organization working with children, such future orientation is an essential component of its duty of care.

A clarification is needed about Disaster Risk Management, because it might be understood very narrowly! In early days it has mainly been a stand-alone activity, focused on immediate preparedness measures. There has then been a shift from just setting preparedness / disaster-focused mechanisms with no immediate effect (e.g. setting a disaster management committee just waiting for the flood to happen...) to actions producing also immediate, meaningful changes (e.g. setting school DRM committees that can improve school conditions whilst disaster-proofing it). At its best, disaster risk management means to become aware of the context, and capable to respond to risk and opportunities within it. It enables better understanding of environmental and social issues. It is a process of empowerment for children and communities, to look not only at immediate needs, but to have a longer-term perspective (and DRR programmes had often made use of the capacity of children to act as change actors, on long term issues). Not embracing this perspective is a disservice and a missed opportunity for the children you serve.

## Operating in the grey zone: what does it take?

The good news is that the COVID response demonstrated that **operating in the grey zone is well within War Child reach**. Here are points emerged during the review:



### The need is there.

War Child operates in challenging risk landscapes. There is no way to ignore that COVID-19 is there to stay and will affect children (and War Child programs). And COVID is just one of many threats that children supported by War Child are exposed to (think Climate Change and its global and localized effects). War Child programmes happen lives in the grey zone.



### It is part of its mandate.



Resilience is a very important work for War Child: it “works exclusively to improve the *resilience* and wellbeing of children living with violence and armed conflict”. Meaningful work on resilience rests on “thinking risk” and – hence, on Disaster Risk Management.



### Staff capacities are already there.

Most staff in country and many in HQs I interacted with had a humanitarian background – having worked in other organizations. They have knowledge - and often practical experience - in dealing with local threats. The review also noticed that even these lacking this specific expertise could quickly gear to action, by building on their experience in complex contexts of operation.



### It is already happening!

Some staff emphasized that the COVID-19 was just one challenge on top of many similar ones! For example, there is nothing much new in limitations of movement when you are operating in camps in Lebanon – where security issues often disrupt access! Many adaptive capacities and risk management strategies are already in place in War Child, but... under the radar. They would deserve to be valued and shared.



### Localization had already taken place!

The humanitarian sector puts a lot of emphasis on “localization”. In the case of War Child, the priority is not to build localized capacities for response... but to tap into the existing ones! War Child might not focus on it, but many of its partners have already considerable disaster response expertise: precisely because they do work in areas where it is necessary to respond, as they are exposed to multiple threats. For example, ESCO, in Sri Lanka, had direct experience on interventions for typhoon, war, tsunami, floods!



### War Child is rapidly and effectively building organizational capacities

The COVID-19 emergency hit at a time when the emergency department was just being established. Even then, field staff acknowledged its importance in driving the response and in taking the organization along. The response demonstrated that even a minimal investment in emergency could go a long way. Many stressed the importance to consolidate the new assets acquired: emerging practices and options for risk management/response, at a global scale.



### Disaster risk management has clear potential to be mainstreamed.

The response so far demonstrates potential to integrate DRM concerns (both response, preparedness elements) in the work of countries and units. A shift is already happening in War Child response: from preparedness activities as stand-alone (e.g. broadcasting messaging) towards integration with ongoing activities (e.g. ensuring that awareness raising is incorporated in educational activities). War Child should capitalize on this by designing its humanitarian hub not to work in isolation, but to also coordinate and mainstream DRM across the organization

## Resilient programmes within a resilient organization

As War Child accompanies children and their carers in challenging and risk-prone environments, its **programs must also be resilient**. The need for adaptation of the existing War Child programs was highlighted in the [Covid-19 programme outline](#). Incidentally, many War Child activities already display some resilience, as they had already – de-facto - operated in challenging contexts! This section outlines adaptive capacities emerged during the response, that can lead to more resilient programming:



### Absorb / adapt.

This is about ensuring that existing activities are risk proofed: they can seamlessly transition within the grey zone to ensure, as far as possible, continuity for the children. During the COVID response, some programmes could quickly be reworked to have absorbing qualities. For example:



- rapidly redesigned curricula, so that they could be presented online or remotely. These programmes will eventually be able to quickly “switch” into emergency mode and back.
- Adding additional components to training and awareness packages, to improve their acceptances when presented remotely – rather than with in person engagement.

**CWTL: an immediate investment to make the programme suitable in the new context.**

War Child had a great advantage in some countries: it had already started to use tools – such as tablets – with a lot of potential for remote education. The Can’t Wait to Learn Team was very rapid and thoughtful in identifying that – as it was – the programme was not suitable for the COVID-19 emergency. The approach used tablets, but children interacted on them together. The team started to work immediately on adaptation, even before the Emergency fund was available. The programme was adapted, by repackaging materials and designing different delivery options, suitable for different contexts.

**The Netherlands: TeamUp is running again.**

The TeamUp programme in the Netherlands already started to implement its TeamUp programme again in presence, with some adaptations to make it more suitable for COVID-19. Adaptations included pre-set sample lessons, outlining a sequence of selected exercises. They also expanded the **introduction activities** (wash hands, etc). The test sessions went really well: it is **possible to go back to normal**. This was also confirmed by the evaluations of the sessions.

**Syria response: adaptation of child friendly materials on protection**

Some child friendly materials produced just before the COVID-19 (one video and two posters) were adapted based on feedback received from partners. They pointed out that – for potentially sensitive material to be shared remotely – more explanations should be provided. They suggested an introductory video – why are we sharing this? – to minimize likely resistance from parents.



**Expand**

This is about recognizing that existing activities might need to broaden their focus and add additional elements –when operating in the grey zone. For example

- MPHSS realized the need to give more attention to caregivers, with additional time and activities designed for them (e.g. stress management component).
- Many activities added RCCE components, integrating messages in their delivery.

**oPt: stress management for caregivers**

War Child in Palestine (but also several other countries in the Middle East) recognized the need to work more with caregivers to ensure the well-being of the children. Child protection / education programmes were expanded with components specifically designed for carers’ stress management (e.g. relaxation exercises, coping mechanisms).

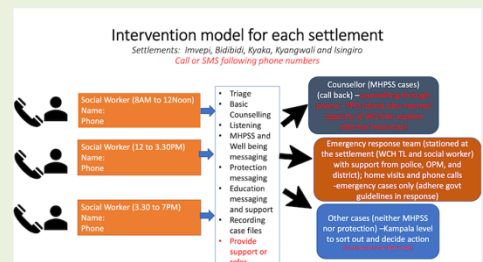


**Add, transform**

It also became evident, in some cases, that communities needed additional assistance beyond the usual provision by War Child. If this assistance was lacking, War Child standard activities would then be undermined. Such additional activities included, for example, food distribution or cash support. From the perspective of fieldworkers these additions were strongly coherent with the existing package and were needed to deliver it (“you cannot listen, if you had not eaten”).

**Uganda helpline: addressing diverse needs, in innovative ways**

The Uganda MHPSS helpline is an excellent example of local innovation, and of how the COVID response led to set a tool that has potential beyond the crisis. The helpline – set in partnership with other organization, enables people in need to get remote support on MHPSS – and get referrals if needed. But it also recognized the importance to act on other primary needs. When necessary, psychological support was also coupled with the delivery of essential items, through a mobile protection team. More information about the helpline are available on the blog, explained by [Parwez](#), [Joshua](#) and [Kenneth](#).





## An opportunity to vision spaces for relevance in a changing world

Becoming a truly resilient organization at a time of epochal changes requires more than adapting programming or improving response. It demands to **question relevance within the changing context**.



### **Don't stop at scenario planning... be visionary!**

COVID-19 was a mayor shift. It will have very profound consequences. Given the nature of the challenge, scenario planning is not ambitious enough. Scenario planning is often about anticipating possible options and responding to them. As such, it is still passive.

This is a moment in history when the “new normal” is being built. War Child and like-minded actors should engage in future-casting – to identify opportunities, possibilities for building a better new-normal. So, not just react, but actively scouting for new avenues and possibilities for change. Such spaces are needed for all the people involved in War Child response: from the management in the Netherlands to the communities on the ground.

### **Key lessons:**

- **Situate “resilience” where it belongs: risk management.** Resilience is emphasized by War Child, but it is not situated where it belongs: i.e. within appreciation of local threats and disaster risk management capacities. As it is now, it remains a hollow concept. The COVID-19 was a powerful reminder of the need to operationalize it. Embracing resilience would demand recognizing that War Child operates in a grey zone. This requires actively building local capacities to confront threats (possibly involving children as active actors) – but also to be there when threats become disasters overwhelming communities.
- **DRM mainstreaming is already happening: build on it.** War Child is already adapting its activities to integrate disaster risk management components. (e.g. education is integrating awareness raising on preventive measures). This is a promising direction. It calls for designing its humanitarian department not as stand-alone (i.e. creating the old contraposition amongst “development/relief) but also with a mandate to interface across the organization, to infuse and mainstream DRM.
- **Risk-proof interventions.** A need highlighted by the response plan is to risk-proof War Child programmes. The review could identify some examples (e.g. in CTWL and TeamUp) but could not find reference to other adaptations of the programmes within the Care Package. A systematic work to ensure that programmes are made COVID-19 risk proof is needed. And, of course, to make them risk-proof to other significant threats. Also, other interesting adapted and locally relevant activities had emerged, beyond the usual package. It is equally important that they are also captured, so that War Child can have a stronger menu of options (as the one presented in the COVID-19 response outline) for its future work.
- **DRM does not need “localization”:** it requires tapping into existing localized capacities! A lot of expertise already exists – for strengthening a needed engagement in DRM. Many partners, in particular, have a wealth of experience. They should be participants in dialogues to devise the best options and strategies to strengthen War Child capacities to support local resilience.
- **Do not just respond to future threats. Shape the new normal!** Resilience is also about looking for the silver lining, for the possibilities hidden behind threats and disruptions. Can War Child future-cast and reassess its relevance in the changing world? And can it create enabling spaces to do so with partners, communities?

## 4. They know their rights and entitlements, access information and participate



4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them

**Quality criterion:** Humanitarian action is based on communication, participation and feedback.

All countries stressed the importance of **existing strong connections with local communities** and with **existing networks of volunteers** – who, in many cases, were the only ones who could reach people in remote locations. Many **activities rested on effective collaboration with community leaders** (for example, in South Sudan, community structures were involved in identifying beneficiaries for distributions and as witness for accountability). A few examples of collaboration were mentioned. They tended to happen in connection with local institutions and leaders (e.g. local leaders, existing committees, local government institutions → 6: coordination) rather than with broader community structures / dynamics.

A main challenge for the review is that this **commitment could not really be explored**. Establishing connections with field staff was challenging. And going one step further in the chain, reaching communities representatives or members, proved impossible. There are of course limitations in access when doing a remote review, at the time of lockdown. Yet the challenges in accessing community member seems to indicate that there still a long distance from them and the places where decisions are actually made.

This concern would of course require a deeper **assessment of community structures and institutions**, and about their engagement in programmes. And it is a serious concern. I would have also loved to explore **issues of inclusion** (who is involved in decision making, at community level? who is left out? What is done to ensure that the voices of the most marginalized can be heard?). But this also was impossible, for lack of reach. The analysis of this commitment was therefore seriously compromised. War Child is conducting a **parallel assessment to the CHS standard** through a set of questionnaires. It might provide useful insights to shed light to this very important commitment.

I am sharing here a couple of **impressions** that I would have loved to check – could I have visited project locations in person:



### Was engagement mainly through the appointed leaders?

I felt that most community engagement was with the appointed leaders. Notwithstanding their importance, there might be a risk of over-reliance on the local establishment, threatening inclusion. It would be really interesting to know more on how War Child usually works within communities, and on how it takes decisions to ensure that the most marginalized are included.



### Did children and youth have an active role in decision making?

Given that War Child is child centred, I found surprisingly few examples of active participation of children and youth in actions and decisions. Some examples of involvement of children were cited re: existing programmes, merely about their consultation. In many activities, children seem to have mostly be seen as “clients” rather than truly active actors. Protection has been offered often in passive, rather than active forms. I did not identify practices that had really thrived with participation of the children in decision making or, at least, as active actors – with the exception of involvement in radio programmes. I am sure there are, but they should then be highlighted and valued.

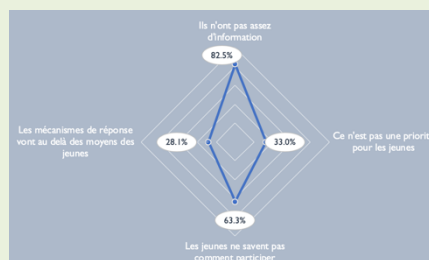


### Were people affected by a crisis empowered to engage with their authorities?

The response appears, largely, service delivery. Which is understandable, given the needs and given the shock generated on existing systems. It is unclear, however, if citizens are now put in a position to have a say in the way services will be reorganized (e.g. re: access to school), engaging with their government and institution (local and national). At a time when a lot can change, ensuring that voices and aspiration of children in realizing their rights can be heard is very important, and should be a main area of support by War Child.

### Burundi: a survey revealed lack of “information for engagement”

A recent survey done by War Child in Burundi consulted – through focus group discussion - youth already active in existing groups and structures within the communities where it operates. It emerged that they have not yet been active on the COVID-19 response, but keen to do so. Interestingly the felt that “they have not been sensitized in ways helping them to have an active contribution, but they are informed about the pandemic”. War Child in Burundi is now considering how to best engage with them.



### Can protection and safeguarding become more “active”?

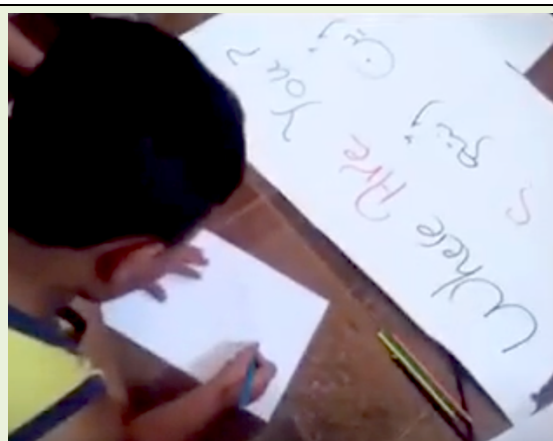
Safeguarding guidelines seem to be oriented at passive protection: a long list of “don’t’s”. Can War Child promote also active, enabling safeguarding actions? There is otherwise a risk to remain too much on the “risk side” rather than recognizing that resilient children / carers can overcome them. And to miss opportunities to promote more active (yet safe) options for well-being. Many safeguarding guidelines produced at the time of COVID by other organizations actually stressed this aspect (e.g. the need to promote sport and movement, advocating for an expanding network of safe social connections, signposting safe resources, etc). Active safeguarding work could then even better blend with the ongoing work of War Child.

As discussed above, I felt that the **initial engagement to protect communities was largely passive**. It is fully understandable, as this has been often the initial stance or many programmes and governmental responses, at a time of uncertainty and of fear. But it is simply not possible to practice restrictive options in the long-term, especially in these communities where lack of mobility and other secondary effects of lockdown are aggravating poverty and marginalization. How to evolve towards an enabling – rather than a restrictive response? There will be a need to **invest in the creativity of the communities**; in RCCE options that go beyond restrictive messages and promote suitable behaviours for people to access livelihoods, primary needs in safety. This is essential: COVID-19 (and COVID-like emergencies) are there to stay. The COVID-19 must be taken as a possibility to design the new-normal, with an enabling approach. It would be interesting to assess to what extent current measures in place leans toward passive or active protection. And, when active protection was embraced, what options emerged worth sharing.

Passive protection to COVID-19	Active protection to COVID-19
<ul style="list-style-type: none"> <li>• We tell you what you must do</li> <li>• One-fit-it-all solution</li> </ul>	<ul style="list-style-type: none"> <li>• We discuss possibilities, together.</li> <li>• Localized solutions.</li> </ul>
<ul style="list-style-type: none"> <li>• Emphasis on compliance to restrictive regulations</li> <li>• Lockdown: Don't move, stay home</li> </ul>	<ul style="list-style-type: none"> <li>• Co-design of safe options for action</li> <li>• “Dance” with the virus (be able to devise adaptive strategies, according to level of contagion)</li> </ul>
<ul style="list-style-type: none"> <li>• Accept limitations, and the existing context</li> </ul>	<ul style="list-style-type: none"> <li>• Seek possibilities to create a better “new normal”</li> </ul>

### Lebanon: “where are you?”

The refugee camps in Lebanon are a case in point, showing limitation of a passive protection approach. War Child stopped operations in the camps. Children that already cannot go to school, are left with no support: alone, in the streets. Which certainly puts them - and their community - more at risk. Field staff is maintaining connection with them individually – i.e. simply as a person living in the area who cares about the children. This commitment is helping to maintain contact and avoid fuelling a sense of abandonment and resentment. But this bears a question for War Child: what space can be created for engagement, to overcome existing limitations –by the book – that make little sense?



## Communication with affected communities.

**Communication with affected communities** is an area of interest that falls under Commitment 4: it is about the right of people of being informed and having a say in decision making: “when communities have the information and the resources to make their own decisions, they have the capacity to find solutions to even the most challenging problems” (CDAC). The COVID response – and the investment in awareness, in message sharing. (→ 1: relevance) - pushed War Child to multiply its communication channels with communities, as captured below. These options can become an asset for future interventions:



### Meetings

Meetings, gathering used to be one of the main avenues of communication of War Child with communities at large. COVID restriction limited this option, and alternatives had to be found. In some cases, small meetings (focus groups / keeping safe distance) could still be organized.



### Megaphones

They were widely used: carried through local transports (e.g. Tuk-tuk, motorbikes) or held by staff in public places. Megaphones were also used by other organizations, and – apparently – with little coordination (probably leading to information fatigue). One staff member shared that, in his experience, the best use of megaphone happened when it led to some form of interaction – as compared with sharing messages on a radio: it was possible to observe the response of people, engage in information sharing. And to be there, to show, in practice, how social distancing could happen.



### SMS, Social Media and WhatsApp

Most communication happened via mobile communication – whenever the option was feasible. War Child tried to remove access challenges, by providing credit and megabytes to families that otherwise could not have afforded connections.

War Child also looked at options to stretch possibilities of using texting, including for training delivery – after assessing that people with minimal access to mobile networks could not access the existing learning platform (training is now being piloted with an ad hoc text platform)

WhatsApp has been the option of choice, given that it is predominant on the market and so widespread. But there are **ethical issues** in promoting and using, as a main tool, a privately-owned system with so many privacy and data protection issues. War Child should at least promote existing alternatives and advocate /warn re: the risk of an over-reliance on this platform.



### Radio

Several countries resorted to radio, with sponsored programmes (e.g. South Sudan, Burundi, Colombia. Uganda also did initially, then discontinued its use). Many approaches were used: inviting youth, calling in experts, etc. A challenge was, in some locations, duplication with other initiatives (*“at 4 PM I had my programme, at 5 there was another organization, at 6 another one... at 7 there was the district office. And we all repeated the same messages!”*).



### TV

The cost of TV was prohibitive for some programmes keen to experiment with it (e.g. Colombia). But some managed to get the necessary funding: ESCO, a Sri Lanka partner, co-founded a joint learning initiative with the local department of education.

#### **Burundi: youth participation in radio programme.**

Burundi was one of several countries promoting youth participation in radio programmes. Some young participants were selected – from the community groups already established by War Child. They received training – in person (it was possible as they were a small number). It was an interesting approach: it built on local capacities. It was empowering, it created ownership and raised more interest in the local communities.

#### **Colombia: radio programmes allowed to also continue work on peace sensitization.**

The lockdown was an opportunity for [War Child in Putumayo](#) to experiment with radio, which they never used before. They discovered its potential! It is popular, most people have access to it. They preferred using radio than printed materials as the schools were already distributing booklets. A different approach would attract more attention. They designed a programme with different sections: a magazine, presentations by experts, storytelling. They made it interactive, with some homework that children could do in connection with their schools. They also broadcasted some information on COVID, but only a limited amount: there was already a saturation of information, and they did not want to contribute to generate panic. They were keen to maintain attention on peace.

### 2-ways communication is a form of empowerment

Communication with affected communities, at its best, is not only about pushing information. When it becomes 2-ways, oriented to dialogue, it is a strong option for empowerment and for sharing power in shaping interventions. Given how eagerly and creatively War Child staff embraced communication, **stepping up to stronger 2-ways communication could be a promising avenue to reinforce engagement re: this commitment**. This would also be in line with the emphasis that the response gave to **RCCE (Risk Communication and Community Engagement)**. A unit was set, to strengthen capacities in this new area of intervention. The unit always emphasized the importance of Community Engagement over the risk communication alone, and of building expertise bottom up. War Child is therefore very well positioned to

continue engagement in this regard. And it should do so. RCCE has of course a much broader remit than protection messages on COVID-19! If linked to a stronger Disaster Risk Management work [→ 3: resilience], it can lead to very innovative options for “talking and acting on risk” and for improving resilience through better communication and community engagement.

### **Key lessons:**

- **Strengthen the links with communities, so that they are not just the actors “at the end of a long chain”.** It was really hard to get in touch with community representatives, and this might signal distance from them and power unbalances. **This is an area of serious concern.**
- **Shift from passive to active protection modalities.** There has been a tendency to stick with relatively passive protection modalities. A shift to more active modalities is essential, to generate possibilities that minimize the primary risk of COVID, but also its secondary effects. And that can transform response and action on risk into empowerment.
- **Link active protection modalities to the achievement of rights.** In the months to come, it will be essential to support citizens to be active actors and have a say in the way society, services are reorganized. As already stressed [→ 3: resilience] children are uniquely positioned to help their community to think and act on risk and rights.
- **Take stock on the experience so far on “communication with communities” and continue to invest in RCCE.** The COVID-19 response was an opportunity to test novel options for engagement, through improved communication. Build on this. A continued investment in RCCE is a good way forward: it is a relevant area for engagement in the COVID-19 response. But it is also a promising one to strengthen other existing programmes.
- **Be ambitious, in building a new normal. Work it out together with communities, in dialogue.** How can the COVID become an opportunity to redesign interactions and spaces in a better way? Can it be generative, rather than restrictive? If communication becomes 2-ways, it will open up possibilities for needed dialogue.



## 5. They have access to feedback/complaints mechanisms



5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

**Quality criterion:** Complaints are welcomed and addressed.

At a time when options for access and dialogue with communities are reduced, feedback mechanisms become even more important to ensure accountability and responsiveness to the communities.

The assessment of feedback mechanisms would require engagement with communities. Looking at feedback mechanisms involves much more than checking if there is a “complaint box” (which is, unfortunately, what often feedback mechanism are associated with). It is about assessing if people are aware of options to approach the organization, and confident enough to use them. This was not possible within this evaluation.

From the accounts of War Child staff, it emerged that some **feedback mechanisms already existed within War Child, of uneven strength**. And challenges relating to them were already known (for example, how to set feedback mechanisms in contexts of zero visibility for security reasons). Overall all respondent pointed to the **need for improving feedback mechanisms – even beside the specific challenges of the COVID response**. Please note that some of the considerations made here re: feedback mechanisms also overlap with child safeguarding mechanisms, and the two are also somehow related. The following areas stood out:



### Access by children to feedback mechanisms

There are limited provisions for children to use the mechanisms. At best, there are provision relying on community members to speak up on behalf of children. It was observed that not only War Child, but the whole sector, is still relatively weak at this. Could this be an area worth strengthening and advocating for, by War Child?



### A need to provide multiple options.

In some locations options for feedback were mostly relying on having contact with trusted community members. At the time of COVID-19 this option was not so viable. Teams are now appreciating the importance of multiple channels and options for feedback within communities.



### Remote mechanisms might not be available to the vulnerable and marginalized.

Remote mechanisms tend to rely on access to phone and credit for it. A strong limitation for the most vulnerable. War Child is aware of this but searching for solutions.

### South Sudan: Accountability and feedback mechanisms for distribution.

In South Sudan the team put a lot of care in establishing accountability and feedback mechanisms for their distributions. They were largely based on collaboration with local authorities: they were given clear criteria and would choose beneficiary accordingly. To enable people to check if they were receiving the full kit, they assembled sample on trays, that could be shown at a distance. It is unclear, however, if the criteria were shared broadly with the communities, and options to signal problems in the selection were set (and also, what room leaders had to negotiate criteria)



### Key lessons:

- Feedback mechanisms need to be made more accessible to vulnerable and marginalized groups in the community.



## 6. Coordinated, complementary assistance



Communities and people affected by crisis receive coordinated, complementary assistance.

**Quality criterion:** Humanitarian action is coordinated and complementary

War Child effectively cooperated, within and outside the organization. Internally, **teamwork** was unprecedented: the emergency broke organization silos, and staff found themselves together in managing the response. It was a unique experience for many. Many opportunities for **meeting and sharing** were set, on remote platforms, creating new connections beyond the meeting rooms in Holland [→ 9: resources].

**War Child programmes** strongly collaborated. For example, CWTL and TeamUp had intended to pull together some of their materials, in a downloadable link (but it was not technically possible). But they see collaboration as a direction to go for the future and are keen to have a more combined approach.

### Coordination with local institutions and government.

In all countries I engaged with, War Child staff seemed to have good coordination with local government bodies: this facilitated getting access to people during lockdown and to set coordinated action. The COVID response has, in some cases, further strengthened a desire for future collaboration, valued by staff and partners as an asset for the future.

#### Sri Lanka – Partnering with the government to support TV education.

ESCO – a partner in Sri Lanka - contributed to set a **TV programmes** for the children in lockdown – with funds from War Child. This was a joint initiative **bringing together the local education authorities and some NGOs**. The NGOs involved helped to **pay for the airtime** – at a very discounted price, but that the government alone could have not afforded. They then together adapted the curriculum, for broadcasting, so that it could be suitable and interesting for children. The programme will be broadcasted daily, until August.

### Partnerships.

The importance of partnership was stressed in the response plan and it is paramount - according to the people interviewed. But there is definitely a **need for more clarity and structuring on partner engagement**. In the same conversation the generic word “partner” could be referred to UNICEF or to a local organization, and this sometimes become quite confusing. Partnership comes with clear power relations, that need to be acknowledged.

The [results of a survey in Lebanon](#) indicated that local **partners are happy of the collaboration and support**. And this emerged also from the few conversations I had with partners. Training, capacity building support are strong. And War Child seems to have listened to them, which matters. The limited engagement with partners that I managed to arrange, however (despite many attempts to connect) seems to indicate that **partners are quite remote entities, as seen from the HQ**. When the engagement happened it was really rich, and I truly felt that there is a strong **desire to communicate and share**. It would be useful to:



#### Map your partners:

An organization-wide partner mapping exercise would really help (partner location and coverage, length and history of engagement, key collaborations, strategic engagement).



#### Give recognition to your partners.

It was impossible to understand what partners were active in a country, and their specific contributions. Partnership should involve, first of all, recognition and acknowledgement. And War Child has been quite poor at this.

### Coordination with other humanitarian entities.

Field staff always mentioned coordination with local clusters and other organizations. Despite this, however, issues of duplication emerged, in particular re: the messaging and public health component.



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### **Coordination at the global level (education)**

War Child commits to share within global initiatives. For example, War Child is part of **INEE**, and of the **Humanitarian education accelerator**. During the response it actively shared learning through webinars.



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### **Alignment with other organization, on education.**

On the ground, alignment varied. Within the Syria response- in the location contacted - there was little coordination: each organization delivered its own package and there was no shared learning. It would be premature now, but - in the months to come - shared reflection and learning on the uptake of diverse initiatives, with a field perspective, would be worth promoting.

Other situations, instead, demanded a much stronger alignment re: a common curriculum (e.g. South Sudan where cluster coordination was really strong and ongoing). It was challenging for War Child to make sure that the materials produced could be sharable within it and required some marketing.



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### **Capacity for coordination with sectors might still be weak in new areas.**

The most established sectors have a considerable presence in global and national coordination / clusters. New areas of work (e.g. re RCC) could only engage weakly within dedicated clusters / working groups: they are still a small network of practitioners, and staff is not even fully dedicated to it! It was unrealistic to ask them to participate in the time intensive RCCE engagements at country and local level at this stage, but coordination shall be fostered if the approaches are continued in the future (which they should)

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## **Key lessons:**

- **Continue to invest in coordination, to ensure alignment with the overall response.** War Child was effective in coordinating with other actors, particularly in sectors already well established. The response strengthened existing engagements, in particular with local authorities.
- **Strengthen partnerships and give them the recognition they deserve.** Partnerships are often mentioned as important, but they are not really systematically tracked (a “partnership mapping” is lacking). Also, partners are often absent in the way achievements are then described: it is about “War Child”, with hardly any mention of the names and the achievements of its individual partners.

## 7. Delivery of improved assistance as organization learn...

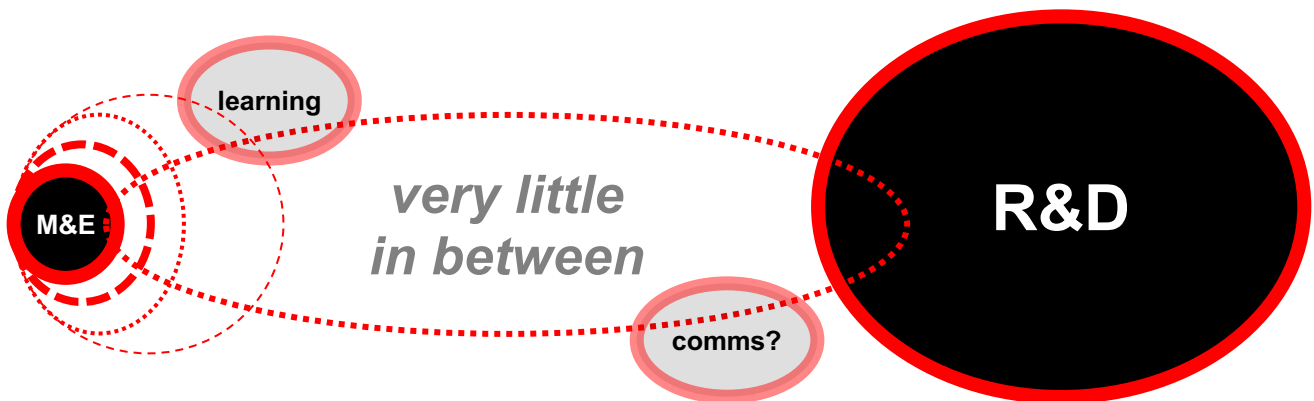


Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.

**Quality criterion:** Humanitarian actors continuously learn and improve.

War Child is keen to be a learning and evidence-based organization. But the COVID-19 response highlighted **gaps in its modalities to generate/use ongoing learning from programs** – the variety that matters for this commitment. This is a major loss. The COVID-19 response is **generating very relevant learning**. Not just **single loop** learning (are we doing *things right*, following the rules?) or **double loop** (“Do we do the *right things*? Do we need to change the rules?”). Learning from COVID-19 goes to **triple loop** (“are we the organization we should be?”). It was a significant a moment in time, **with a strong potential for innovation, adaptation**. And when many **aspirations, capacities, options worth capitalizing on suddenly emerged** – as shared in most conversations during the review.

Yet, as already discussed, very little of this is captured. It is even hard to track what had happened, where. There have been very promising initiatives to address this, but, overall, this is an area that will require a major reassessment by War Child. Currently, the architecture of the organization looks at following.



M&E, as it is now, is an under-resourced function, mainly oriented at getting indicators for reporting.

There is very little in between that can help War Child to make sense of outcomes and changes from its programmes. Some functions might contribute to fill this space, together with an expanded M&E.

War Child had massively invested in R&D, but as disconnected from programming (it privileges long term modalities of research, more academic in nature)

What was missing in the COVID-19 emergency, because of this setup?



### Effective aggregation of evidence on context and outcomes.

There was some basic quantitative output monitoring (as a tracking system) and a simple information management mechanism (the Virtual Room). But options to effectively aggregate evidence on context and change, real time, were not fully adequate.



### A toolbox for understanding change and impact

The R&D department did not have any direct engagement within the emergency (e.g. in creating baselines or rapid research). Some countries used some rapid surveys + consultation mechanisms with community members. Overall the organization seem to have lacked rapid tools for programme monitoring, participatory in nature.



### Tools for appreciating change that are resilient and risk-proof

The current research programme of War Child was impacted by COVID-19. It is not easy to salvage the effort put in longitudinal studies, when they are disrupted by a “black swan”. This calls for a suite of approaches that can be better responsive to the fluctuations in the challenging contexts where War Child operates.



### Capacity to identify and value new emerging practices.

The response demonstrated creativity and adaption by staff. It was a time of idea generation, of testing new practice and of testing new solutions. However, very little has been captured.

It seems that War Child has potential to put in place adaptive and innovative solutions, but not the approaches (e.g. developmental evaluation) needed to capture and potentially scale them up. The exception possibly being its largest programmes – such as CWTL - which also have connections with international sharing platforms.



### Availability of information for accountability

Information for accountability (not restrictively understood as “reporting to donors” but as accountability for primary stakeholders first) was scarce. There are limited tools, processes, formats to generate participative evidence-based interactions.

### oPt / Uganda: Reporting more vividly

oPt shared achievements in a PowerPoint report. Their activities were shortly explained, illustrated by pictures. And there was also a section highlighting some challenges. The report conveyed vividly what the programme did. There is of course room for improvement (e.g. more perspectives from communities, more learning about implementation...). But it is a good start! Also Uganda produced short but to the point photo collections, where they captured the perspective of fieldworkers, a very interesting angle that is too often forgotten (and a goldmine for learning)



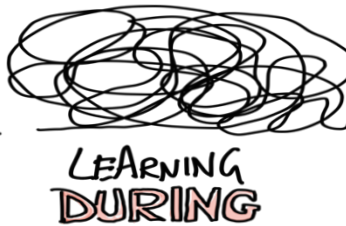
Awareness materials for parents, children and elderly includes helpful and practical tips related to prevention and hygiene measurements, and PSS tips and advices related to stress management and positive coping strategies for parents. Children awareness materials includes child friendly materials either collected from trusted sources or created by War Child oPt team such as War Child activity book that has been created back in 2014 for children, ICRC Corona virus coloring book that includes awareness messages for children around prevention measurements, Mind Heart Book for children about Corona virus.

These tools, if used and improved with more insights on challenges and successes, could be very powerful. Their circulation – and options for presenting them – should be promoted (and beyond the virtual room).

## Learning in, during, out



using existing know-how from other interventions



Learning by doing and by reflection, whilst action is underway



Ensuring that the knowledge acquired can be used and adapted in other contexts

## Learning in



### Uncharted territory was actually the best place to start with, for a new responder.

The COVID-19 emergency was unique. Different in scale, effect, response from many others. Everyone – states, institutions, organizations, people – needed (and still need!) to find their way around it. So, paradoxically, it was also a **great emergency for starters**: previous knowledge and know-how did not have the usual weight. They had to be reconfigured anyway, as many solutions had to be developed creatively. So, clear principles of action (which War Child has) were as important as expertise. This had minimized “learning-in” challenges that War Child would have had otherwise encountered (e.g., lack of institutional knowledge and of capacity to share it). Future emergencies, however, might be different in nature, and will require a stronger technical advising function, and the capability to quickly share learning from previous experiences.



### Technical expertise

The sharing of technical expertise is usually associated with having set departments with advisory role. At the onset of the emergency War Child had only one expert staff in the Humanitarian Department: the director. Despite his extensive expertise, he could have never - alone - covered the learning needs of the whole organization. The intuition of War Child was to tap into other existing expertise:

- The (many) staff members that had already experience – with other organizations – of emergency response, were invited to join the emergency team. Many staff with pre-existing emergency experience also worked in the national offices.

- External consultants – working in coordination with War Child managers - for the areas where War Child had not sufficient specialized expertise in-house (e.g. RCCE). For the Syria response, some doctors were recruited to train partners.
- Some partners already had considerable response experience, having already confronted diverse complex emergencies.



### Capacity to tap in existing learning resources.

The learning department did an excellent job by mapping existing [COVID-19 learning resources](#) from many different reputable organizations. Staff in Uganda improved its control measures after accessing lessons learned from previous emergencies, online.



### Production of templates

Some templates for concept notes were provided, which contained a basic outline of different types of interventions. They were good tools to support fundraising and to ensure that the proposed programmes could tick the right boxes and had the right components. The risk, however, is that such templates then lead to “cut and paste” proposals. A need for contextualization and for assessment and consultation should always be emphasized.

## Learning during

The COVID-19 response realized, from the inception, that learning *during* had to be an important concern. The programme-outline cover reads: “If you need to be right before you move, you will never win”. Was learning during the pandemic really strong?



### Overcoming a culture of learning as mostly “training” rather than “learning”

Staff appreciated War Child as an organization investing a lot in “capacity building”. In many conversations, however, I felt that capacity building tended to mean “training” or receiving information “from above”. War Child does not seem to have a strong culture of “learning from grassroots and practitioners”. Staff did not seem to have confidence that they have something to teach as well. The COVID-19 response is an interesting entry point – if War Child is interested in strengthening (as it should!) a strong learning culture. Staff did realize that solutions from above were not possible, and practices had to be developed in country. They now know that there are practices to capitalize on. So, it is an ideal time to shift the organizational culture.



### A main challenge: limitation in M&E options

The COVID response generated unique limitations to M&E options. It was harder to get structured feedback from beneficiaries. And the few remaining channels of communication rested with established gatekeepers.



### Availability of information streams

Some of the existing internal communication channels of War Child were used to share information about the response. And regular meetings were held. All these channels had surely promoted interesting exchanges which contributed to shape the response. This is very valuable. A way forward would involve:

- Capitalize on these streams (organize and aggregate meaningful information, follow up on the leads, to feed into a stronger organizational repository of practices and learning).
- Broaden options for sharing with countries and field. These communication initiatives, despite being open, seem to have been skewed towards HQ. Options for encouraging contributions and input from countries and from the field will help.



### Access to learning

Partners have accessed *training*, but most options for ongoing *learning* happened *within* War Child. Informal sharing was on internal social media. The platform for archival was the internal SharePoint, etc... All with closed access. Learning processes and their outcomes should be made open, communication-oriented and facilitated to bring more actively partners (and possibly also communities along). Some countries seem to have started to explore this possibility (but emerging learning does not seem to have been capitalized and shared broadly).

### South Sudan: Periodic meetings for experience sharing, in country.

The South Sudan programme set periodic meetings to share experience of the staff, which proved to be really useful. There were also local platforms, where for example the volunteers could also raise questions and get answers





### The use of live documents

War Child managed to set needed guidelines for response (e.g. on safeguarding) as the response was ongoing. It was a process of taking stock of emerging challenges, with input from staff, to get to improved procedures. The guidelines were considered a useful and relevant tool by staff, beyond the COVID crisis. The drawback? That this guidance took time to be finalized. Staff in charge suggested that, in retrospective, it could be better to use “live documents” rather than waiting a long time to get to the final version. (“is this working 2 or 3 months for a document consistent with working in an emergency?”) Another document that would benefit to evolve as a live document (linking planning and achievements) is the global response plan.



### Horizontal sharing: a very valuable option

The RCCE team also actively sought the participation of frontline staff when setting this new area of expertise. They believed that procedures born from context would be more relevant than just copy-pasting existing resources. The team used a phased approach for interaction. They initially provided more information on the basics of RCCE, to then move on to discuss practices. It was a **two-way engagement**: practitioners could learn more about how RCCE is situated in the humanitarian system, whilst the organization could learn from their experience and challenges. Organically. This approach became a useful model for War Child (and, in fact, is being adapted for building capacities on livelihoods). The process is seeking to strengthen the participants as a community of practice of focal points, and also to strengthen some training and facilitation capacities, to help share further in countries. One of the challenges, however, is that focal points have often multiple responsibilities, and they can be stretched.

**RCCE work: learning whilst/from responding, at the organizational level**

War Child quickly understood the importance of the Risk Communication component (and to acknowledge the lack of know-how). And it rapidly set a team to support it. It is a very strong initiative, linking external technical knowledge and emersion of practices from the ground. A [post of the blog](#) explores more in depth the approach. In short, it is a good example of bottom-up, horizontal communication. It should invest in capitalization of the emerging practices and should continue to support a community of practice.

**Second wave and other feedback...**

Some recurrent and frequent challenges:

- Continuous negative feedback about the lockdown measures and restrictions of movement...
- Mistrust – response workers believed to make money, or work for political gain...
- Anger directed at aid providers as other aid is not provided...

However, *each and every community will have*

“Famine will kill us because of the lockdown.” – DRC, household visit, 24 June 2020

“We are tired of staying at home because of coronavirus.” – DRC, household visit, 20 June 2020

“These results are because of stupidity and it’s an inflated number.” – Gabon, 28 June 2020

## Learning out

How to best ensure that, once capitalized, experienced is then shared? This aspect is still extremely weak within War Child.



### Generate “vivid pictures” about interventions.

I previously highlighted the lack of vivid and deep pictures of the interventions [-> 1: relevance]. Vivid pictures sit at the intersection of M&E with communication for development. They are essential to share practices and learning: they convey a clear image of a change process and of its outcomes, in context. (Please... do not confuse a vivid picture with a traditional “success story”. A vivid picture does not stop at that!)

## How to get to vivid pictures?



### Talk real!

Jargon obfuscates practice. In reporting, but also in conversations. Even during interviews, it took time to get vivid images of interventions! For example, to go from “we engaged with caregivers” to the actual action “we ensured that when calling the children, the first 10 minutes were devoted to a conversation with the parents, where we discussed x and y... and these were the benefits and the challenges”). The magic questions are always “can you give me a real example of what you say? How does this look in practice? This is a question too little asked in development and humanitarian setups. War Child, as a small, grounded organization, could really set a habit of “talking real”.



### Appreciate complexity.

Do not confuse complexity with “being complicated”! Complexity appreciates local dynamics / drivers for change – against the over-simplification of “one-fits-it-all” solutions. It is about talking about challenges, opportunities, possibilities, choices. It is a pre-requisite for learning. Field staff demonstrated they

appreciate and navigate complexity when managing their interventions. What the organization lacks are the tools to convey this.



### Ensure understanding first. Only then, add numbers.

War Child seems to be affected by an overemphasis **on numbers over action and understanding** (a habit unfortunately common in humanitarian and development response but particularly pernicious in War Child). Reporting often captures numbers, yet give very little information about what numbers really represent (direct or indirect beneficiaries? Of what activities?). This gives the unpleasant impression that War Child is selling children by weight, that what matters is quantity over quality. Understanding of activities and outcomes always comes first. Then the (few, clear) needed numbers to quantify it.



### Add voices, perspectives.

A vivid picture talks from the grassroots. It conveys the voices, the diverse perspectives, the contributions of the local actors (communities and their allies, operating aside them).



### Strengthen capacities for sharing vivid pictures along the chain.

Remote working reduces options for first-hand engagement and demands even stronger capacities to share vivid pictures. Some operations – such as Syria response – are now in “triple remote”. In these cases, capacities for documentation need be really strong to avoid a “Chinese whispers” effect, and /or that what is done is really never seen and appreciated.



### Match achievements and learning against shared frameworks the “menu”

The COVID-19 programme outline – being designed like a menu – was potentially a good framework on which to consolidate learning (with vivid pictures for each programmatic activity proposed, key learning for future intervention). But this had not yet materialized, and activities have not been tracked against it, in real time. Unfortunately, such mapping was not possible within the RTR, not even as an example, because the needed information was not easily available.



### Generate “push” capacity for information.

Learning out does not stop at collecting information. It needs to reach those needing them. Several people had highlighted the key role of HQ in doing this. As [a staff in Uganda put it](#): “flag information to countries and say ‘please, watch this, read this. If it is flagged, you look at it, you go directly, you are interested. Otherwise field staff will never have the time and mindset to look at it.”



### Build synergies with communication and sharing-oriented units

As explained in the introduction, there is now a big gap where information for learning could be best harvested and shared. But several organization functions, acting in synergy, might contribute to capitalization of information. M&E has the potential to broaden its mandate. The communication function might strengthen its “communication for development” approach. The learning department might continue to support horizontal practices for sharing and capitalization, and to transform learning into training materials, within its platforms. Some programmes have built-in monitoring functions, increasingly oriented at outcome analysis. And the research department might also invest in shorter-term and more agile options. Partners might also have already in-house capacities, to be mapped. Within the limitations of a small organization, there is potential for experimenting with interesting capitalization and learning out.

### Communication that does not stop at success.

The communication team, through its [Corona response liveblog](#), captured many stories and summarized overall achievements in the “[Shielding Children](#)” progress report. The Lebanon Facebook page was also rich in stories, showing activities on the ground, but also the teams in action! I also appreciated that, compared with the usual supporters-oriented comms stories they had a more journalistic approach, capturing also context and challenges, not just sappy success. It would be great to build on this orientation for “communication for development”, and develop stories not just targeted primarily at supporters, but also to fieldworkers. This means, focusing on context, challenges, learning, practicalities that can help replication and adaptation (and possibly, doing so in collaboration with the M&E department).







## Use of instructional videos and multimedia: a good idea, what is the uptake?

War Child created some informational videos, about new modalities of work and on different topics. The number of views varied (RCCE – 15 views; safeguarding 157; case management 31). Given that videos are a tool being promoted as an option for sharing learning, it would be interesting to understand what factors contributed to the success of some compared to others (e.g. limited dissemination or limited uptake?).



## Adaptiveness

To achieve this standard, learning is not enough! Learning needs to be enacted. This is what “adaptive management” is all about. Adaptive management is increasingly recognized as a powerful avenue to better ensure relevance of interventions for communities. But it can be at odd with prevalent management modalities more oriented at compliance and control. Where is War Child now? The table below presents different modalities of responding to contextual change. None is better or worse. They are simply different, and differently suited to contexts / management styles. During the COVID-19 response, War Child seems to have been on the adaptive end of the spectrum, and to have exhibited much more adaptiveness than usual. Is it where it wants to be? This is a very important question for the long-term work of War Child, and for its own identity and management style

	Type of adaptation	How did it apply to War Child COVID-19 response?
Establishment	 <b>Forced adaptation</b> <i>Programs change as it become obvious that the original plans are not working at all.</i>	Had emergency response not been declared, War Child would have found itself here. Forced adaptation, if the space for change is lacking, can be very restrictive.
	 <b>Flexible Programming</b> <i>Pre-set alternatives, based on scenario/ contingency planning can be triggered and selected, as conditions change.</i>	This might become the option of choice as complementary models of action are set (e.g. remote schooling vs. in presence), and trigger points for switching to different modalities of action are established.
	 <b>Passive/reactive adaptive management</b> <i>Learning by doing: new challenges are detected through M&amp;E, and plans might be adjusted accordingly. The push still on alignment with pre-established outcomes: it is largely about remaining on track.</i>	Many programmes found themselves here: having to adapt to new challenge and with some freedom in doing so (but still largely sticking to their existing agenda). Reactive adaptation proper should be supported by M&E system capable to reorient action, that were actually lacking in War Child. The challenges generated by the COVID, however, were so major that could be revealed even in the absence of strong M&E systems! Fine tuning the programme will now have to rely on stronger M&E, to avoid that adaptation is modelled on assumption or perceptions, and/or excluding the voiceless.
Innovation	 <b>Active adaptive management</b> <i>Recognizes the need for systematic experimentation to upgrade strategies /to challenge assumptions about context and theories of change in use. Learning and change are desired and sought for.</i>	Response mode allowed for new possibilities. Some programmes ventured beyond the usual. They experimented with new modalities of action (e.g. inclusion of elements of WASH, Cash Distributions, RCCE). Managers of established programmes, such as CWTL also emphasized the need for innovation. As discussed later [→ 7: learning] War Child has enormous potential for this area, but also has organizational challenges. In its own strategic approach, in the tools and processes at disposal.

## Key lessons and actions for a way forward:

- **Recognize that War Child has a learning gap.** Paradoxically, for an organization that so much values evidence, War Child has a strong learning gap. It might monitor programmes long term, but a strong M&E function for its programmes is lacking. This precludes adaptiveness, innovation, learning.
- **Learning in: maintain the capacity to use untapped expertise.** War Child did not have established technical departments. But it was really quick at recognizing that capacities nevertheless existed. Whilst strengthening institutional technical expertise, it should retain the capacity of rapidly identify untapped expertise and to source for more.

- **Continue to foster a culture of learning and invest in horizontal sharing.** Several examples of sharing were found during the review: connections started to be created (albeit not capitalized on), and this has the potential to generate long-standing communities of practice.
- **Generate synergies to ensure capitalization of learning.** Capitalization of learning has been extremely weak. It is hard to understand what War Child did on the ground. Even harder to derive and share learning from it. But creative synergies across different departments (M&E, communication, learning, programmes) might create new possibilities.
- **Motivate grassroots workers: they are the strongest innovators** Build their confidence in sharing. War Child is an organization valuing capacity building. Its grassroots workers crave for new training and valued interaction with technical advisers. But when “learning” equates to training, there is a risk to miss on the knowledge generated on the ground. It is important to remind grassroots workers that they are those with more to say and teach. That they are the innovators. Continue to generate opportunities to engage with them and motivate them to capture and share their expertise.
- **Bring partners strongly into learning initiatives.** The latter point also apply to partners. They can now have access to the online training platforms (top down). But other interactions where new learning can be generated (bottom up) seem still to be out of reach for them Their knowledge and innovation potential is still undervalued.
- **Check if the management models in place ensure that learning can be effectively used.** Learning implies having to adapt and change the course of action. And this can clash with modalities of management oriented to control and pre-determined processes and results. Where does War Child want to be re: adaptive management?

## 8. Assistance from competent staff and volunteers



Communities and people affected by crisis receive the assistance they require from competent and well managed staff and volunteers.

**Quality criterion:** Staff are supported to do their job effectively, and are treated fairly and equitably.

Everyone agree on this: it was a very special time for War Child, and staff shined.



### **An extraordinary time that showed the best in people**

Everyone said, in one form or another, that this was an extraordinary time, that showed the best in people. It revealed new talents, it demonstrated commitment, it generated an incredible amount of action and engagement. It revealed courage beyond the fear, positive energies. This feeling of achievement, of pride of being part of an organization with such talented people was palpable throughout.



### **Space / freedom for action**

Country teams, field staff had more space than usual. Limitations of movement, the need to provide fast responses to new challenges mean that local staff took on more responsibilities and played more active roles than they would have normally taken (*"There was more space available, there were no fixed ideas. We could just think: how best we can respond?"*). Some felt that War Child was now more oriented at supporting initiative than constraining it (*"we did not need to stop action because of the need for an approval, we could just do a team meeting and go ahead"*) And many interviews revealed that such space helped to create adapted solutions and ideas.



### **Teams**

Teamwork was strong, at all levels. The teams formed stretched beyond the usual silos. Some new (embryonal) communities of practice were set for new areas of engagement (RCCE), emphasizing, from the start, collaboration in sharing practices and mutual support. All the people interviewed highlighted how powerful it was to be together, working at new challenges. At HQ level, the response team brought together staff from diverse departments, and felt like "one of the best collaborative efforts seen in recent years". This team engagement might be hard to replicate in future emergencies: the COVID-19 was a global challenge and the whole organization was involved, full time.



### **Emergency experience.**

This was the first response for War Child, but not the first for many of its staff. Many had considerable response / emergency experience, gained in diverse organizations. One of the COVID-19 response's strengths was to rapidly identify them and build on their skills. This helped to make it up for the lack of an institutionalized experience. War Child was also rapid in creating some Communities of Practices, to strengthen areas of action seen as a priority but with little in-house capacity (e.g. RCCE)



### **No clashing priorities**

Everyone could devote all energies to the response, because the crisis was global and had disrupted all ongoing programmes. It became the one thing to work on, for all. This is a unique situation as compared to other crises, where staff will still have clashing priorities taking away energy, attention, resources. Also: how to preserve these special connections, when life as usual will, again, kick in?



### **Leadership! Not chain of command.**

The model of working was very horizontal. Flat, operational teams, driven by purpose. A recognition of the value of being driven by leadership, rather than by chain of command. There was collaboration in countries. The emergency team did not direct. It rather had an enabling, facilitative role and, above all, capacity for traction, motivation – which was deeply appreciated. This model of leadership should be valued.

The unique working conditions (remote, and often in decentralized teams, working from home) demanded also a very different organization of work, which might have a lasting impact. The following points emerged:





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### **Homeworking does not mean smart-working**

Most of the staff had to work from home. Some highlighted the benefits this practice – beside the forced lockdown – for their personal lifestyle. It has opened possibilities that War Child should consider to continuing offer to its staff. But always remembering that *homeworking* is not *smart-working*. Smart working requires to take it one step further, to set entitlements, procedures and support, options to best blend work at home and work in presence.

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### **The blurring boundaries amongst work and personal life**

Working in emergency is often a 24/7 experience, but it is also a career of choice. As COVID-19 hit all staff found themselves working around the clock. All people and teams interviewed exhibited pride about this, and this is certainly to be commended. But, in the long term, this aspect will need to be considered. As the work around COVID-19 continues - and intermittent energy spikes will need to happen - the wear and tear of being always on call, and in blurring the boundaries amongst personal and work life will need to be addressed.

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### **Be in touch, offer support, proactively manage stress.**

Management has been mindful, in the situation. Staff helped each other, beside work. All this contributed to strengthen togetherness – a feeling that was strongly felt by many. Professional support was offered – to check on the staff wellbeing. Some staff recommended that such checks – especially for staff engaged in a very stressful response, such as case management – should be made a regular habit rather than an option (“even 10 minutes would suffice, but it should happen regularly”). Many staff interviewed were really still the “go-go” phase, and it was reported that some staff continued working even when offered rest. But it is key that War Child adequately push for needed R&R options, or for decompression.

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## **Key lessons:**

- **Invest in leaderships, at the grassroots.** War Child seems to be quite a hierarchical organization, but the COVID-19 response demonstrated that, when given space, staff at the grassroots perform at a high standard, and in adaptive ways. War Child should consider how to devolve more power and space to the frontline staff – to make them more responsive to community needs and driven by them.
- **The COVID-19 response had a major impact on the workplace.** Consider how some emerging practices and options can be continued in the long term.
- **Keep the momentum.** The sense of “being together” and working on a collective challenge brought the staff together, in unprecedented ways. It will be of course hard to keep the same spirit as the emergency fades, and normal work kicks in. This team spirit mattered a lot for staff. It should be cultivated and promoted – emphasizing in person exchanges and collaboration over the bureaucracy of the work.

## 9. Organizations are managing resources effectively...



Organisations use resources efficiently and effectively for their intended purpose.

**Quality criterion:** Resources are managed and used responsibly.

The work done on the grassroots obviously depend on availability of resources (fund, staff, assets...) but I did not look systematically at these aspects: there are best tackled from the perspective of the organizational component of the review, and I tended to focus on achievements. A few anecdotal points emerged, however, worth annotating:



### **Flexible funds help flexibility in programmes.**

Some respondents stressed that a **flexible fund** is a very valuable asset in ensuring flexibility at the inception, at a juncture where there is often time-lag or resistance by existing donors in adapting activities. It helped adaptation and the setup of needed initiatives.



### **Delays sometimes happened.**

Issues of slow management in releasing funding were pointed out by partners. For example, a funding request done in April and verbally approved in May only materialized in June, reducing the potential impact of the activity.



### **Stockpiling? Adaptation!**

In some cases, procuring items was complicated by restrictions of movement, when lock-down kicked in. Some advocated for pre-positioning. I would personally advice against stockpiling (freezing resources for potential future use), but rather promote risk-aware programming that promote use of items, procedures that can be emergency proof. An example? The tablets already used in communities for educational work: they could be quickly converted for emergency response.



### **Avoid disposables and imports, as much as you can.**

Wherever possible, locally manufactured, recyclable items should be preferred in distributions and in operations. For example, using and distributing imported disposable face masks is a practice to avoid. It would be better to focus on locally produced, recyclable community masks.

Reflecting on the response through the lenses of this commitment I realized that some resources - usually not listed amongst the usual suspect - had a high impact on the response: technology, information. And, because of the nature of War Child mission, also learning and knowledge. It is important to start framing them as such, to more effectively manage them in this and future emergencies.

## (Mobile) technology

The COVID-19 **revealed the potential of mobile technology**, overcoming existing inertia. Its potential was explored to the fullest, not only within War Child programmes; it was a global phenomenon with an immense impact on socializing and lifestyles. Within this landscape War Child was very effective in using technology, for the management and implementation of the programmes, and for bringing staff together (for example, by using remote meetings). These new opportunities are there to stay, even beyond the response. War-Child used effectively technology in:



### **Bringing staff together in meetings**

Remote calls, conferencing platforms brought staff together. For an organization where HQ meetings were usually held in person and in Holland, the use of Zoom-like platforms became an opportunity for more engagement for staff in countries. Having participated in one of such meetings I could appreciate how well facilitated they were, and the large attendance.

Many other initiatives thrived on the use of such platforms, from global initiatives [e.g. on RCCE → 7: learning] to meeting in country, when staff was forced to stay in their location. No major drawbacks were signalled re: such engagements. Actually, some noticed how they helped to broaden interaction and participation to a larger number of people.



### **Out-of-office / decentralized work**

Teams demonstrated ability to work very effectively also without being in the same office. This will call for rethinking office space and horizontal possibilities for collaboration



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### Capacity building and training.

War Child seems to invest considerably in capacity building for the staff and COVID-19 response was no exception. Field staff, partners had appreciated support received remotely: technical advice, training sessions, shared learning exchanges. New modules and formats were developed that could be used in the future. War Child had already invested in on-line platform for training, but COVID-19 really was a turning point in appreciating the advantages of online-options vis-à-vis more conventional models for training delivery. The reach of the platform was also reassessed. The need for low-tech options for capacity building emerged and learning options through messaging (SMS/WhatsApp) are now being piloted.

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### Delivering educational content.

War Child had a strong advantage: some of its programmes were already digital, shared through tablets. It was already aware of the importance of investing in technology and this paid off. Its teams also had the needed IT + educational competencies to quickly repackage materials in formats that could be delivered also on poor connection / devices, and where traffic was at a premium.

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### One-2-one support to children and carers.

War Child could also devise options for remote child protection and do so being aware of the risk that technology could present. In addition to new protocols for work, safeguarding guidelines could also be delivered.

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### Mixing technologies

As already highlighted [-> 4: communication] War Child explored a vast array of technologies for communication. And it generated some interesting integrations (e.g. homework presented in radio programmes, and then shared on the school's IT platforms).

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When discussing technology as a resource, some **words of caution** have been expressed, asking to carefully balance the potential of technology with its drawbacks.



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### Highlight when technology is not the silver bullet.

In this worldwide wave of enthusiasm for technology – when technology is seen as the silver bullet – War Child should remain vigilant. There will be a lot of pressure to use technology to cut costs and corners, by donors and governments. By having eyes on the ground, War Child should also understand its limitations. It should highlight what technology cannot really do and who it might marginalize further. Some staff are already worried and concerned about this. If War Child is good at using technologies, it will have a stronger voice in advocating when they are not the best choice.

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### Put human relationships first, when possible

Staff cautioned against the over-reliance on technology before human interaction. An example is the use of on-line repositories and platforms. They might be good for archiving. But, as an advisor explained, “in an emergency **you do not always have the peace of mind and the space to go to a virtual room** to look for documents: you want the human interaction, you want the one-2-one guidance. If you tell a field colleague ‘go to the room’ ... it is not the answer they want to hear!”. Similar concerns had been echoed by field staff.

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### Reassess exclusion

War Child was careful in considering who was at risk of being left out by technology, and always tried to put in place options for inclusion (e.g. provision of materials in paper formats, support for getting credit or access options for mobile). It should continue to value inclusion in accessing technology and advocating on behalf of the children at risk to be marginalized by the lack of it. And, of course, it should be able to reach these living in non-connected areas, as a priority.

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### Remember that some activities are, at the core, about presence.

Staff highlighted the challenge of working remotely for activities that are all based on personal contact. Child protection activities can be deeply intrusive, literally entering in children's homes... yet remaining too distant to promote trust and deep sharing. Some emphasized how remote engagement can only go up to a point, warning against the risk to rely on it excessively.

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### The need for exposure to the field remains.

The post COVID work will probably see a considerable reduction of travelling amongst countries and of interaction in person. Working will involve more virtual meetings. But some field staff warned against this: there still a need that HQ staff visits projects and countries. And staff should go on exchange visits. It is simply not possible to gain a strong enough understanding only by mail and videos about the context and the programmes.

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### Ensure that technology does not get in the way of better options.

The emphasis on remote / technology driven solutions is seen as a risk by many. Remote provisions (e.g. of education) can remain in place longer than then they should in order to cut costs... or to avoid having to invest in upgrading services to make them COVID-risk-free. They

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can be conducive to limitations of important freedoms (e.g. of movement). War Child will have a role in understanding when reliance on remote / tech-driven solution is excessive – based on its public health expertise and in dialogue with the community it serves.

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## Information, is a resource (the information management side)

War Child appreciated the importance of “information as a resource”. A “[Virtual Room](#)” was set, and many staff members praised its usefulness: it was a good start: a place where to archive information that was not intimidating for staff. A practice of **situation reports** – also new for the organization – was started. It is good to see that, since its first days, War Child had stressed the importance of information as a resource. And it is very understandable that - in an organization that seems to be still quite weak at knowledge management - such tools have considerable room for improvement and would need rethinking. Now that the need for better information management is recognized, a strong recommendation for War Child is: as you set your systems be ambitious, and embrace, from the start, new tools and smarter and more user-friendly options. An investment ahead in agile tools will pay back quickly: it is time saved from reporting and better-quality evidence for decision making. Only then information will become a resource: **not just archived, but really used**. Being able to use and share effectively evidence can make a difference for War Child and strengthen its ambition to be a trusted innovator. A very valuable ambition at a time when the sector needs to live and work within uncertainties and shifting situations. More effective information management in emergency could incorporate the following:



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### **Consolidate and aggregate effectively information.**

War Child started to aggregate information (e.g. generating a global report from country sitreps). But it has no tool aggregating effectively an overview of the response. Better options could be longitudinal consolidations - such as timelines- or live documents, that expand and grow as the response unfold.



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### **For quality information, use dialogue rather than templates, when possible.**

The best way to capture meaningful information is not to fill a template. It is an extremely time-consuming activity for busy field staff, and it often results in scattered information. Better options are face to face interactions (stand up meetings, calls following a checklist) that can then be captured and archived by information managers. (Which was what I did for the interviews contained in the blog). It can be richer and faster to capture a conversation than trying to edit an incomplete report, and more quality information can be gathered.



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### **Use effective tools for gathering, analysis, sharing. Real time**

One of the strongest trends in humanitarian work is the sharing of (open data), and the use of data management platforms allowing for easier collection and aggregation of evidence. Uganda and Burundi piloted, for example the use of Kobo Toolbox. Many templates that are now designed as an online excel could be converted in smart forms, so that evidence could be aggregated real time and in the same repository. The use of data visualization tools (e.g. Tableau) could show trends and coverage as the information flows in. As War Child is now consolidating its tools it should consider how to make them smarter. So that its virtual operation room is not only an archive of files, but a real evidence-based decision-making space: with “who is doing what where” maps, and live trends. But PLEASE do not read this as a recommendation to transform M&E in the collection of some standardized indicators about emergency progress. There is much more to it, and more significant. [-> 7: learning]



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### **Shift from the idea of “need assessment” to ongoing evidence gathering**

Programmes did a need assessment, according to a template provided by War Child – and they are all collected in the Virtual Room. There is little clarity of what evidence has been gathered since. Some countries did additional data collection exercises, and based decision making on them (e.g. Uganda). The point is that need assessment - in an emergency which is continuously shifting - is not a first step: it is a continuous engagement. Evidence must flow, and programmes be informed by it. Surely this must have somehow happened, but it is unclear through what processes. Also: needs assessment is not necessarily “data collection”. Ongoing dialogues at the grassroots, feedback, evidence gathered in the course of activities... they all contribute to evidence gathering. The challenge is how they are consolidated. It should be possible to track the evolution on the programme, its turning points and adaptations, on a background of contextual information and learning.



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### **Have a “push orientation” (rather than only archival)**

Information management systems are often the graveyard of information. It gets there, it is buried. This is particularly true for field workers, who do not have the time and the fast connection to dig it out. Field staff emphasized the need to actively “push” the information that matters. [-> 7: learning]

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### Disaggregate

A challenge of existing datasets produced by programming units is the little level of disaggregation. And even when data collection had included some questions about location / gender / age, they tended to be little explored at the analysis stage. This limits the value of information in talking about inequalities, marginalization. The overall tracking sheet does not have even minimal levels of disaggregation, by design and choice. This is reprehensible.



### The main rule? Use

A lot of data is still collected for archival purposes, rather than use. Information management is about reducing the amount of information collected down to the information that is used to take decisions and to be accountable about this. A suggestion to improve data instruments: managers should go back to the information produced so far and mark the evidence they used for 1) decision making or 2) for essential accountability with other stakeholders. Whatever information was not used should be ruthlessly cut and not collected in the future (or, if there is a strong feeling that such information should have been used, then management practices should be questioned).

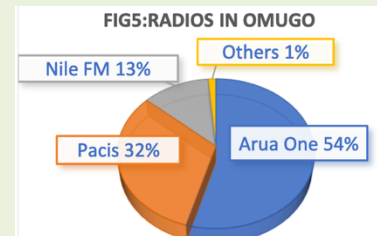


### Prepare for sharing with the primary stakeholders

It might be early stages, but it was still unclear how information was going to be shared with primary stakeholders and operational partners. Whatever the system in place, the value of information is increased when it is used by more stakeholders: by the partners, by the local communities. For accountability and for participatory decision making.

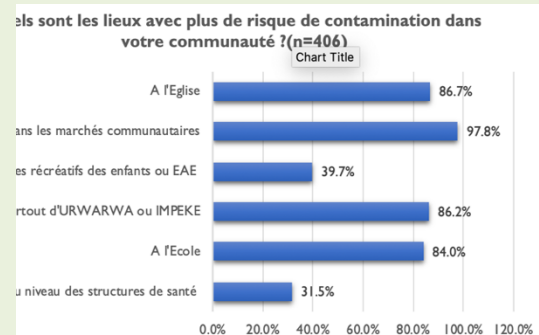
### Uganda: reassessing radio use.

The decision to discontinue the use of radio messages was taken based on a rapid assessment, with mobile data collection, about radio penetration in communities. The results showed a much lesser use of the radio than anticipated. The assessment was also shared in coordination meetings. The programme, however, realized that radio was important for specific groups (e.g. government radio programmes for migrating children) and supported communities in getting radios to access them.



### Burundi: will you share your data?

Burundi did a good rapid evaluation on the sensitization around COVID-19 in the areas where it operates, implemented with mobile data collection tools. In the final notes, other actors are invited to extend the analysis to other provinces and issues. (Si d'autres acteurs sont intéressés, ils pourraient compléter notre évaluation, notamment en insistant sur l'impact de cette pandémie à moyen et à long terme - surtout sur les enfants, ou étendre la même évaluation que le nôtre dans d'autres provinces.). Given the relevance of quality, joint analysis for future response, Burundi could even go one step forward: sharing raw – anonymized data platforms such as the [Humanitarian Data Exchange](#), and the tools used for the survey.



## Knowledge is a resource (a very strategic one)

War Child is very aware that knowledge is a resource. Being “expert” is part of its identity, and it is proudly pioneering an **evidence-based approach**. This involves investing considerably in the development of scientifically tested and evidence-based interventions, the [Care System](#). This strategic approach, however, is controversial in the organization, and there is a palpable tension amongst the programming activities and the Research & Development function. The review feels that the existing gap could be reconciled, but that this would require reassessing and rebalancing learning and research practices within the organization [as discussed re → 7: learning]. The response to COVID-19 and the debate around it seem to have further polarized different perceptions of the organization identity, which I summarize as below





War Child is  
**AGILE**



War Child is  
**ESTABLISHED**

<i>Ongoing adaptation of interventions and capacity for innovation in risk-prone, post-conflict contexts.</i>	<i>Consolidation of a core of flagship programmes of proven effectiveness in post-conflict contexts.</i>
<ul style="list-style-type: none"> <li>• Rapid and responsive methods for outcome assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• Investment in long-term research.</li> </ul>
<ul style="list-style-type: none"> <li>• Solid research methods privileging rapid /real time assessment and learning and participatory approaches - to ensure co-creation of evidence</li> </ul>	<ul style="list-style-type: none"> <li>• Solid research methods, privileging approaches such as randomized control trials.</li> </ul>
<ul style="list-style-type: none"> <li>• Focus on local adaptation, and on innovation – driven by context.</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of a robust and set package of intervention (the Care System).</li> </ul>
<ul style="list-style-type: none"> <li>• Mechanisms for replication, scaling up of promising initiatives. (and potentially for incorporation in flagship programmes).</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing of an established suite of tried and tested approaches, for wide adaptation.</li> </ul>

**War Child - as an agile organization - had little space** prior to COVID-19. The response, on the contrary, placed this aspect of its (possible) identity at the forefront. And staff felt galvanized by it: **it was clearly an identarian aspect craved for** and that was felt missing. Working in an agile space opened strong spaces for action. And it helped to generate solutions that seem to have had positive outcomes on the wellbeing of communities.

The question from the established side is probably **“Did they really?”** And it is a very legitimate question. A good guess is, “probably yes”. But the review could not do much to assess outcomes, impact, even in impressionistic ways, lacking any contact with the context. Neither is the organization currently well placed to do so, lacking good enough mechanisms for learning and monitoring applied to programming. And resting on mechanisms for knowledge generation that work in the long term and felt the hit of the COVID-19. The review feels that the issue really lies there: that **War Child lacks agile and suitable mechanisms to understand the changes and the adaptations within its programming.** Learning is a commitment, not just a long-term experiment.

The lack of an organizational culture and of mechanisms for monitoring, reflection, shared learning (owned and driven by programmes) has many drawbacks that need to be acted upon – as they impact on the CHS:

- reduced appreciation of challenges and opportunities for **operating in risk-prone setups**; [→ commitment 2, 3]
- limited capacity to understand change and to fine-tune interventions, to **improve responsiveness**; [→ commitment 1]
- reduced opportunities to **disseminate and capitalize** on emerging approaches: for upscaling, replication – within and outside the organization; [→ commitment 7]
- reduced potential for **engagement and accountability with local communities** [→ commitment 4, 5].

These limitations also kill the potential of closing a virtuous circle amongst agile and established expertise (by identifying components that can be organically added to the Care System). The risk of over-emphasizing the “established side” is to **make War Child to correspond with a set of core interventions.** The COVID-19 response showed clearly that **War Child is much more than its flagship programmes:** it has the know-how, the commitment of competent and capable staff and partners. People who could adapt their response and interventions even at the time of historical shifts and of unprecedented working conditions. And who could continue to do so in synergy and coordination with other local actors. **My recommendation is: tap into this!**

### Key lessons:

- **Continue to invest in technology, and in adaptation for the communities you work with.** Even before the crisis, War Child demonstrated capacity to use technology effectively. Countries built on it, stretching its use and potential – and always considering safeguarding and inclusion in the processes. Continue to invest in it, but also continue to strengthen commitment and options to reach the children living in remote, not connected areas.
- **Do not forget the human and social side of service delivery. Advocate for it.** There is a risk that technology can become the new silver bullet, with consequences on the way in which services are provided to children or financed by donors. War Child should be wary of over-reliance on technology and be able to emphasize the importance of presence and socialization.

- **Manage information in real time, smartly. For use.** This is an important area for improvement. Ensure that information, evidence, learning are the lifeblood of your work. As you set stronger systems for emergency, avoid thinking that monitoring and programme quality can be measured through standardized pre-set indicators. Invest in understanding, instead. Use real time, participatory analysis. Build processes and systems to share information and inform decision making (and not just for reporting).
- **Information is a resource for all. Share it.** There was mention of data collection initiative within clusters. But there was little evidence of information sharing with communities and local institutions (re programming, learning, budgeting). Ensure that your information management systems are, as much as possible, open. It is a needed step to increase transparency and accountability of your action with the communities you serve and with the citizens. Addressing information management as a function of accountability and participation can change deeply the way it takes place. For good.
- **Invest on the agile side:** currently the organization largely taps into and coincides with its established programmes. It had narrowed opportunities to build on the competences and ingenuity of its professional teams. The COVID-19 response indicates a need to reinforce this promising side.

# Recommendations

Reflecting on the COVID-19 response has implication that go beyond the specific emergency. The report already presented – alongside each CHS commitment - recommendations and ideas applicable to a broad array of challenges:

- define “what is next” in the response
- understand what place there is in War Child for Humanitarian response;
- think about the broader implication of COVID-19 on War Child

These final recommendations highlight some concerns that have been cross-cutting across the whole report



## *Embrace the “working in the grey area”*

War Child situated itself as working in developmental / post-conflict settings. The COVID-19 emergency was a wake-up call. It became evident - to a global scale - what many field staff and partners already acknowledged: in many locations War Child operates in a grey area. In this space, threats and challenges continuously undermine the wellbeing of children and families and the options they have. Acknowledging working in the grey area demand to readjust the organization work, coherently.



## *Are you providing what the community should expect from you? Be prepared to stretch your intervention – coherently and within reach.*

The flipside of relevance is: if needs arise beyond its core programming areas, is it appropriate for an organization – with a strict mandate and expertise – to provide what is asked? This was a strong tension within War Child when deciding to respond. There were fears that venturing beyond the tried and tested Care System could mean to provide children with less than the highest standards of assistance. In the experience of field workers, the choices made in broadening activities – the “menu of actions” - worked well. They responded to untapped needs. They opened possibilities for action. They were perceived as fully coherent with the organizational mandate. They played on organizational strengths. Stronger real-time and participatory monitoring will be needed to validate these perceptions with input from communities, to improve and tailor the menu of options. But this first-time emergency response seems to have demonstrated capacity, relevance, coherence.



## *The way forward does not stop with “rapid emergency response”. It is “disaster risk management” - for resilience building (invest in it).*

The humanitarian capacities needed by War Child are not about flying out to the next disaster. Acknowledging the “grey area” involves helping local communities to be resilient to hazards and threats. To back them up when they are overwhelmed. And to acknowledge that risk-proofing the future children is not an option in areas threatened by conflict and other major hazards (COVID, but also climate-change and other localized threats). Implementing this approach within the organization will require to continue investing in a humanitarian department, with dedicated resources and staff (for coordination, capacity building, surge capacity), but also in a strategic intent to mainstream a DRM culture and approach throughout the organization.



## *Rethink modalities to effectively generate evidence for action, reflection, accountability.*

There is a big hole in the organization, where appreciation of context, outcomes and learning should happen. The systems in place are insufficient to gather and aggregate needed information and evidence for decision making, real time. M&E is mostly about tracking outreach – leading to broad number aggregations (not the quality evidence needed for evidence-based management). This is a major weakness for an organization operating at time of uncertainty. The R&D department has no connection with ongoing programming. This generates systemic weakness on evidence-oriented actions, outcome assessment, learning. The response exhibited promising initiatives showing the potential of horizontal sharing, and the desire to acquire new tools for evidence generation, analysis, use.



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### *Emphasize the role of children as active actors: a shift to active protection.*

Surprisingly for a child-oriented organization, limited examples were found of activities that deliberately involved children as active actors (e.g. participation in radio programming). Passive protection was often the stance. Yet War Child should be well aware that children are often the best responders and motivators. They have unique capabilities to persuade their own communities about risk, threats, and to generate needed shifts in lifestyles. Can the COVID-19 response be an opportunity to put them in the driving seat?

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### *Give more visibility to partners and to the agency of communities.*

In the accounts so far, it is hard to see the community in action. There was mention of volunteers, of local government. But, other than this, the image emerging is often War Child centric. Also, when (implementing) partners were mentioned, it was hard to find more specific details of their work, and of their achievements. There is certainly much more to see on the ground – and it is unfortunate that review could not capture it. But the absence of communities and partners in the narrative, as active actors, demands that War Child shifts its perspective: in putting the voices, the account of the communities first. And in giving them more deserved visibility, as equal partners.

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### *Value the capacities of your teams to adapt, innovate. Bottom up.*

The COVID-19 response was certainly a unique moment in time. The usual roles and responsibilities had to be put aside, to deal – together - with the unknown. Staff was galvanized. The response showed untapped individual capacities. The immense potential of horizontal teams. It also showed the value of delegating decision making at the grassroots: teams, countries, field staff thrived in a new space allowing for innovation, experimentation. War Child in this response exhibited the leadership model that the humanitarian sector is craving for ([watch the video, to see what I mean](#)).

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### *Agile or established?*

Does War Child want to be agile or established? The two models are not mutually exclusive. It is possible to establish a virtuous circle whereby some established, and “flagship” practices and approaches are used, but are continuously improved, nourished with experimentation.

There is now a massive imbalance in favour of the “established” side, as a strategic organizational choice. The COVID response, however, was definitely on the Agile side, showing the untapped potential of this approach to change. The response revealed opportunities for the organization well beyond the management of an individual emergency. But for the potential to materialize, a strategic rebalancing will need to happen.

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### *Envision and shape the “new normal”.*

Emergencies are not just about “response”. They can be about “re-writing the rules of the game” – as now recognized widely re: disaster capitalism. Hence the urgency, at this historical juncture, to be part of these who can re-write the rules (taking along partners, communities). As War Child is engaging in strategic formulation processes, it should engage in future casting to identify opportunities and challenges in shaping a better, child-friendly “new normal”. At it should enable this at all levels: from the grassroots to the global, with involvement of partners and communities. It is a big ambition. But this is a unique time in history to make it happen.

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**Final Report for Management and Coordination Component for the  
Real Time Review of the  
Multi-Country COVID-19 response, 2020 of  
War Child Holland**



**Niaz Murtaza, Ph.D.**

**August 2020**



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## ACRONYMS

CHS	Core Humanitarian Standard
CP	Child Protection
CWTL	Can't Wait to Learn
DRC	Democratic Republic of Congo
HQ	Head Quarters
ICVA	International Council of Voluntary Agencies
KII	Key Informant Interviews
MPHSS	Mental health and Psychosocial Services
NGOs	Non-Governmental Organizations
OPT	Occupied Palestinian Territories
RCCE	Risk Communication and Community Engagement
RTR	Real-Time Review
TORs	Terms of Reference
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WCH	War Child Holland

## EXECUTIVE SUMMARY

This report provides the findings from a Real-Time Review of War Child Holland’s emergency response to the Covid-19 crisis in its ten country offices. COVID-19 is the biggest pandemic that the world has faced in decades. It has disrupted people’s lives, livelihoods and children’s education with huge long-term consequences for the global economy.

WCH’s immediate responses include awareness-raising about infection, education, psychosocial services, child protection, water, food and income. It is undertaking a review to make immediate changes, using the Core Humanitarian Standard (CHS) quality criteria, as well as long-term changes to enhance its emergency capacities. WCH recruited a two member team for the RTR. This report focuses on management and coordination issues. This consultant used a framework according to which the quality and final outcomes of the program depend upon the quality of program cycle processes which in turn are determined by the strength of **agency systems and capacity** for emergencies work. The report gives an overview of the performance along the outcome criteria, and provides suggestions for strengthening systems and capacities and program processes and outcomes. The data collection tools included desk review of program documents, and remote interviews with the Country Directors and senior staff at HQ closely linked with the response.

Opinions were divided about responding to the crisis among WCH staff. Most felt that given the needs in the communities, it is important to respond. Others felt that the agency did not have the capacity or the expertise to undertake emergency work. However, others felt that such capacity could be developed quickly to at least deliver a minimum credible response. A review of the WCH global response below clearly shows that it was able to launch a minimum credible response which does very well on perhaps the two most critical CHS commitments, i.e., Relevance and Timeliness, while doing well on all other commitments except on No. 5. **This clearly shows the organizational agility. It also shows that even smaller agencies with limited emergency experience and resources can quickly build the minimum capacity to deliver a credible response within a few months given the buy-in of top leadership.**

CHS commitment	Overall rating	Strengths and Work-in-progress
Relevance	High	Highly relevant program focus given community needs based on strong assessments; More focus on cash and income needed
Effectiveness/ timeliness	High	Organizational agility allowed quick response within 2 weeks of crisis; use of effective delivery modes; More focus on gender, youth and disabilities issues needed
Local capacities	Medium	Most countries use established local partners; Greater use of local partners across remaining countries needed
Communication and participation	Medium	Strong communication and feedback via partners and community volunteers; Need to undertake planning for future Covid-19 programming with participation of communities for coming months
Complaint mechanisms	Low	Complaint mechanisms not set up or largely ineffective
Coordination	Medium	Strong presence in clusters; strong internal coordination and communication n via sitreps; Greater focus on advocacy, communication and leadership in core WCH sectors in external

		coordination; using partnerships for joint assessments and funding
Learning	Medium	Training arranged via HQ staff; RTR being conducted; More focus on formal in-country reflection exercise at the 90-day mark
Staff well-being	High	Elaborate measures in almost all countries to safeguard staff; More need for HQ guidance and adherence to People in Aid principles
Resource use	Medium	Almost 75% of the money has come from new grants from donors. More emphasis needed on developing partnerships with other agencies for funding for the early recovery phase

The key drivers of success were as follows: National staff motivation and commitment; Organizational agility and ability to come together; Existing links with partners and communities; Strong leadership from HQ, especially from the Emergency Director position; Availability of Start-up funds; Flexibility of donors; Technical guidance from the Covid-19 team. In terms of lessons learnt, staff felt that there is still a need for clarity at the top level about WCH's mandate and focus during emergencies and better emergency preparedness within WCH including preparedness plans, a regular emergency unit, deployable staff capacity and immediate availability of funding. It was felt that while the Covid-19 unit had worked well in this crisis since agency-wide regular work was disrupted, the use of such ad-hoc units may not be possible in other crises where regular work is less disrupted.

The following recommendations are given for improving the current response:

1. Relevance: Focus more on income issues as economic slowdown has undermined people's livelihoods. The use of cash modality may be the most suitable intervention in this regard.
2. Effectiveness: Give more attention to gender and disabilities issues and also enhance focus on youth programming to engage them in productive activities.
3. Local capacities: Give greater focus on using local partners for countries working directly in the early recovery phase along with suitable capacity-building on WCH's values and Covid-19 response.
4. Communication and participation: Develop an early recovery plan for each country for the coming months of the Covid-19 crisis in light of the likely needs that Covid-19 crisis may produce in each country with a special emphasis on supporting incomes, preferably through cash distribution.
5. Complaint mechanisms: Institute effective complaint mechanisms in all countries utilizing some of the remote technologies used for program implementation to give adequate opportunities to beneficiaries to register their comments and concerns and develop a rapid response mechanism.
6. Coordination: Give greater focus to establishing partnerships for joint assessments and funding with like-minded agencies for the early recovery phase. Give more focus on undertaking communication to enhance WCH profile, engaging in advocacy on children's needs in emergencies and providing technical leadership role in the core WCH sectors.
7. Learning: With the completion of the 90-day mark in most countries, undertake reflection exercises nationally on the response to-date with a view to accumulating lessons for the future.
8. Staff well-being: Develop minimum guidelines for ensuring staff well-being during the Covid-19 crisis at the HQ level.



9. Resources: Enhance links with key donors like the Dutch, Swedish and German governments and partnerships with larger like-minded agencies to raise funds for the early recovery phase.

#### Recommendations for enhancing long-term emergency capacity

- 1) Adopt a Humanitarian Policy for the agency which gives a mandate for WCH's involvement in emergency work and develop a 3-5 years' Humanitarian strategy for the agency which develops a plan on how the humanitarian policy will be implemented in the coming years
- 2) Include a section on emergency work in the national program strategies that countries develop in the future for their regular programs
- 3) Establish a regular Emergency unit consisting of 4-5 persons, including a communications person and 2-3 deployable emergency managers who work on longer-term work during non-emergency times.
- 4) To supplement the Emergency unit, establish a roster consisting of current WCH staff at national and global levels consisting of sector specialists, support staff and managers who could be deployed during emergencies to countries facing a capacity shortage.
- 5) Establish a regular emergency start-up fund which can provide immediate money to countries to help attract more funding externally.
- 6) Undertake emergency preparedness exercises at the country level which identify the broad contours of the emergency work that the agencies will undertake in each country during different types of crises and the funding and delivery modalities.
- 7) Undertake training for roster and country staff on topics like emergency management, leadership and scale-up and technical sectoral work.
- 8) Develop support function procedures for emergency work in the areas of finance, HR and logistics to support rapid response
- 9) Develop a clear idea on the sectors that WCH will work in beyond the three core sectors, with an eye on developing capacity in emergency cash work which can serve to meet needs in a variety of sectoral areas for which WCH may not have immediate capacity, e.g., shelter, food security and water.
- 10) Develop or adapt an emergency manual that provides broad guidelines for emergency work in the areas of procedural checklists at the national, regional and global levels, guidelines on operational issues, communication and funding work etc.
- 11) Undertake active representational work with larger emergency donors like Dutch, Swedish, German govt, DRA, OFDA, ECHO and DFID to raise WCH profile as a credible emergency agency.
- 12) Add additional sections in the situation report on external coordination, community engagement and achievements of targets on activities and outputs to-date.

# CHAPTER 1: BACKGROUND

This chapter provides a brief overview of the Covid-19 crisis and the WCH response in its ten country offices. The chapter also provides an overview of the evaluation framework, its methodology and the constraints faced by the evaluation team.

## **Crisis and Program Background**

COVID-19 is the biggest pandemic that the world has faced in decades. The pandemic has disrupted people's lives, livelihoods and children's education with huge long-term consequences for the global economy. It will disproportionately impact the poor and those in existing humanitarian crises, especially those who are in conflict zones and refugee settings. The pandemic is putting increased pressure on caregivers who are responsible to provide for their families and ensure children's safety and wellbeing under different quarantine measures. Warnings of an imminent "economic meltdown" and a 'food crisis' suggest that the pandemic's aftermaths are expected to further amplify poverty, child labour, trafficking, school drop-out rates for children out of schools and reduce the limited capacity of fragile health systems.

War Child is working in a number of countries experiencing active transmission of COVID-19 as well as in countries at risk of outbreak. The impact of the Covid-19 virus varies hugely across the ten WCH countries. The most badly affected country is Colombia, which has had nearly 450,000 cases and nearly 15,000 deaths<sup>1</sup>. On the other hand, Burundi reports only one death and around 400 cases, though this may be due to underreporting and weak monitoring. The death rate in the remaining countries is also low. However, almost all countries have experienced major preventative lockdowns as the higher numbers in other countries and the unpredictable nature of the virus has created enormous fear globally. This has affected movement, education and economic activities, which have also been negatively impacted by the economic slowdown in badly-affected rich countries. Thus, in most WCH countries, the Covid-19 crisis is less a medical one and more a socio-economic and psychosocial one.

Its immediate response to the threat of COVID-19 takes two primary approaches. The first is awareness-raising to share reliable and scientific information to protect children and families against infection and uphold their social and emotional wellbeing. War Child is sharing messages through radio, social media and posters in the hearts of remote communities to promote hygiene best practice during Covid-19 crisis. Its second approach uses its global network to support partner organizations and communities to maintain the supply of life-sustaining resources inside its countries of operation – including education, psychosocial services, child protection, water and food. In some countries it is also supporting community members to earn income which have been reduced due to quarantine measures and travel restrictions.

It is also developing contingency plans to shape its response to the pandemic in the weeks and months to come. In line with its stated mission it plans to continue to provide - through remote modalities - protection, education and psychosocial support to vulnerable children and families living in isolation.

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<sup>1</sup> WHO online tracker figures on August 15, 2020

## **Overview of RTR**

War Child Holland (WCH) aims to undertake a real time review that takes place at the start of and during an emergency response to provide decision makers with the necessary information to make immediate changes, using the Core Humanitarian Standard (CHS) quality criteria, as well as long-term changes to enhance its capacities to undertake quality emergency work in the future.

WCH views an RTR as an ‘appreciative inquiry’. For it, (1) RTR recognizes the efforts put in and appreciates the results achieved through the collaborative work between country team and the rest of WCH and partners in any given crisis setting. (2) RTR enables an agency to continuously learn and improve (3) RTR findings help to do course-correction. RTR is **not** a fault-finding mission.

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The overarching objective is to better meet the needs of persons affected by emergencies and uphold agreed accountability and quality through the following specific objectives:

- 1) Provide insights on progress against the Core Humanitarian Standard to focus efforts on areas flagged for improvement;
- 2) Present key information including appropriateness, relevance and timeliness of programming and recommend immediate and contextually realistic actions/changes to the response;
- 3) Contribute towards an accountable and learning organizational culture that highlights good practices and lessons for wider adoption.

The RTR focuses on the following ten countries: Burundi, Colombia, DRC, Jordan, Lebanon, OPT, South Sudan, Sri Lanka, Syria and Uganda. WCH recruited a two member team for the RTR. The division of labor between the two consultants is as follows:

<b>Consultant</b>	<b>Focus</b>	<b>Main stakeholders</b>
Niaz Murtaza	Overall management and coordination issues	Country Directors and In-country Emergency Focal points; Head office relevant staff
Silva Ferretti	Local perspectives	Head office relevant staff; Front-line Program Managers; field-level staff; partners

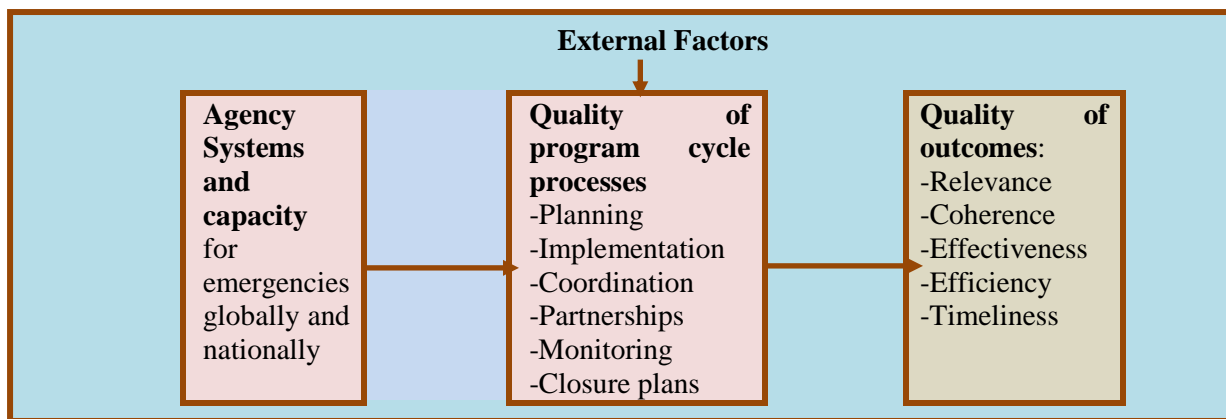
This report focuses on the management and coordination issues. Our guiding principles included:

- using an appreciative inquiry approach;
- appreciating contextual challenges;
- focusing on the most marginalized groups, especially the elderly, disabled, minority groups, women and children;
- ensuring cultural and political sensitivity, neutrality and confidentiality;
- emphasizing participatory and partnership approaches;
- incorporating local knowledge and analysis;
- providing practical, specific, concise and replicable recommendations and insights.

The fundamental premise was to first fully utilize the information and analysis already collected and undertaken by the country teams and to gather additional information only if there are gaps in this information, so as to minimize the burden on country teams busy with emergency response.

The consultant evaluated the response along the criteria given in the TORs using the analytical framework given below. According to this framework, the quality and final outcomes of the program depend upon the quality of program cycle processes which in turn are determined by the strength of **agency systems and capacity** for emergencies work globally and nationally. External factors also affect the quality and the success of the program. Thus, the evaluation reviewed program outcomes using the TORs. It also reviewed the quality of program processes, i.e., planning (e.g., assessment quality, resourcing etc.); implementation (e.g., activity scheduling); coordination, partnerships, monitoring (e.g., quality of monitoring framework, follow-up etc.); and closure plans (e.g., hand-over and follow-up plans). The evaluator linked those to agency systems and capacities for emergency work. Consequently, the report gives an overview of the performance along the outcome criteria, and provides suggestions for strengthening systems and capacities and program processes and outcomes. A key focus was on the use of partnerships and local delivery to leverage capacity and local knowledge.

**Figure 1: Evaluation Framework**



The program outcomes were reviewed against the guiding principles laid out in the nine CHS dimensions:

1. **Humanitarian response is appropriate and relevant.**
2. **Humanitarian response is effective and timely**
3. **Humanitarian response strengthens local capacities and avoids negative effects**
4. **Humanitarian response is based on communication, participation and feedback.**
5. **Complaints are welcomed and addressed.**
6. Humanitarian response is coordinated and complementary.
7. Humanitarian actors continuously learn and improve.
8. Staff is supported to do their job effectively, and is treated fairly and equitably.
9. Resources are managed and used responsibly for their intended purpose.

There was a greater focus on the first 5 principles (above in bold) focused more directly on communities.

The following data collection tools and techniques were used for this evaluation.

- Desk review of program proposals, sitreps, progress reports, review of virtual ops, internal monitoring/mission reports, case stories, etc.
- Remote Skype Interviews with the Country Director and/or Program Implementation Managers, and senior staff at HQ closely linked with the response from different organizational functions.
- Review of data collected by second evaluator on local perspectives to help integrate the findings from the two parts of the evaluation.



A key constraint for the evaluation was that all data collection was done remotely due to Covid-19 crisis. It was not possible to visit country office or field sites. Furthermore, WCH staff itself in most cases has not been able to visit field sites regularly due to Covid-19 travel restrictions. As such, it was not possible to collect community perspectives to any great extent.



## CHAPTER 2: SYSTEMS AND CAPACITIES

The analytical framework presented in the last chapter said that the quality of program outcomes that an agency achieves depends on the quality of its program cycle functions, whose quality in turn depends on the agency's program systems and capacities. This, chapter thus begins by reviewing the strengths and gaps of WCH's systems and capacities for emergency work. This background will help explain the strengths and gaps in WCH's program outcomes observed by this evaluation for the Covid-19 emergency response and subsequently present recommendations for strengthening the systems and capacities in the last chapter. Most of the systems and capacities have been developed in the last nine months and have helped the agency in launching a credible global Covid-19 response despite the lack of previous emergency experience. This shows that it is possible for even smaller agencies with limited resources to develop the capacity for a credible response in a short period.

### **Past Emergency Experience**

Even though it works only in war and post-war situations, the Covid-19 global crisis represented the first time that WCH responded in the early phases of a rapid-onset major crisis in a coordinated manner that involved the Amsterdam HQ and several country offices. A few country programs had responded earlier on a small-scale to past emergencies largely on their own, e.g., Burundi, DRC, Lebanon, Sri Lanka and Syria. Other country programs had never responded to an emergency, e.g., Colombia, Jordan and Uganda.

There were diverse views within the agency about responding to the emergency. It is important to recap this diversity since they have an important bearing on the agency's future trajectory of emergency work. An agency-wide global survey during the pandemic shows that around 32% strongly disagreed or disagreed with the statement that the Covid-19 response represented a deviation from the agency mandate<sup>2</sup>. Such people felt that the agency should expand beyond its core sectors during emergencies. However, nearly 29% agreed or agreed strongly with this statement and felt that the agency should leave emergency work to others. Another 28% partially agreed/disagreed with it and felt that the agency should respond to the emergency but stick to its core expertise sectors. The remainder 11% provided no answer. Actually, such debates are present in most development agencies that have historically stayed away from emergencies work, such as Actionaid and Plan. However, over time most agencies are starting to do so due to a variety of reasons:

- The core mandates of agencies are usually broad enough to include emergency work and rarely if ever explicitly rule it out. WCH's mission says "War Child works exclusively to improve the resilience and wellbeing of children living with violence and armed conflict. We empower children in everything we do. We work to unleash their inner strength through our creative and engaging approach. We deliver vital child protection, education and psychosocial support. We are present in countries where violence and armed conflict are a fact of life. We work together with caregivers and communities - as well as other NGOs - to strengthen the resilience and psychosocial wellbeing of

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<sup>2</sup> WCH Covid-19 Response Survey Report, "Organisation-wide consultation on Covid-19 response and communication", July 2020

conflict-affected children<sup>3</sup>". While the mission restricts the agency to war-affected countries, it does not rule out emergency work during the early phases of either natural or conflict-related crises.

- **Higher community needs during emergencies:** The well-being of communities is most under threat and their needs more intense during the peak period of natural and conflict-driven emergencies. So, child protection and mental health services are among the core sectors of WCH's long-term work. Both these needs for children are much more elevated during emergencies. Education work is also most disrupted during emergencies. Thus agencies working already with communities have a duty of care towards communities during emergencies
- **Community and partner expectations:** Since community and child well-being is most under threat during emergencies, there is a strong expectation from communities, partners and governments that agencies working on longer-term issues will step forward to help agencies during their worst phases of lives. Not responding to emergencies can weaken links and reputations with communities, partners and governments.
- **Protection of long-term work gains during emergencies:** Emergencies disrupt and undermine the long-term work that agencies may be doing and not responding to emergencies can undermine it and community well-being even further. Responding to emergencies helps in protecting the gains of longer-term work.
- **Need for unique and unconventional emergency approaches:** Agencies working from a rights-based perspective increasingly realize that emergency work is not only about meeting immediate needs but also protecting longer-term rights. Rights-based agencies thus develop unique approaches to and brands of emergency work which combines both the goals of meeting needs and protecting longer-term rights which are very different from the approaches of agencies that merely focus on meeting immediate need.
- **Life-saving potential of WCH sectors:** Many of the core sectors of WCH and agencies that work with long-term perspectives, like mental health, education, child protection, livelihoods etc., are increasingly becoming mainstream emergency sectors given the learned realization that ignoring such sectors can have serious detrimental effects on communities and children. UNOCHA's Life saving criteria considers them as life-saving sectors.
- **Keeping dinosaurs out:** Not responding during emergencies may also leave the field open in WCH communities to the approaches of agencies that have a short-term focus which can often leave some harmful effects on communities even if it saves lives. A rights-based approach to emergencies work can help in both saving lives and ensuring longer-term rights.
- **Getting an advocacy place around the table:** Agencies responding to an agency get a place around the table among other traditional and larger agencies which they can utilize to advocate with and influence them according to their own values and principles.

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<sup>3</sup> WCH website

- **Moving into new areas of interest:** Emergencies attract more funding and agencies can use it to establish themselves in new geographical areas of interest.

However, the opposing viewpoint that WCH does not have the necessary expertise has merits too. If agencies do not have expertise in emergency work, they can do harm during emergencies. However, if one combines the two perspectives, the way forward is not to ignore emergency work, for the costs of doing so are too high as explained above. It is to invest the resources to immediately develop a core minimum level of expertise in emergency work in the sectors that WCH works on a long-term basis (education, child protection and mental health). These sectors are becoming key sectors in the new global approach to emergencies work. It can enhance the capacity gradually to work in other relevant sectors too. It is also crucial to develop partnerships for emergency work with like-minded agencies with long-term approaches and with greater emergency expertise for delivering emergency work in more technically and logistically complex sectors like nutrition, health, shelter and water which WCH may not focus on. As explained in the following chapter, WCH's credible, timely and effective response to Covid-19 despite limited past experience and resources demonstrate the feasibility of such a strategy.

### **Evolving Systems and Capacities**

Based on such realization, WCH had been moving towards greater involvement in emergencies work even before the advent of the Covid-19 crisis even though the debate within the agency is not fully resolved. It had recruited an experienced Emergencies Director in October 2019 who had started rolling out the process of strengthening WCH's systems and capacities for emergencies work. The agency adheres to the CHS (Common Humanitarian Standards) commitments and is also undergoing an assessment by CHS currently. Thus, the systems development is proceeding with a view to meeting CHS requirements and in line with the good practices in larger emergency agencies. This work was still in progress when the Covid-19 crisis emerged. The following is an overview of the emergency systems and capacities that WCH has developed since October 2019 and after the advent of Covid-19 crisis under the Fast Aid approach:

#### **i) Overall Fast Aid Framework**

This is a 2-page summary document that lists out the overall humanitarian principles, standards and charters that WCH's emergency work will adhere to and the sectors guidelines that it will adopt. The document lays out the vision for WCH to have the "collective capability to be a quick, effective, relevant and effective humanitarian agency". **The document can be strengthened by including CHS commitments and People in Aid principles for emergency staff well-being.**

ii) Rapid Needs Assessment Format

This is a format provided to help countries to undertake immediate and rapid needs assessments after a crisis emerges. The format initially provides a guidance notes which covers the principles that must guide the assessment, the type of multi-sectoral and multi-function team that must undertake it and the need to undertake joint assessments with other agencies wherever possible. The second section provides a format for the type of information that must be collected. The format is comprehensive. However, in view of the remote work conditions imposed by Covid-19, **it would be good to include some tips on conducting assessments remotely if necessary.**



iii) Concept Note for Funding for technical areas, themes and sectors.

These concept notes aim to help raise funds for various sectors for the COVID -19 responses. The template is a ‘generic’ concept note that provides sufficient first information to fund raisers on specific sectors to help identify opportunities and subsequently develop more detailed concept notes or proposals based on the rapid needs assessment conducted by countries. The key themes for which concept notes available are:

Child Protection in COVID-19	Education in COVID-19	MHPSS in COVID-19
Youth in COVID-19	WASH (Water, Sanitation, Sanitation and Hygiene promotion in COVID-19	Risk Communication and Community Engagement
Nutrition in COVID-19	Public health in COVID-19	Livelihoods (and CASH transfer) in COVID-19
Can't Wait To Learn in COVID-19	Team UP in COVID-19	

iv) Fast Aid Covid-19 Start-up Fund

WCH has also established an internal emergency Start-up fund based on unrestricted Covid-19 fund-raising to provide a quick source of funding to countries to start emergency response within 72 hours while they look for funds externally. Such pools of funds exist in most large-scale emergency agencies and prove crucial in launching immediate life-saving activities while also building profile in-country to help attract donor funds. The funds require the countries to undertake a rapid needs assessment and coordinate with other agencies and the government and replenish funds if they receive external funds which allow such replenishment. The criteria for award include relevance, timeliness, having the capacity to use funds fully in 90 days, use of local partnerships and evidence of external fund-raising efforts. **This is one of the most critical systems that WCH has instituted.**

v) Detailed situation report template

A detailed situation report template was adopted for reporting every week during emergencies by country offices to the HQ. It facilitates communication and the development of an overall real-time picture of the WCH response during multi-country emergencies. It also aims to help country offices to make

appropriate programmatic decisions, inform content for media, communication and advocacy work and generate compelling content for HQ marketing and fundraising efforts. The report format is comprehensive, covering the overall humanitarian situation, agency response in technical sectors, fundraising situation, support needs and communication contacts and talking points. However, since the agency adheres to the CHS commitments, **it would be good to add some additional areas to the format to more closely reflect CHS commitments**, e.g., progress on participation and complaint systems and external coordination progress. **Requesting countries to attach human stories and images, where available, may also help global fund-raising efforts.**

vi) Virtual Operations Room

This is an online repository of documents from HQ and country programs related to the WCH Covid-19 response. The Room helps in enhancing access to key documents for HQ and country staff that can also be used for learning purposes later. Key documents stored in the Room include situation reports, funding documents, technical guidelines and other relevant documents. However, the note on the Room does not provide any guidelines about the types of documents that countries and units must upload in it and there is some let-up in the latest documents being uploaded there. **Having a list of required and recommended documents can make it clearer to everyone what documents they have to send and also to the Room manager to follow-up. The uploading of documents could be linked to the weekly situation report.**

vii) Contingency Planning Matrix

This is a contingency planning matrix which categorizes Covid-19 situations into 4 scenarios: a yellow Level 1 emerging scenarios where the situation is still normal but constant monitoring is required; an orange Level 2 scenario where the transmission reaches a medium scale and a response is required; a red level 3 where the transmission is at its peak; and a level 4 where the situation becomes normal. With each level, the matrix describes the steps that must be taken by countries and relevant HQ units. The matrix helps in giving clear guidance to countries and units about the steps needed at any given time and helps in coordinating the response across the agency. It would be good to develop a long-term alert system which color codes the status of each country according to impending annual regular emergencies.

viii) Covid-19 Emergency Team

A temporary ten-member Covid-19 global response team has also been established reporting to the Manager, Program Quality. It includes technical staff in each of the main sectors, M&E and the support units. The team has prepared guidance notes in the technical areas, arranged on-line training and provided one-to-one support to country teams. However, the team will dissolve once the crisis is over and the staff will return to their original positions. Units were willing to release staff as their regular work had been suspended by the virus. However, it may not be so easy to get people released if a crisis does not affect the regular work of the units.

Other initiatives such as the formation of an emergency roster and guidance notes for emergency procedures for the support functions like communications, HR, finance and logistics are still in the pipeline. As the next chapter reveals, these systems and capacities have been instrumental in helping the agency launch a credible and effective response. This development highlights the fact that even smaller agencies with limited resources and little past emergency experience can quickly develop the capacity for a credible minimum response for global emergencies within a few months.



## CHAPTER 3: RESPONSE AND THE CHS COMMITMENTS

This chapter evaluates the WCH Covid-19 response against the nine CHS commitments that the agency subscribes to. The focus is more on the first five commitments which center on community outcomes. A briefer overview is provided of the performance on the remaining four management-related commitments.

### **1. Humanitarian response is appropriate and relevant.**

According to the WCH Covid-19 program response framework, the overall aim of the WCH Covid-19 response is “to develop and implement a coherent and adequate War Child response to support children affected by armed conflict to mitigate the additional adversity imposed by the Covid-19 emergency”. The strategy lays out seven key areas of response as follows: child protection, education, mental health and psychosocial services (MPHSS), awareness-raising and public health promotion, hygiene promotion and WASH, and livelihoods. This focus reflected the need for remote education given the school shutdowns; the increased mental stress faced by children due to the isolation and fear; increased occurrence of child abuse due to their isolation; the need for awareness-raising on the public health and hygiene elements of Covid-19 which may be unknown to vulnerable communities; and the disruption of income activities.

Its immediate response to the threat of COVID-19 takes two primary approaches. The first is awareness-raising to share reliable and scientific information to protect children and families against infection and uphold their social and emotional wellbeing. War Child is sharing Risk Communication and Community Engagement (RCCE) messages through radio, social media and posters in the hearts of remote communities to promote hygiene best practice during Covid-19 crisis. Its second approach uses its global network to support partner organizations and communities to maintain the supply of life-sustaining resources inside its countries of operation – including education, psychosocial services, child protection, water and food. In some countries it is also working with these partners to support community members to earn livelihoods as livelihoods opportunities have been drastically reduced due to quarantine measures and travel restrictions.

The education work is supporting foundational academic and life skills so that all children whose learning/education has been interrupted will receive the chance to stay engaged in learning and the necessary support to cope with isolation and the new distant learning approach that has been imposed on them. WCH focuses on the most vulnerable children who may not have access to the resources deployed by the Ministries of Education for their distance learning response, in addition to supporting Ministries in filling the gaps wherever required. Depending on the context and availability of resources, remote/distance learning uses a variety of means including Digital and Non-digital ones.

The Child Protection activities aim to provide continued (remote) support in the dissemination of prevention/ awareness messages; identification, referral and case management of children with protection concerns and prevent psychosocial distress and abuse of children through continued support to caregivers (through appropriate remote modality) on protecting their children in the changing context. The hygiene work focuses on health and hygiene promotion campaigns targeting children and caregivers in schools and/or in communities through face to face or digital media (WhatsApp messages, phone calls, TV, Facebook, etc.) to reduce the spread of the Covid-19 virus. The MPHSS component supports children and

their caregivers in improving their psychosocial wellbeing and preventing long-term impacts of stress by providing creative, participatory and adapted resources to families and children on meaningful, age-appropriate ways to cope with stress and spend constructive time during the lockdown and movement restriction measures.

It is also developing contingency plans for medium-term and long-term programming to shape its response to the pandemic in the weeks and months to come. In line with its stated mission it plans to continue to provide - through remote modalities - protection, education and psychosocial support to vulnerable children and families living in isolation. Can't Wait to Learn - the innovative e-learning program driven by War Child Holland and coalition partners – is making technical adaptations to the delivery of the program to ensure children receive and (continue to) get access to quality primary-level education. Other interventions will be adapted to meet specific needs arising from the pandemic. **Given the nature of the Covid-19 crisis which did not destroy infrastructure and its specific non-medical nature in most WCH countries, the proposed response was a well-thought-out, relevant and coherent one as well as one which built on existing WCH and partners' strengths.**

**The Covid-19 program sectors in each country closely mirror their regular program sectors, though in each sector the specific activities were changed in line with the global guidelines and based on the assessment findings.** The three core sectors-Child Protection, Education and MHPSS-are all present in nine out of the ten countries (See Table 1). The new work that is present in every country is hygiene promotion work which in most cases consists of hygiene and RCCE messages and additionally hygiene kits in a few countries. Sri Lanka has also done Water provision work. **Around half the countries have also done income, livelihoods and food security work given the disruption of livelihoods of communities due to lockdowns. However, such work could have been more widespread since almost all the assessment and/or situation reports show that livelihoods were disrupted in almost every country.** The grass-roots perspectives collected by the second consultant shows that the overall response to COVID looked disproportionate to people already experiencing hardships.

**Table 1: Country Emergency Responses**

<b>Country</b>	<b>Regular Program Sectors</b>	<b>Covid-19 sectors</b>
Burundi	Education, CP and MHPSS	CP; Education and MHPSS
Colombia	Education, CP and MHPSS	Food Kits, CP; Hygiene kits and Prom, MHPSS and Education
DRC	Education, CP and MHPSS	Education, CP and MHPSS
Jordan	Education, CP and MHPSS	CP; Education, Hygiene Prom and MHPSS
Lebanon	Education, CP and MHPSS	Education, CP, Livelihoods, Hygiene Prom, and MHPSS
OPT	Education, CP and MHPSS	Food Security, CP, Education, Hygiene Prom, Youth Work and MHPSS
South Sudan	Education, CP and MHPSS	Livelihoods, MHPSS, Hygiene Prom and CP
Sri Lanka	CP	Livelihoods, MHPSS and CP, Water, Hygiene Prom
Syria	Education, CP and MHPSS	Livelihoods/Cash, Education, Hygiene Prom, MHPSS and CP
Uganda	Education, CP and MHPSS, Youth Work	Hygiene Prom and Education

This overall program framework was adapted by the ten country offices in line with their local situation. Each of the ten offices undertook rapid needs assessments based on the format developed by the HQ. In almost every case, the guidelines provided by the HQ allowed the country offices to undertake an assessment within a week of Covid-19 restrictions being imposed nationally. In most cases, these assessments were conducted remotely with the help of partners and community volunteers due to Covid-19 restrictions. This increased capacity in undertaking assessments allowed every country to develop highly relevant programs, as shown in Table 1.



## 2. Humanitarian response is effective

Effectiveness includes a number of sub-dimensions such as timeliness, the use of effective delivery mechanisms; the incorporation of cross-cutting themes such as gender, environment and inclusion; meeting of targets and satisfaction of beneficiaries. Table 2 reviews the timeliness of the Covid-19 response across the ten countries in light of the gap between the date of imposition of Covid-19 restrictions nationally and the start of the first field-level response. The table shows that in eight of the ten countries, the first response had started within two weeks of the imposition of restrictions. This is highly commendable as about a week to ten days were required in assessing needs and arranging funds. Usually, the hygiene messages started first followed by delivery of other services. There were delays in DRC and Jordan. However, according to the Jordan country staff, even so, WCH was among the first agencies to respond. Several national and global capacities contributed to this high timeliness. The choice of sticking to the existing program sectors made it much easier and quicker to respond, as did the decision to stick to the current geographical areas and communities. The existence of sufficient knowledge about these areas and the networks there contributed to quick response.

**Table 2: Timeliness of Response**

Country	National Restrictions/ Community Transmission Date	Start Date of Field-Level Delivery of Services
Burundi	March 30	End May
Colombia	March 25	Early April
DRC	End March	End May
Jordan	End March	Early May (Still one of the first one to start)
Lebanon	End February	Early March
OPT	Early March	Early March
South Sudan	Mid-March	Mid-March
Sri Lanka	March 23	Early April
Syria	Mid-March	End-March
Uganda	March 15	March 26

At the country level, the high motivation, team work and energy of the country teams was probably the biggest contributor towards a timely response. At the global level, the capacity to support country needs assessments through the development of the assessment report format also was very helpful. The strong

leadership and energy provided by the Emergency Director Position was also appreciated at all levels and it clearly contributed to a rapid response. The existence of the Start-Up fund was critical as countries were able to access funds within 72 hours and establish their credentials as quick emergency responders. This made it easier to get program realignments and additional funds approved from donors. Country Director’s feedback to an internal survey clearly demonstrates the value of having such a fund. Strong links with donors were very helpful as program realignments to transfer current funds from regular to Covid-19 activities were also crucial. Finally, while WCH global or nationally did not have much emergency experience, most Country Directors had such experience from their previous jobs.

The programs also adopted effective delivery strategies that led to the smooth delivery of services. This included the decisions to focus on current sectors and geographical areas and to use existing delivery networks, including NGO and local community partners. Furthermore, it was quickly able to develop concrete program ideas for emergency work in each sector as well as creative program delivery strategies for remote and socially distanced work as a result of the collaboration between national and HQ Covid-19 team.



**The one weak area under effectiveness was related to the incorporation of cross-cutting issues like gender, youth work and disabilities.** Although WCH is a child-focused agency, gender issues still are crucial. The needs of male and female children can vary considerably. Also, male and female caregivers differences in access to resources vary, e.g., for female-headed households. Similarly children or caregivers with disabilities may require slightly different types of services and delivery modalities. **There is not much focus in the global program design on gender, youth and disabilities issues and consequently not so even in most individual country program designs.**

### **3. Humanitarian response strengthens local capacities and avoids negative effects**

WCH subscribes to the International Council of Voluntary Agencies’ (ICVA) Principles of Partnerships which call for humanitarian work to involve, respect and react to valuable input from all partners and crisis-affected communities. However, regular program implementation modalities will have a bearing on the delivery modalities during emergencies. It is difficult to establish new partnerships in the midst of an emergency where the need for speed in response dictates sticking to existing delivery modalities.

**Table 3: Strengthening Local Capacities**

<b>Country</b>	<b>Working Through</b>
Burundi	Directly
Colombia	Directly
DRC	Local NGO
Jordan	Local NGO/Community Volunteers
Lebanon	Directly/Some support from partners/CBOs
OPT	Local NGOs and CBOs
South Sudan	CBOs and Volunteers
Sri Lanka	Local NGOs
Syria	Local NGOs
Uganda	Local NGOs and CBOs

Table 3 shows the types of delivery modalities that the ten WCH countries are using for the Covid-19 emergency response. Given WCH's own emphasis on partnerships, six country offices are working through local NGOs, one is working through CBOs and community volunteers while three are working directly with communities and volunteers therein. Thus, in most countries, WCH is adhering to the principles of partnership and localization. **While the remaining countries cannot be expected to change their delivery modalities in the midst of a crisis, in the long-term it would be useful for them to look into developing emergency program modalities based on localization and partnerships.**

Country programs using partnerships in their regular programs have over the years been investing in developing the capacities of their local partners. During this emergency too, they have built their capacities further mainly in the areas of dealing with the Covid-19 virus themselves, developing capacities to undertake Covid-19 related program implementation in the key sectors and in the areas of remote work where necessary. The data collected by the other consultant shows an interesting initiative to develop community capacities has been youth participation in radio programs in Burundi. The office selected some young participants to the community groups already established by War Child who received training to engage in the radio program. It was an interesting approach which built on local capacities. It empowered and created ownership and raised interest in the local communities.

#### **4. Humanitarian response is based on communication, participation and feedback**

The Covid-19 response has restricted movements in most countries and forced WCH into working remotely through telephone and internet-based communication modes. The lack of face-to-face interaction reduced the scope for active communication, feedback and participation. However, the programs still strived to maximize such interaction through remote means. The rapid needs assessment provided an initial opportunity to obtain such feedback. Later on, all countries maintained regular communication with communities through local partners, CBOs and community volunteers. Burundi also undertook a community feedback exercise in July for the covid-19 response. Given the absence of face-to-face interaction,



**it would be useful for other countries to conduct similar exercises (for community feedback) remotely now that they have almost all reached the 90 day mark of the response to gauge the level of community satisfaction with services and any gaps therein.**

The 90-day mark usually represents the move from relief to recovery phase in most emergencies. The Covid-19 response is likely to keep affecting the ten countries for several more months and possibly into the next year. Community needs are also likely to evolve as movement restrictions extend and needs in the areas of water, sanitation and income services may become more acute. Even where the virus subsides, recovery needs will still remain. Thus, at this stage it is important for the country programs, having successfully established a credible initial response in almost all cases, to communicate with communities, undertake new assessments, undertake brain storming for the coming months and develop program and funding strategies. While almost all the country programs have been informally thinking



along these lines, none of them have had a formal exercise for doing so nor produced a formal strategy for the next phase. **There is a need for a steer in this regard from the HQ.**

### **5. Complaints are welcomed and addressed**

Related closely to the issue of communication, participation and feedback is the issue of complaint systems which provide a pathway for communities to register their complaints and concerns and receive responses from the agency. Table 4 shows the various methods used by country programs to receive complaints. The table shows that several countries have no complaint mechanisms while most others have continued using their existing systems but have not elicited many complaints. Some countries such as Jordan and South Sudan agreed that the mechanism have not been well-explained to communities. Thus, the use of complaint systems across the ten WCH countries has been weak. Complaint systems even during regular development programs and even emergencies where movement to communities is available still use remote mechanisms like hotlines, mail boxes and emails. Thus, the lack of access to communities cannot explain fully the weaknesses of such systems in this case. Given that WCH has developed creative communication modes to deliver Covid-19 programs remotely, the agency could have done the same with complaint systems. **While partners may have their own systems, it is also crucial for WCH to also have its back-up systems to enhance its accountability to communities.** There is not much emphasis on feedback mechanisms in the guidelines developed by the HQ either. Thus, there is a clear need for WCH to strengthen its complaint mechanisms during emergencies. Overall all respondents pointed to the **need for improving feedback mechanisms even in the analysis of the other consultant.**

**Table 4: Covid-19 Response Complaint Mechanisms**

<b>Country</b>	<b>Complaint Systems</b>
Burundi	WCH staff as focal point for complaints; Phone numbers given in communities; so far no complaints
Colombia	No official complaint system
DRC	Existing complaint system being used; not many complaints
Jordan	Hotline for Covid-19 response; but not well explained or used
Lebanon	Through partners and WCH focal points
OPT	None
South Sudan	Existing complaint system being used; used mainly by volunteers and not communities
Sri Lanka	Community center boxes
Syria	Complaint systems run by partners
Uganda	Complaint boxes, email and helpline; a few complaints on lack of follow-up

### **6. Humanitarian response is coordinated and complementary**

External coordination with other aid agencies during emergencies helps agencies get access to critical information; explore joint assessment, partnerships and funding opportunities; enhance its profile among other agencies and donors as a credible emergency agency; attract funding; and influence other agencies according to its own values and principles. Such gains are particularly important for an agency like WCH which in most countries did not have a profile as an active emergency agency before the Covid-19 crisis. WCH has actively participated in relevant clusters and working groups in each of the ten countries. In 1-2

countries, it has even played leadership roles in some of the joint agency groups, e.g., Lebanon where WCH program modalities were adapted by several larger agencies and appreciated by donors as well. However, it would be useful for it to develop a more proactive global strategy for external coordination which goes beyond mere participation to also include: i) actively looking for joint assessment and funding opportunities along with larger like-minded agencies; ii) playing a leadership role in its core sectors for adoption of technical standards for services to children; iii) pursuing an active communication strategy to highlight its work; and iv) undertake advocacy with larger agencies in light of its values and principles that emphasize a long-term approach and local capacity-building.

Internal coordination between country, regional and global staff is also critical during emergencies. For the Covid-19 response, this coordination structure was provided by the quick formation of the HQ Covid-19 team, the Virtual Room and the Situation Report template. Country staff generally appreciated the work of the HQ team in coordinating the response and in providing much needed technical assistance through webinars, guidance notes and one-to-one interaction. **A few countries also identified the following gaps: i) Support initially was slow but improved over time; ii) some duplication as multiple persons asked for the same information; iii) the multiple guidelines were a bit confusing and overwhelming to deal with initially; iv) More support for fund-raising was needed; v) Guidance was mainly in English which was difficult for staff in non-English countries to absorb.**

## **7. Humanitarian actors continuously learn and improve**

Learning during emergencies consists of four dimensions: i) using the learning generated in past emergencies to inform the current response, ii) arranging learning opportunities during the emergency for staff and partners in technical areas where gaps exist, iii) undertaking reflection and learning exercise midway through the emergency to take stock and improve; iv) accumulating learning from the current response for future emergencies.

Since this was the first emergency response at the global level for WCH, there was no learning available at the global level from past emergencies. At the country level, a few countries had responded to emergencies in the past. However, the Covid-19 crisis was significantly different from past ones given the mobility restrictions it imposed and the remote delivery modes dictated by it. Still, several countries mentioned that they were able to use past learning in support areas like logistics to inform procurement decisions this time.

Given the novel nature of the Covid-19 crisis and the need for new program ideas and delivery modes, there was a huge need for building the capacities of national staff and partners on Covid-19 response. The HQ Covid-19 team filled this gap through a number of instructional videos and webinar as follows:

### **Instructional videos:**

- RCCE in public health emergencies
- Child Safeguarding during the COVID-19 response
- Case Management: How to organize:
- Case Management: How to continue sessions
- Case Management: How to safeguard information:
- How to prepare and create an instructional video

### Webinars:

- RCCE team: every 2 weeks – ToT
- Child protection & safeguarding risks during COVID19 for Play Matters consortium members.
- Global Education Team webinar on introduction to the ‘Safe back to school’ practitioner guide
- Training for Palestine Office on Online Safe communications with Project Participants for staff and Community Based Organizations

### Other

- How to facilitate remote learning’ learning series
- Two on-boarding calls for Child Safeguarding and Integrity Focal Points to address roles, responsibilities, collaboration during COVID-19 pandemic situation and dilemmas that this situation brings.

In addition, the team also developed a number of guidance notes on RCCE and the three core sectors as well as concept notes for them. Country staff generally found this material useful and also shared them with partners. In addition, several country programs also developed their own material in these areas, e.g., Lebanon and OPT.

With respect to taking stock midway through the crisis, this RTR is an exercise to do so at the global level. A few countries have undertaken informal stock-taking exercises. However, **it is advisable to have more formal exercises with written outputs at the country level given that the 90-day mark has been crossed.** Finally, **it would be useful for WCH to hold learning exercises at the global and national levels once the response ends.**

### **8. Staff is supported to do their job effectively, and is treated fairly and equitably**

All the offices took steps to ensure staff safety during the highly contagious virus crisis as shown in Table 5. These steps can be classified as follows:

- Closure of office/work from home protocols
- Regular check-ins and communication with staff
- Development of protocols for social distancing and safekeeping
- Provision of items for safekeeping such as masks and sanitizers
- Provision of counseling services
- Days-off and bonuses

The closure of offices and development of protocols was present across almost every country. The remaining steps were adopted keeping in mind local situations. Overall, the steps look adequate. However, **it would have been useful for the HQ to develop a minimum list of required steps as well as other recommended guidelines. It would also be worthwhile for WCH globally to adhere to the People in Aid principles for staff well-being.**

**Table 5: Covid-19 Prevention Staff Mechanisms**

Country	Covid-19 Prevention Staff Mechanisms
Burundi	• Reinforce COVID 19 prevention / basic hygiene messages and practices

	<ul style="list-style-type: none"> <li>• Reinforcement of hand washing facilities/disinfectants in all WCH offices</li> <li>• Posters displaying health information about COVID 19 in offices</li> <li>• No handshakes/ other physical contact between staff.</li> <li>• Industrial Masks available when staff travelling in WCH or public transport</li> <li>• Work from home facility</li> <li>• Bonus 2 weeks leave</li> </ul>
Colombia	<ul style="list-style-type: none"> <li>• Remote working/office closed</li> <li>• Close communication with staff</li> <li>• Shorter flexible hours</li> <li>• Social distancing protocols in place</li> </ul>
DRC	<ul style="list-style-type: none"> <li>• Protocols on regular hand washing, and avoiding physical contact,</li> <li>• Stay at home in case of COVID 19 symptoms</li> <li>• COVID 19 Contingency plan has been developed.</li> <li>• Wearing of masks by the staffs whilst being outside in public space</li> </ul>
Jordan	<ul style="list-style-type: none"> <li>• Face to face activities suspended and adapted online/phone outreach modalities.</li> <li>• Office partially reopened with staff accessing it on an as needs basis.</li> <li>• IP materials and measures are in place.</li> <li>• Travel to the field locations is now allowed in accordance with UNHCR Covid-19</li> <li>• Covid 19 guidelines for staff on well-being and counseling.</li> </ul>
Lebanon	<ul style="list-style-type: none"> <li>• None</li> </ul>
OPT	<ul style="list-style-type: none"> <li>• Work from home; check-ins weekly</li> <li>• Psychotherapist for counseling</li> <li>• Flex hours</li> <li>• Desks/chair offered for home work</li> <li>• One week off</li> </ul>
South Sudan	<ul style="list-style-type: none"> <li>• Protection material give, e.g., disinfectants and masks</li> <li>• Protocols on social distancing established</li> <li>• Working with smaller groups and by using megaphones to maintain distance</li> </ul>
Sri Lanka	<ul style="list-style-type: none"> <li>• Work from home</li> <li>• Meetings online every day</li> <li>• Online counseling and support</li> <li>• Same for partners</li> </ul>
Syria	<ul style="list-style-type: none"> <li>• Closed office</li> <li>• Regular check-ins with staff</li> <li>• Updates on situation</li> <li>• Counseling services</li> </ul>
Uganda	<ul style="list-style-type: none"> <li>• 5 extra days of leave</li> <li>• Shared protocols and messages</li> <li>• Provision of soaps and sanitizers</li> <li>• Closed office/work from home</li> </ul>

## **9. Resources are managed and used responsibly for their intended purpose**

This principle covers both raising sufficient funds for an emergency and then spending them fully and responsibly. Table 6 shows the amount that each country has raised through realigning existing external

donors funds to Covid-19 programming, Start-Up funds, external donors and unrestricted country office funds. **There were some discrepancies among the figures given by countries, Funding unit and Finance.** The agency has globally raised at least Euro 3,200,000 for the emergency response. The agency was able to collect around Euro 400,000 from its appeals and marketing work which went towards funding the Start-up Funds. This fund proved crucial in starting quickly and then attracting more funds via the profile established through Start-up funds. A number of countries were able to get existing donors to realign their existing funding lines for regular work into Covid-19 work. But nearly 75% of the funds or Euro 2.5 million came from new grants from donors, though two-thirds of that came from a single grant in Syria.

**Table 6: Covid-19 Funding Overview (Euro)**

Country	Total	Realigned funds	Start-up Fund	New external donors	Unrestricted Country office
Burundi	236,000			189,000	47,000
Colombia	218,500		52,500	166,000	
DRC	137,500		50,000	72,500	15,000
Jordan	160,685	20,000	30,000	90,685	20,000
Lebanon	183,000		60,000	123,000	
OPT	263,000	53,000	120,000		90,000
South Sudan	50,000				50,000
Sri Lanka	81,934	69,591			12,343
Syria	1,690,879		60,879	1,630,000	
Uganda	400,734		70,000	300,734	30,000
<b>Total</b>	<b>3,422,232</b>	<b>142,591</b>	<b>443,379</b>	<b>2,571,919</b>	<b>264,343</b>

Jordan: 65,000 UNHCR/HEA confirmed, contract pending, not included in total; 50,000 DOB grant for longer term recovery activities, not included in total. The Start-up Fund has also given grants to Program Quality, Team-up and CWTL teams.

Many of the donors consist of smaller foundations. Among established larger donors, the agency has received a grant each from Swiss Development Corporation and UNICEF. In most countries, the larger donors have not made any new money available and have focused more on realigning existing money for Covid-19 work. Thus, there is not much donor money available for the crisis though this could change in the future. **There is a need for countries to actively look for partnership opportunities with larger, like-minded agencies to obtain funds for the early recovery phase.** The agency has developed special financial and procurement guidelines which have made it easier to procure items more quickly given the immediate needs. Countries did not mention major problems in utilizing the money or in spending it responsibly.

## CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS

This chapter provides the overall conclusions about the WCH Covid-19 emergency response based on the earlier analysis, the drivers of success, lessons learnt and recommendations for improving the current response as well as the agency's capacity and systems for dealing with future emergency responses.

### Conclusions

The Covid-19 crisis is the first multi-country emergency that WCH has responded to in a coordinated manner with a support effort from Amsterdam. Opinions were divided about responding to the crisis among staff. Most felt that given community needs and the consequent reputational risks involved, it is important for WCH to respond. Others felt that the agency did not have the capacity or the expertise to undertake emergency work and should thus not respond. These concerns were valid. However, others felt that such capacity could be developed to at least deliver a minimum credible response. A review of the WCH global response clearly shows that it was able to launch a minimum credible response which does very well on perhaps the two most critical CHS commitments, i.e., Relevance and Timeliness, while also doing well on all other commitments except Commitment 5 about complaint mechanisms. **This clearly shows the organizational agility. It also shows that it is possible for even smaller agencies with limited emergency experience and resources to quickly build the minimum capacity to deliver a credible response within a few months given the buy-in of top leadership. This overall conclusion is reflected in the report of the overall consultant too.**

**Table 7: Summary of Status on CHS Commitments**

	<b>CHS commitment</b>	<b>Overall rating</b>	<b>Strengths and Work-in-progress</b>
1	Relevance	High	Highly relevant program focus given community needs based on strong assessments; More focus on cash and income needed
2	Effectiveness/ timeliness	High	Organizational agility allowed quick response within 2 weeks of crisis; use of effective delivery modes; More focus on gender, youth and disabilities issues needed
3	Local capacities	Medium	Most countries work with established local partners; Greater links with local partners across remaining countries needed
4	Communication and participation	Medium	Strong communication and feedback via partners and community volunteers; Need to undertake planning for future Covid-19 programming through participation of communities for coming months
5	Complaint mechanisms	Low	Complaint mechanisms not set up or largely ineffective
6	Coordination	Medium	Strong presence in clusters; strong internal coordination via sitreps; Greater focus on advocacy, communication and leadership in core WCH sectors in external coordination
7	Learning	Medium	Training arranged via HQ staff; RTR being conducted; More focus on formal in-country reflection exercise at the 90-day mark
8	Staff well-being	High	Elaborate measures in countries to safeguard staff; More need for HQ guidance and adherence to People in Aid principles
9	Resource use	Medium	Almost 75% of the money has come from new grants from donors. More emphasis needed on developing partnerships with other agencies for funding for the early recovery phase



Despite having limited past emergency response experience for rapid on-set emergencies, all country programs were able to launch a quick response. This was made possible by focusing on existing geographical areas and by working through existing local networks in communities. The high staff motivation, flexibility shown by existing donors for reallocating funds from on-going programs, strong leadership from HQ and the availability of funding from FASTAID also proved critical.

Country programs have sectorally focused on existing agency strengths in the areas of psychosocial support, education and child protection. The addition has been hygiene promotion messaging and kits. Ample guidance from HQ helped in making the transition from regular programming in these sectors to one focused on Covid-19 emergency response. But some countries initially also felt a bit overwhelmed with the multiple guidelines and requests for information. There were questions whether the agency should focus just on these sectors or look to expand to life-saving sectors too in future emergencies. Thus, the need for a clear emergency policy and strategy for War Child for such and other issues was flagged by several respondents.

The key drivers of success were as follows:

- National staff motivation and commitment for emergency work
- Organizational agility and ability to come together
- Existing links with partners and communities
- Building emergency programs on the strengths of existing long-term WCH work
- Strong leadership from HQ, especially from the Emergency Director position
- Availability of Start-up funds
- Flexibility of donors
- Technical guidance from the Covid-19 team

In terms of lessons learnt, staff felt that there is still a need for clarity at the top level about WCH's mandate and focus during emergencies. There is a need to particularly decide about the sectors that WCH will focus on beyond its core three sectors. Many also felt that there is a need for better emergency preparedness within WCH including preparedness plans, a regular emergency unit, deployable staff capacity and immediate availability of funding. It was felt that while the Covid-19 unit had worked well in this crisis since agency-wide regular work was disrupted, the use of such ad-hoc units may not be possible in other crises where regular work is less disrupted. Such ad-hoc units will also not allow the development of a coherent humanitarian strategy and institutional memory in the area.

## **Recommendations**

In light of these conclusions, the following recommendations are provided both for improving the current response, as it is likely to continue for several months and into the next year, as well as for enhancing capacity for future emergencies.

### **I. Recommendations for strengthening current response**

1. Relevance: Focus more on livelihoods and income issues as mobility restrictions and economic slowdown has undermined people's livelihoods. The use of cash modality may be the most suitable intervention in this regard.
2. Effectiveness: Give more attention to gender and disabilities issues. The UN Guidelines for Gender-based Violence Interventions in Humanitarian Settings and the ADCAP Program Guidelines on Mainstreaming disabilities issues can be helpful in this regard. Also enhance focus on youth programming to engage them in productive activities.
3. Local capacities: Give greater focus on using local partners for countries working directly currently in the early recovery phase along with suitable capacity-building on WCH's core principles and values and Covid-19 response.
4. Communication and participation: Develop an early recovery plan for each country for the coming months of the Covid-19 crisis in participation with partners and communities in light of the likely needs that Covid-19 crisis may produce in each country with a special emphasis on supporting incomes, preferably through cash distribution.
5. Complaint mechanisms: Institute effective complaint mechanisms in all countries utilizing some of the remote technologies used for program implementation to give adequate opportunities to beneficiaries to register their comments and concerns and develop a rapid response mechanism.
6. Coordination: Give greater focus to establishing partnerships for joint assessments and funding with like-minded agencies for the early recovery phase. Give more focus on undertaking communication to enhance WCH profile, engaging in advocacy on children's needs in emergencies and providing technical leadership role in the core WCH sectors.
7. Learning: With the completion of the 90-day mark in most countries, undertake reflection exercises nationally on the response to-date with a view to accumulating lessons for the future.
8. Staff well-being: Develop minimum guidelines for ensuring staff well-being during the Covid-19 crisis at the HQ level.
9. Resources: Enhance partnerships with larger like-minded agencies to raise funds for the early recovery phase.
10. Overall Fast Aid Framework  
The document can be strengthened by including CHS commitments and People in Aid principles for emergency staff well-being.
11. Rapid Needs Assessment Format 12.  
It would be good to include some tips on conducting assessments remotely if necessary.
12. Detailed situation report template  
Since the agency adheres to the CHS commitments, it would be good to add some additional areas to the format to more closely reflect CHS commitments, e.g., progress on participation and complaint

systems and external coordination progress. Requesting countries to attach human stories and images, where available, may also help global fund-raising efforts.

### 13. Virtual Operations Room

Having a list of required and recommended documents can make it clearer to everyone what documents they have to send and also to the Room manager to follow-up. The uploading of documents could also be linked to the weekly situation report.

### 14. Contingency Planning Matrix

Develop a long-term alert system which color codes the status of each country according to impending annual regular emergencies.

## II. Recommendations for enhancing long-term emergency capacity

It is recommended that WCH should develop its own unique brand of emergency work that builds on its strengths as follows:

- **Build on 3 core expertise:** Child protection, education, MHPSS
- **Add emergency cash work as a flexible tool** for sectors where it does not have capacity to meet emergency needs of children: e.g., shelter, water, therapeutic nutrition
- **Save lives, protect long-term rights:** Protect community gains from WCH long-term work (protection), meet children's critical needs, help them bounce back later (resilience); build local capacity
- **Disaster-proof long-term work** before emergencies to reduce emergency risk to them.
- **Do Research-based Programs:** Uses WCH research capacities to develop evidence-based emergency programming models for children
- **Be a Technical leader:** for other agencies in the three core sectors
- **Be a Lead Advocate for durable solutions for children:** for the emergency needs of children also in regions where WCH is not working
- **Build partnerships and networks:** with like-minded agencies for funding and for sectors WCH does not work in

## III. 12 steps for developing unique WCH emergency brand over three years

### IIIa. 8 Low-hanging, low-investment fruits

- **Approve Humanitarian Policy through** IMT or Board that clarifies WCH emergency mandate: unique brand, approach, sectors etc.
- **Develop 3 years Humanitarian strategy** to implement Humanitarian Policy

- **Develop country emergency strategies** as part of overall periodic country strategies
- **Develop National Emergency Preparedness Plans** that spell out the types of emergencies, responses, resources and programs for each country according to their disaster profiles
- **Develop Emergency roster of national staff** which can be deployed during emergencies to different countries
- **Develop Emergency protocols for support functions** like Finance and procurement to allow faster response
- Undertake active donor representation with key donors to showcase unique brand and Covid-19 successes

#### IIIb. 4 ideas that need investment and possible low-budget solutions

- **Emergency training** on technical and management--build it in country and unit budgets and supplement with some HQ money
- **Emergency manuals** in technical and management area--adapt existing ones immediately, e.g., good Enough Guide and develop own gradually
- **Emergency funds**--can be quickly recouped from emergency appeals
- **Emergency HQ capacity:** part-time positions, short-term consultants, interns, volunteers, job shares and 1-2 full-time positions

#### IV. Next steps

- IMT response to recommendations
- Prioritize recommendations and way forward
- Develop an implementation committee consisting of HQ and country staff
- Develop implementation plan

## ANNEXURES

### STAFF INTERVIEWED

<b>Name</b>	<b>Country/Unit</b>	<b>Designation</b>
Parodi Thierry	Burundi	Country Director
AnneMarieke Smiers	Colombia	Country Director
Peter Bos	DRC	Program Implementation Manager
Laura Miller	Jordan	Country Director (interim)
Flutra Gorana	Lebanon	Country Director
Maha EL Sheikh	OPT	Country Director
Kevin Zakariah Ndemera	South Sudan	Country Director
Marina Doris	Sri Lanka	Country Director
Lukas van Trier	Syria	Country Director
Jan Jaap Kleinrensink	Uganda	Country Director
Unni Krishnan	Senior Management	Humanitarian Director
Tjipke Bergsma	Senior Management	Managing Director
Mohamed Haibe	Finance	Regional Finance Advisor
Nina Goricar	Program Quality	Manager Program Quality
Ridiona Stana	Governance	Child Safeguarding Advisor
Matthijs Reus	Marketing	Private Fundraising Manager
Esha van der Hulst	Shared Operations	Director
Daina Toleikye	Partnerships and Grants	Manager
Lydia van der Puten	Team Up Program	Representative
Mark Jordans	Research & Development	Director
Peter Brune	War Child Sweden	Managing Director
Dannie Quilitzsch	War Child Germany	Managing Director
Judith Flick	Can't Wait to Learn Program	Director

### EVALUATION INSTRUMENTS

#### Questionnaire for Country Directors/PIMs/Humanitarian Director

- What is your country program's past experience in emergency response?
- How did the nature of the current long-term War Child program in your country help or hinder the emergency response?
- What is your own emergency experience?
- **Quality Criterion: Humanitarian response is appropriate and relevant.**
- What 2-3 main steps did your country program take to ensure that the Covid-19 response is appropriate and relevant?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- **Quality Criterion: Humanitarian response is effective and timely**
- What are the perceptions with regard to the initiation of the response? What 2-3 main steps did your country program take to ensure that the response is timely?

- Were you successful in this regard? When did Covid-19 reach community transmission level in your country and when did actual delivery in field start? What country program or global agency strengths allowed a quick response?
- What were the gaps in this regard, if any? What country program or global agency strengths caused delays?
- What 2-3 main steps did your country program take to ensure that the Covid-19 response is effective?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- **Quality Criterion: Humanitarian response strengthens local capacities and avoids negative effects**
- What 2-3 main steps did your country program take to ensure that the Covid-19 response strengthens local capacities (partner/community/govt) and avoids negative effects?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- **Quality Criterion: Humanitarian response is based on communication, participation and feedback.**
- What 2-3 main steps did your country program take to ensure that the Covid-19 response is based on community communication, participation and feedback?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- **Quality Criterion: Complaints are welcomed and addressed.**
- What processes did your country program adopt to receive and address community complaints? Are any summaries available of complaints made and actions taken?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- **Quality Criterion: Humanitarian response is coordinated and complementary.**
- What 2-3 main steps did your country program take to ensure that the Covid-19 response is coordinated and complimentary?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- Is the internal collaboration working and what needs to improve?
- Is agency communicating clearly and in a convincing way to gain internal and external influence?
- **Quality Criterion: Humanitarian actors continuously learn and improve.**
- What 2-3 main steps did your country program take to ensure learning and improvements?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- **Quality Criterion: Staff is supported to do their job effectively, and are treated fairly and equitably.**
- What 2-3 main steps did your country program take to ensure staff welfare, safety and well-being during the response?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?



- **Quality Criterion: Resources are managed and used responsibly for their intended purpose.**
- What 2-3 main steps did your country program take to ensure that resources are used efficiently and responsibly during the response?
- What were the 2-3 main successes in this regard?
- What were the 2-3 main gaps in this regard, if any?
- Does agency have the right measures and resources in place (e.g. people, money, processes and partners) to meet humanitarian quality and accountability standards?
- Is agency optimizing the opportunities in fund raising and resource mobilization?
- Any documents to confirm performance against each of these nine criteria?
- What have been the 2-3 key lessons for your country program from this emergency response?
- Could you identify any good practices for any of the above criteria from your program?
- What national and global agency systems and capacities drove the successes above?
- What national and global agency systems and capacities led to the gaps/challenges above?
- What national and global systems and capacities does the agency have to develop to enhance the quality of emergency responses in the future?
- Any other overall comments or recommendations for strengthening current emergency response?
- Any other overall comments or recommendations for strengthening future emergency response?

**Instrument for Global Functional Heads (Communications, fund-raising/Operations etc.)**

- What is your unit's past experience in emergency response?
- What is your own emergency experience?
- What role did your unit play during this emergency response?
- What were the main successes in this role?
- What unit systems and capacities drove the successes above?
- What were the main gaps?
- What unit systems and capacities were responsible for the gaps/challenges above?
- What unit systems and capacities does the agency have to develop to enhance the quality of emergency responses in the future?

- What have been the 2-3 key lessons for your unit from this emergency response?
- Could you identify any good practices for your unit?
- What were the main successes overall of the agency in this response?
- What national and global agency systems and capacities drove the successes above?
- What were the main overall gaps?
- What national and global agency systems and capacities were responsible for the gaps/challenges above?
- What overall systems and capacities does the agency have to develop to enhance the quality of emergency responses in the future?
- Any other overall comments or recommendations for strengthening current emergency response?
- Any other overall comments or recommendations for strengthening future emergency response?

**Instrument for CEO/Director International Programs**  
**RTR for Covid response**

- What were the main successes overall of the agency in this emergency response?
- What have been the 2-3 key lessons for your agency from this emergency response?
- Could you identify any good practices for the agency?
- What were the main overall gaps in this response?
- What national and global agency systems and capacities drove the successes above?
- What national and global agency systems and capacities were responsible for the gaps/challenges above?
- How did the nature of the current long-term War Child program globally help or hinder the emergency response?
- What vision, role and vision do you see for War Child in emergency responses for future?
- What national and global systems and capacities does the agency have to develop to enhance the quality of emergency responses in the future?

- Any other overall comments or recommendations for strengthening current emergency response?
- Any other overall comments or recommendations for strengthening future emergency response?

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**Summary Report  
Real Time Review of the  
Multi-Country COVID-19 response, 2020 of  
War Child Holland**

**Niaz Murtaza, Ph.D.  
Management & Coordination Issues**

**Silva Ferretti  
Grassroots Component**

**August 2020**

This brief provides the summary findings from a Real-Time Review of War Child Holland's emergency response to the Covid-19 crisis in its ten country offices. WCH's immediate responses include awareness-raising about infection, education, psychosocial services, child protection, water, food and income. It is undertaking a review to make immediate changes as well as long-term changes to enhance its emergency capacities.

WCH recruited two consultants for the RTR:

- one focused on management and coordination issues and
- one on program and grassroots perspectives.

Detailed reports were submitted separately by both consultants.  
This document consolidates their final recommendations.

# MANAGEMENT AND COORDINATION ISSUES

## Findings

Opinions were divided about responding to the crisis among WCH staff. Some said that WCH should not respond as it lacks the mandate and expertise. Others said that it should because:

1. **WCH Mandate is broad and** doesn't bar emergency work in war/post-war states
2. **Children's suffering is** much higher during emergencies.
3. **Strong expectation from communities and partners that** agencies working with them on long-term issues will also help children during their worst phases of lives.
4. **Emergencies undermine WCH's long-term work** and not responding to emergencies can undermine it even further while responding helps in protecting gains of WCH's longer-term work.
5. **WCH can develop unique emergency approach:** Emergency work is not only about meeting immediate needs but also protecting longer-term rights.
6. **Keep dinosaurs out:** Not responding may let into WCH communities agencies with short-term focus which can harm communities even if it saves lives.
7. **WCH gets a place on the table** among agencies which it can utilize to advocate with and influence larger agencies about its own values and principles.
8. **Expanding to new areas is easier during emergencies as they** attract more funding and agencies can use it to establish themselves in new geographical areas of interest
9. **WCH Covid-19 response shows organizational AGILITY can help build emergency capacity quickly** to deal even with a global crisis despite limited emergency experience and resources given the buy-in of top leadership.

As shown below, WCH's response rates high on 3 criteria, medium on 5 criteria and low on only one criteria among the nine common criteria for evaluating emergency responses:

Criteria	Overall rating	Strengths and Work-in-progress
Relevance	High	Highly relevant program focus given community needs based on strong assessments; <b>More focus on cash and income needed</b>
Effectiveness/timeliness	High	Organizational agility allowed quick response within 2 weeks of crisis; use of effective delivery modes; <b>More focus on gender, youth and disabilities issues needed</b>
Local capacities	Medium	Most countries use established local partners; Greater use of local partners across remaining countries needed
Communication and participation	Medium	Strong communication and feedback via partners and community volunteers; <b>Need to undertake planning for future Covid-19 programming with participation of communities for coming months</b>
Complaint mechanisms	Low	<b>Complaint mechanisms not set up or largely ineffective</b>
Coordination	Medium	Strong presence in clusters; strong internal coordination and communication n via sitreps; <b>Greater focus on advocacy, communication and leadership in core WCH sectors in external coordination; using partnerships for joint assessments and funding</b>
Learning	Medium	Training arranged via HQ staff; RTR being conducted; <b>More focus on formal in-country reflection exercise at the 90-day mark</b>
Staff well-being	High	Elaborate measures in almost all countries to safeguard staff; <b>More need for HQ guidance and adherence to People in Aid principles</b>
Resource use	Medium	Almost 75% of the money has come from new grants from donors. <b>More emphasis needed on developing partnerships with other agencies for funding for the early recovery phase</b>



**The key drivers of success** were as follows: National staff motivation and commitment; Organizational agility and ability to come together; Existing links with partners and communities; Strong leadership from HQ, especially from the Emergency Director position; Availability of Start-up funds; Flexibility of donors; Technical guidance from the Covid-19 team.

**In terms of lessons learnt**, staff felt that there is still a need for clarity at the top level about WCH's mandate and focus during emergencies and better emergency preparedness within WCH including preparedness plans, a regular emergency unit, deployable staff capacity and immediate availability of funding. It was felt that while the Covid-19 unit had worked well in this crisis since agency-wide regular work was disrupted, the use of such ad-hoc units may not be possible in other crises where regular work is less disrupted. In light of these findings, it is recommended that WCH should continue working during emergencies and develop its unique brand of emergency work based on its strengths as follows:

### **Recommendations**

#### **8 Ideas for Developing a Unique WCH Emergency Brand**

- **Build on 3 core expertise:** Child protection, education, MHPSS
- **Add emergency cash work as a flexible tool** for sectors where it does not have capacity to meet emergency needs of children: e.g., shelter, water, therapeutic nutrition
- **Save lives, protect long-term rights:** Protect community gains from WCH long-term work (protection), meet children's critical needs and help them bounce back later (resilience); develop local capacities
- **Disaster-proof long-term work earlier:** to protect against future emergency risks and develop resilience cycle
- **Do Research-based Programs:** Uses WCH research capacities to develop evidence-based emergency programming models for children
- **Be a Technical leader:** for other agencies in the three core sectors
- **Be a Lead Advocate for durable solutions for children:** for the emergency needs of children also in regions where WCH is not working
- **Build partnerships and networks: with like-minded agencies** for funding and for sectors WCH does not work in

#### **12 ideas to build WCH brand in 3 years**

##### **8 Low-hanging, low-investment fruits**

- **Humanitarian Policy approval** through IMT or Board that clarifies WCH emergency mandate: unique brand, approach, sectors etc.
- **3 years Humanitarian strategy** to implement Policy
- **National emergency strategies:** in overall national strategies
- **National Emergency Preparedness Plans:** Help countries develop
- **Emergency roster of national staff:** can be deployed during emergencies
- **Emergency protocols for support functions:** to allow faster response
- **Donor representation:** with key donors to showcase unique brand and Covid-19 successes

##### **4 ideas that need investment and possible low-budget solutions**

- **Emergency training:** technical and management-build it in country and unit budgets and some HQ money
- **Emergency manuals:** technical and management-adapt existing ones immediately, e.g., good Enough Guide and develop own gradually
- **Emergency funds:** can be quickly recouped from emergency appeals

- **Emergency HQ capacity:** part-time positions, short-term consultants, interns, volunteers, job shares and occasional full-time position

**Next steps recommended:**

- IMT response to recommendations
- Prioritize way forward
- Develop an implementation committee
- Develop implementation plan

# GRASSROOTS COMPONENT

The grassroots component generated considerable learning and documented it in multiple ways:

- a **working blog** ([warchildrtrcovid.wordpress.com/](http://warchildrtrcovid.wordpress.com/)), written “real time”, shared insights from conversations and “food for thought”.
- A **report** consolidated findings. It was designed to be a practical tool for action-reflection: for staff in HQ and in countries and for partners. For each commitment of the Core Humanitarian Standard the report highlighted a set of lessons, captured interesting experiences and provided ideas and options for thinking ahead.

The following are the final recommendations... the tip of the iceberg of lot of learning!



## *Embrace the “working in the grey area”*

War Child situated itself as working in developmental / post-conflict settings. The COVID-19 emergency was a wake-up call. It became evident - to a global scale - what many field staff and partners already acknowledged: in many locations War Child operates in a grey area. In this space, threats and challenges continuously undermine the wellbeing of children and families and the options they have. Acknowledging working in the grey area demand to readjust the organization work, coherently.



## *Are you providing what the community should expect from you? Be prepared to stretch your intervention – coherently and within reach.*

The flipside of relevance is: if needs arise beyond its core programming areas, is it appropriate for an organization – with a strict mandate and expertise – to provide what is asked? This was a strong tension within War Child when deciding to respond. There were fears that venturing beyond the tried and tested [Care System](#) could mean to provide children with less than the highest standards of assistance. In the experience of field workers, the choices made in broadening activities – the “menu of actions” - worked well. They responded to untapped needs. They opened possibilities for action. They were perceived as fully coherent with the organizational mandate. They played on organizational strengths. Stronger real-time and participatory monitoring will be needed to validate these perceptions with input from communities, to improve and tailor the menu of options. But this first-time emergency response seems to have demonstrated capacity, relevance, coherence.



## *The way forward does not stop with “rapid emergency response”. It is “disaster risk management” - for resilience building (invest in it).*

The humanitarian capacities needed by War Child are not about flying out to the next disaster. Acknowledging the “grey area” involves helping local communities to be resilient to hazards and threats. To back them up when they are overwhelmed. And to acknowledge that risk-proofing the future children is not an option in areas threatened by conflict and other major hazards (COVID, but also climate-change and other localized threats). Implementing this approach within the organization will require to continue investing in a humanitarian department, with dedicated resources and staff (for coordination, capacity building, surge capacity), but also in a strategic intent to mainstream a DRM culture and approach throughout the organization.



## *Rethink modalities to effectively generate evidence for action, reflection, accountability.*

There is a big hole in the organization, where appreciation of context, outcomes and learning should happen. The systems in place are insufficient to gather and aggregate needed information and evidence for decision making, real time. M&E is mostly about tracking outreach – leading

to broad number aggregations (not the quality evidence needed for evidence-based management). This is a major weakness for an organization operating at time of uncertainty. The R&D department has no connection with ongoing programming. This generates systemic weakness on evidence-oriented actions, outcome assessment, learning. The response exhibited promising initiatives showing the potential of horizontal sharing, and the desire to acquire new tools for evidence generation, analysis, use.



*Emphasize the role of children as active actors: a shift to active protection.*

Surprisingly for a child-oriented organization, limited examples were found of activities that deliberately involved children as active actors (e.g. participation in radio programming). Passive protection was often the stance. Yet War Child should be well aware that children are often the best responders and motivators. They have unique capabilities to persuade their own communities about risk, threats, and to generate needed shifts in lifestyles. Can the COVID-19 response be an opportunity to put them in the driving seat?



*Give more visibility to partners and to the agency of communities.*

In the accounts so far, it is hard to see the community in action. There was mention of volunteers, of local government. But, other than this, the image emerging is often War Child centric. Also, when (implementing) partners were mentioned, it was hard to find more specific details of their work, and of their achievements. There is certainly much more to see on the ground – and it is unfortunate that review could not capture it. But the absence of communities and partners in the narrative, as active actors, demands that War Child shifts its perspective: in putting the voices, the account of the communities first. And in giving them more deserved visibility, as equal partners.



*Value the capacities of your teams to adapt, innovate. Bottom up.*

The COVID-19 response was certainly a unique moment in time. The usual roles and responsibilities had to be put aside, to deal – together - with the unknown. Staff was galvanized. The response showed untapped individual capacities. The immense potential of horizontal teams. It also showed the value of delegating decision making at the grassroots: teams, countries, field staff thrived in a new space allowing for innovation, experimentation. War Child in this response exhibited the leadership model that the humanitarian sector is craving for.



*Agile or established?*

Does War Child want to be agile or established? The two models are not mutually exclusive. It is possible to establish a virtuous circle whereby some established, and “flagship” practices and approaches are used, but are continuously improved, nourished with experimentation. There is now a massive imbalance in favour of the “established” side, as a strategic organizational choice. The COVID response, however, was definitely on the Agile side, showing the untapped potential of this approach to change. The response revealed opportunities for the organization well beyond the management of an individual emergency. But for the potential to materialize, a strategic rebalancing will need to happen.



*Envision and shape the “new normal”.*

Emergencies are not just about “response”. They can be about “re-writing the rules of the game” – as now recognized widely re: disaster capitalism. Hence the urgency, at this historical juncture, to be part of these who can re-write the rules (taking along partners, communities). As War Child is engaging in strategic formulation processes, it should engage in future casting to identify opportunities and challenges in shaping a better, child-friendly “new normal”. At it should enable this at all levels: from the grassroots to the global, with involvement of partners and communities. It is a big ambition. But this is a unique time in history to make it happen.

## COVID-19 EMERGENCY RESPONSE 2020 REAL TIME REVIEW MANAGEMENT RESPONSE

<b>Evaluation Title</b>	COVID-19 Response Real Time Review
<b>Commissioning Unit</b>	FastAid
<b>Link to Evaluation</b>	<a href="#">Grassroots Component</a> ; <a href="#">Management Component</a>
<b>Management Response</b>	Real Time Review Steering Committee
<b>Management Response Approval</b>	International Management Team - pending
<b>Management Response Status</b>	Approved by IMT in January 2021
<b>Overall Management Response</b>	
<p>War Child welcomes the report and the findings of its very first Real Time Review of a first global emergency response. War Child is also very pleased with the positive findings on relevance, effectiveness and staff wellbeing during this response particularly in the light of a recent organizational Core Humanitarian Standard self-assessment that found these same areas to be the weakest performing of all the commitments. Hence, the COVID-19 Response experience has a lot of learnings to offer for our regular operations and overall approach to humanitarian action. The recognition of agility that the response demonstrated and the capitalization on untapped resources, creativity and expertise provides for foundations to build upon while addressing the recommendations of the Real Time Review.</p> <p>War Child also acknowledges that a number of improvements are needed to institutionalize and strengthen future emergency responses (or spikes in protracted crises) as well as improve strategic alignment with overall operations and incorporate learnings into its overall practice. Specific actions and comments to the recommendations are found in the next section of the Management Response.</p>	

## Recommendations and Action Plan

Recommendation 1: Develop unique War Child Emergency Brand			
Recommended actions			
<ol style="list-style-type: none"> <li>1. <b>Build on 3 core expertise:</b> Child protection, education, MHPSS</li> <li>2. <b>Add emergency cash work as a flexible tool</b> for sectors where it does not have capacity to meet emergency needs of children: e.g., shelter, water, therapeutic nutrition</li> <li>3. <b>Save lives, protect long-term rights:</b> Protect community gains from WCH long-term work (protection), meet children’s critical needs and help them bounce back better (resilience); develop local capacities</li> <li>4. <b>Disaster-proof long-term work earlier:</b> to protect against future emergency risks and develop resilience cycle</li> <li>5. <b>Do Research-based Programs:</b> Uses WCH research capacities to develop evidence-based emergency programming models for children</li> <li>6. <b>Be a Technical leader:</b> for other agencies in the three core sectors</li> <li>7. <b>Be a Lead Advocate for durable solutions for children:</b> for the emergency needs of children also in regions where WCH is not working</li> <li>8. <b>Build partnerships and networks: with like-minded agencies</b> for funding and for sectors WCH does not work in</li> <li>9. <b>Humanitarian Policy approval</b> through IMT or Board that clarifies WCH emergency mandate: unique brand, approach, sectors etc.</li> <li>10. <b>3 years Humanitarian strategy</b> to implement Policy</li> <li>11. <b>National emergency strategies:</b> in overall national strategies</li> <li>12. <b>National Emergency Preparedness Plans:</b> Help countries develop</li> <li>13. <b>Emergency roster of national staff:</b> can be deployed during emergencies</li> <li>14. <b>Emergency protocols for support functions:</b> to allow faster response</li> <li>15. <b>Donor representation:</b> with key donors to showcase unique brand and Covid-19 successes</li> <li>16. <b>Emergency training:</b> technical and management-build it in country and unit budgets and some HQ money</li> <li>17. <b>Emergency manuals:</b> technical and management-adapt existing ones immediately, e.g., good Enough Guide and develop own gradually</li> <li>18. <b>Emergency funds:</b> can be quickly recouped from emergency appeals</li> <li>19. <b>Emergency HQ capacity:</b> part-time positions, short-term consultants, interns, volunteers, job shares and occasional full-time position</li> </ol>			
Management Response	War Child welcomes this recommendation and will seek to incorporate the recommended actions into its emergency policy, strategy and operations.		
Key actions	Responsible	Timeline	Comments
1. Add emergency cash work as a flexible tool for sectors where it does not have capacity to meet emergency needs of children	FastAid	March 2021	Existing guidance note on CASH will be revised (by taking inputs from fresh papers published in The Lancet, CASH Learning Network and other sources) to integrate CASH for primarily MHPSS, Education and Child Protection outcomes and nutrition, WASH, and other outcomes (in relevant contexts such as a pandemic). A revised guidance notes to be available in March 2021.
2. Build partnerships and networks with like-minded agencies for funding and for sectors WCH does not work in	FastAid and 2PG	Q2 and Q3 2021	Fast Aid partnerships will be with both like-minded agencies and other agencies who can offer complementarity (so that collectively we can offer comprehensive services. Fast Aid will be prioritising partnerships with South Based agencies and agencies who have expertise and track record for food and nutrition security and CASH programming to address the impending hunger crisis. Fast Aid partnership approach paper will be made available in



			the first quarter of 2021. Fast Aid partnerships with 3 agencies will be developed during the 2 <sup>nd</sup> and 3 <sup>rd</sup> quarter of 2021.
3. Develop Humanitarian Policy and 3 years Humanitarian strategy to implement Policy	FastAid IMT: approval	Second half 2021	A humanitarian policy and strategy will be available in the second half of 2021, outlining emergency mandate, unique brand and approach.
4. Ensure emergency readiness	FastAid	2021	This entails country emergency strategies and preparedness plans, roster of staff, protocols for support functions, training, manuals and HO capacity.
5. Institutionalize StartUp Fund	IMT	Early 2021	Emergency Response Start Up Fund, to ensure agility and speed, will be institutionalised during the first quarter of 2021. This fund is a critical component of the “global pooled funds”. This will also be a component in Fast Aid Policy.

**Recommendation 2: Embrace the “working in the grey area”**

**Recommended actions**

War Child situated itself as working in developmental / post-conflict settings. The COVID-19 emergency was a wake-up call. It became evident - to a global scale - what many field staff and partners already acknowledged: in many locations War Child operates in a grey area. In this space, threats and challenges continuously undermine the wellbeing of children and families and the options they have. Acknowledging working in the grey area demand to readjust the organization work, coherently.

**Management Response**  
War Child welcomes this recommendation and acknowledges that our work is situated in the triple nexus with increasing uncertainty and convergence of crises becoming more frequent. To that end War Child will work to improve on its ongoing analysis of context for swift adaptation to ensure continuous relevance (part of CHS improvement plan and KA under R1 and 3), improve its preparedness (see KA under R4) and improve its agility by institutionalizing the Start Up Fund (see KA 5 under R1) for timely response.

Key actions	Responsible	Timeline	Comments
1. Explicitly acknowledge that organization works primarily in protracted crises and spell out policy and operational implications for different operational contexts	IPD – programme policies COs - country strategies	2021	While we acknowledge that we work in triple nexus and implement initiatives that support community cohesion, War Child does not have explicit peacebuilding expertise and will not develop it as such. We do however work on improving our understanding of working in such a context, through improvements in conflict analysis, do no harm and conflict sensitivity (see KA under R4).  This key action also enables country teams and the organization in general to reflect on organizational positioning, relationships and capacities that will need to be propositioned. This will aid coherence of decision-making around responding when emergency situations arise.

**Recommendation 3: Be prepared to stretch your intervention – coherently and within reach.**

**Recommended actions**

The flipside of relevance is: if needs arise beyond its core programming areas, is it appropriate for an organization – with a strict mandate and expertise – to provide what is asked? This was a strong tension within War Child when deciding to respond. There were fears that venturing beyond the tried and tested Care System could mean to provide children

<p>with less than the highest standards of assistance. In the experience of field workers, the choices made in broadening activities – the “menu of actions” - worked well. They responded to untapped needs. They opened possibilities for action. They were perceived as fully coherent with the organizational mandate. They played on organizational strengths. Stronger real-time and participatory monitoring will be needed to validate these perceptions with input from communities, to improve and tailor the menu of options. But this first-time emergency response seems to have demonstrated capacity, relevance, and coherence.</p>			
<b>Management Response</b>		<p>War Child welcomes this recommendation and will work towards increasing the relevance of its work by ensuring that it forms part and parcel of analysis and design and adopting programming strategies and approaches that cater to relevance (see also KA under R1,2,6) and become more intentional in developing partnerships with complementary expertise (see also KA under R1).</p>	
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Comments</b>
1. Emphasize relevance and ensure that determinants to wellbeing are accounted for in analysis and response	PQ & FastAid – programmatic policy and Assessment Guide/Tools	2021	Unpack relevance in relevant organizational policies and revise assessment toolkit to reflect the analysis of determinants and causes of distress to ensure relevant action is planned and undertaken. Principled humanitarian action to be the compass.
2. Revise the organizational narrative, including the ToC, to reflect that the Care System is not a blueprint solution and not the only applicable solution. Additionally, ensure that Care System interventions are only applied when their relevance has been ascertained.	ToC/CS Steering Committee – in revision of ToC/Care System  IMT – global strategy  IPD – relevant programme policies  Comms – organizational communications	2021	It is imperative to acknowledge that quality programming is more than the replication of the Care System as a blueprint solution. This should be reflected at all levels of the organization to provide a consistent direction for and representation of our implementation.  It is equally important to ensure an understanding of pre-conditions for our work in our key thematic areas; for example, during the COVID response it quickly became apparent that without RCCE the rest of our work could not take place and/or it would be largely irrelevant to affected populations as the response cannot be devoid of context and causes of distress and challenges faced.
<p><b>Recommendation 4: Invest in Disaster Risk Management (DRM) for resilience building</b></p>			
<p><b>Recommended actions</b></p>			
<p>The humanitarian capacities needed by War Child are not about flying out to the next disaster. Acknowledging the “grey area” involves helping local communities to be resilient to hazards and threats. To back them up when they are overwhelmed. And to acknowledge that risk-proofing the future children is not an option in areas threatened by conflict and other major hazards (COVID, but also climate-change and other localized threats). Implementing this approach within the organization will require to continue investing in a humanitarian department, with dedicated resources and staff (for coordination, capacity building, surge capacity), but also in a strategic intent to mainstream a DRM culture and approach throughout the organization.</p>			
<b>Management Response</b>		<p>War Child welcomes this recommendation and accepts it in part. War Child will work towards institutionalization of conflict-sensitivity and Do No Harm approach through building its capabilities and improving its practice, including through improved conflict and context analysis (the latter also part of CHS improvement plan) and set up an early warning system to be able to better support resilience of communities. However, War Child will not develop of full breadth of capacity for DRM with communities at this time as this is beyond the scope of the mandate and currently not a prioritized investment.</p>	
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Comments</b>
1. Develop an early warning system	FastAid	2021	This key action will contribute to disaster preparedness (FastAid dashboard)

2. Institutionalize conflict-sensitivity and Do No Harm <i>(see also KA1 of R2)</i>	IPD	2021-2022	This key action will contribute to resilience building by ensuring that vulnerabilities and risks are not exacerbated due to humanitarian intervention.
<b>Recommendation 5: Rethink modalities to effectively generate evidence for action, reflection, accountability</b>			
<b>Recommended actions</b>			
There is a big hole in the organization, where appreciation of context, outcomes and learning should happen. The systems in place are insufficient to gather and aggregate needed information and evidence for decision making, real time. M&E is mostly about tracking outreach – leading to broad number aggregations (not the quality evidence needed for evidence-based management). This is a major weakness for an organization operating at time of uncertainty. The R&D department has no connection with ongoing programming. This generates systemic weakness on evidence-oriented actions, outcome assessment, and learning. The response exhibited promising initiatives showing the potential of horizontal sharing, and the desire to acquire new tools for evidence generation, analysis, and use.			
<b>Management Response</b>	War Child welcomes this recommendation. It will increase the investment in M&E and specifically work towards more participatory approaches. War Child will also consider how to better align M&E and research work. For accountability see KA3 of R6.		
<b>Key actions</b>			
1. Increase investment in M&E: <ul style="list-style-type: none"> <li>• Strengthen monitoring systems with a focus on global harmonization and outcome-level M&amp;E.</li> <li>• Invest in evaluative policy and function (assessment, proactive evaluations, action research) <i>(see also CHS improvement plan)</i></li> <li>• Invest in capacities and guidance for participatory M&amp;E to enhance the qualitative component and improve participation</li> </ul>	<b>Responsible</b> Country Offices – M&E capacity as core function; evaluations included in all grants; increase use of action research for new initiatives  IMT – prioritize investment in global data infrastructure and evaluative function (global evaluations, RTRs, action research), capacity for accountability	<b>Timeline</b> 2021 onwards	<b>Comments</b> Focus on outcomes and perceptions of people affected by crises. Encourage experimentation in evaluative/research approaches and tools, especially focusing on more participatory approaches.
2. Develop standardized indicator menus with a particular focus on outcome level indicators in core programmatic areas	PQ and FastAid		For emergency response only.
3. Determine how R&D work can better contribute to ongoing programming, including emergencies	IPD, R&D	2021	Determine which core interventions are applicable in onset of an emergency

Recommendation 6: Emphasize the role of children as active actors: a shift to active protection			
Recommended actions			
Surprisingly for a child-oriented organization, limited examples were found of activities that deliberately involved children as active actors (e.g. participation in radio programming). Passive protection was often the stance. Yet War Child should be well aware that children are often the best responders and motivators. They have unique capabilities to persuade their own communities about risk, threats, and to generate needed shifts in lifestyles. Can the COVID-19 response be an opportunity to put them in the driving seat?			
<b>Management Response</b>	War Child welcomes this recommendation and acknowledges that much effort needs to be made to increase participation of children in our programming (see also KA1 of R5). War Child will also work together with its partners to further participation of children.		
Key actions	Responsible	Timeline	Comments
1. Strengthen community engagement approach	COs & PQ	2021-2022	Build on RCCE work and capitalize on a number of experienced community mobilizers in War Child to develop the principles of community engagement, build capabilities of implementing teams and put them into practice
2. Outline child participation process in design, implementation and evaluation <i>(see also KA1 of R5)</i>	COs & PQ	2021-2022	Build on experience of certain countries and outline participation approach to be put into practice and build capabilities of implementing teams.
3. Develop systems and processes for accountability to affected populations <i>(see CHS improvement plan)</i>	COs & PQ	2021-2022	To be addressed through CHS improvement plan
Recommendation 7: Give more visibility to partners and to the agency of communities			
Recommended actions			
In the accounts so far, it is hard to see the community in action. There was mention of volunteers, of local government. But, other than this, the image emerging is often War Child centric. Also, when (implementing) partners were mentioned, it was hard to find more specific details of their work, and of their achievements. There is certainly much more to see on the ground – and it is unfortunate that review could not capture it. But the absence of communities and partners in the narrative, as active actors, demands that War Child shifts its perspective: in putting the voices, the account of the communities first. And in giving them more deserved visibility, as equal partners.			
<b>Management Response</b>	The management welcomes this recommendation (see also KA in R6). Localization and shift in partnerships, particularly with Southern partners is required to be able to capitalize on each other’s added value, experience and expertise to better support people affected by crises.		
Key actions	Responsible	Timeline	Comments
1. Determine our contribution to Grand Bargain commitments	IMT	2021	This action will contribute to provide guidance to the organization on the priorities as identified in the Grand Bargain
2. Ensure a shared understanding of and prioritize localization	IMT- global strategy  IPD – partnership principles focusing on localization	2021-2022	This improvement action would see our partnership approach shift to equal and responsive partnerships, instead of transactional/extractive approaches. It would set out principles for such partnerships, support in implementation of

	Country offices – shift partnership modalities in line with localization  Relevant staff - engagement in shaping sector debates/policies		such partnerships and engage in influencing policy and practice at humanitarian system level.  This will require funds to invest in operational support (ICR) and capacity strengthening and coaching for certain partners, while with others we need to become better at recognizing their capabilities and learn from them. We could consider a phased approach, with peer learning between country programmes.  Defining the specific added value of partnerships to advance a Disaster Risk Management approach is necessary. This will help to set expectations right, identify appropriate partners and generate momentum.
3. Revise the partnership policy to reflect localization and equitable partnerships	2PG	2021	Partnership policy to reflect War Child’s commitment to localization and the support to national partners to be prepared to respond to any future emergency
<b>Recommendation 8: Value the capacities of your teams to adapt, innovate. Bottom up.</b>			
<b>Recommended actions</b>			
The COVID-19 response was certainly a unique moment in time. The usual roles and responsibilities had to be put aside, to deal – together - with the unknown. Staff was galvanized. The response showed untapped individual capacities. The immense potential of horizontal teams. It also showed the value of delegating decision making at the grassroots: teams, countries, field staff thrived in a new space allowing for innovation, experimentation. War Child in this response exhibited the leadership model that the humanitarian sector is craving for.			
<b>Management Response</b>	War Child welcomes this recommendation as it is in line with the changes that the organization is already envisioning in setting up the Shared Platform and becoming a more inclusive organization.		
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Comments</b>
1. Incentivize sharing of mistakes and innovations	Communication and HR  IPD	2021-2022	Work with HR to have managers work with staff in pushing boundaries and narratives internally and externally and value the capacities of our teams Design an award for <ul style="list-style-type: none"> <li>• Biggest Bold Failure</li> <li>• Replicable Innovation</li> </ul>
2. Commitment to reward innovation	IMT, 2PG and CDs	2021	Through URF and seeking RF funding
<b>Recommendation 9: Agile or established?</b>			
<b>Recommended actions</b>			
Does War Child want to be agile or established? The two models are not mutually exclusive. It is possible to establish a virtuous circle whereby some established, and “flagship” practices and approaches are used, but are continuously improved, nourished with experimentation. There is now a massive imbalance in favour of the “established” side, as a			

strategic organizational choice. The COVID response, however, was definitely on the Agile side, showing the untapped potential of this approach to change. The response revealed opportunities for the organization well beyond the management of an individual emergency. But for the potential to materialize, a strategic rebalancing will need to happen.			
<b>Management Response</b>	War Child aims to strike an appropriate balance between agile and established and acknowledges that this means that in the future we need to become both more agile and more established, becoming more flexible in working both with R&D proven interventions as well as best practices and innovative approaches from peers and country offices.		
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Comments</b>
Strategic rebalancing to become and stay more agile	IMT	2021-2022	This improvement action sees revision of global strategy that rebalances established-agile by implementing proposed improvements of above recommendations, particularly emergency preparedness, ToC adjustment, participatory approaches, and different types of innovation. (see R1, 3, 5, 6 ,8).  Define what the principle of ‘agility’ means for War Child and learn from some key successes.
Country Strategies to define how this balance is to be struck in their respective contexts.	Country Teams, PQ, IPD	2021-2022	Consider what criteria should be used to define a good balance.
<b>Recommendation 10: Envision and shape the “new normal”.</b>			
Emergencies are not just about “response”. They can be about “re-writing the rules of the game” – as now recognized widely re: disaster capitalism. Hence the urgency, at this historical juncture, to be part of these who can re-write the rules (taking along partners, communities). As War Child is engaging in strategic formulation processes, it should engage in future casting to identify opportunities and challenges in shaping a better, child-friendly “new normal”. And it should enable this at all levels: from the grassroots to the global, with involvement of partners and communities. It is a big ambition. But this is a unique time in history to make it happen.			
<b>Management Response</b>	War Child welcomes this recommendation and will proactively work towards keeping abreast with new developments in the sector and outside the sector to ensure relevance of its strategic focus and work.		
<b>Key actions</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Comments</b>
In addition to ongoing context analysis, organize learning events on topics that can generate insight and foresight relevant to our strategy and our work	IMT, IPD	2021 onward	Learning events from futures thinkers to inspire and stimulate our ongoing adaptation and innovation