Distr.: General
14 December 2020

Original: English
English, French and Spanish only

For information

United Nations Children's Fund
Executive Board
First regular session 2021
9–12 February 2021
Item 7 (a) of the provisional agenda[*]

Update on UNICEF humanitarian action: the coronavirus disease 2019 pandemic

Summary

This report provides an overview of the UNICEF humanitarian response to the coronavirus disease 2019 (COVID-19) pandemic. It describes the global humanitarian crisis caused by the pandemic and its impact on children and women; details the UNICEF strategy for responding to the COVID-19 pandemic, including the importance of partnerships in that strategy; summarizes the key results achieved; and lays out the challenges, lessons learned and expected impact of the pandemic on UNICEF programmes in the near future.

---

[*] E/ICEF/2021/1

I.   Overview

1.   The coronavirus disease 2019 (COVID-19) pandemic has upended the lives of children and families across the world. As of November 2020, there are nearly 60 million confirmed cases and more than 1.3 million reported deaths globally.[1] Children have been severely affected by the unprecedented socioeconomic impacts of the pandemic, which include disruptions to health, nutrition and education services; rising rates of violence against children; lack of access to vital water, sanitation and hygiene (WASH) resources; and the erosion of hard-won advances in global development.

2.   With its dual humanitarian and development child rights mandate, and extensive existing presence at the field, country and regional levels, UNICEF has a strong comparative advantage to address the scale of needs related to the pandemic. UNICEF has responded to the pandemic under the leadership of national governments and in close coordination with the World Health Organization (WHO), humanitarian country teams, United Nations country teams, civil society/non-governmental organizations (NGOs), national and local responders, beneficiaries and others. The humanitarian response of UNICEF to the pandemic has focused on four strategic priorities: (1) supporting the public health response to reduce coronavirus transmission and mortality; (2) supporting the continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services and assessing and responding to the immediate socioeconomic impacts of COVID-19 mitigation measures; (3) advocating for child rights; and (4) supporting the Access to COVID-19 Tools (ACT) Accelerator partnership.

3.   Since the UNICEF Level 3 response to the pandemic began in early 2020, UNICEF has focused on these priorities in 153 countries and territories and, with partners, has reached 261 million children with vital health, nutrition, education, child protection, gender-based violence and social protection services. UNICEF and partners have also reached 3 billion people with life-saving risk communication and community engagement information and activities that encourage healthy and safe behaviours and practices, supporting overall well-being and a reduction in COVID-19 transmission and mortality. Since the start of the pandemic, UNICEF, along with WHO, has been one of the largest procurers of personal protective equipment, diagnostics and oxygen concentrators. Between January and October 2020, UNICEF procured $415 million worth of personal protective equipment for the COVID-19 response.

4.   With the generous support of resource partners over the course of 2020, UNICEF has adapted and expanded its response to the COVID-19 pandemic. By November 2020, UNICEF had received $1.23 billion, and the Humanitarian Action for Children Coronavirus (COVID-19) Global Response Appeal was 63 per cent funded.

5.   Over the course of the year, as UNICEF confronted the challenges of responding to the pandemic, the organization sought to adapt quickly – for example to respond more effectively in insecure environments with limited humanitarian access and deliver vital supplies during the global shutdown. UNICEF also worked to increase the coverage and safety of vital services that saw significant declines in utilization; establish protection as an essential component of the pandemic response; tackle vaccine hesitancy in preparation for the eventual roll-out of a COVID-19 vaccine;

---

[1] World Health Organization, WHO Coronavirus Disease (COVID-19) Dashboard, online resource. Available at: https://covid19.who.int/, accessed 25 November 2020.

and address the digital divide in remote learning to ensure that all children have access to education. UNICEF has integrated valuable lessons – in real time – about what has worked in its response to the pandemic, including leveraging its emergency systems and humanitarian-development linkages for effective response; emphasizing the importance of flexible funding in its resource mobilization; prioritizing risk communication and community engagement; working through local responders; and using technology to enhance programme delivery, humanitarian coordination and accountability to affected populations.

6.   While the organization's COVID-19 strategy is anchored in humanitarian action and guided by the Core Commitments for Children in Humanitarian Action, it goes well beyond addressing immediate humanitarian needs. UNICEF will continue to prioritize interventions that strengthen systems and build technical capacities at the national and subnational levels, in partnership with governments, civil society partners and other United Nations agencies. In all its programmes, UNICEF will continue to promote a model for recovery that is resilient and climate-sensitive; that reduces vulnerability and does not exacerbate inequality; and that prioritizes platforms that promote engagement opportunities and agency for children and adolescents.

II.   Overview of the global humanitarian crisis caused by the COVID-19 pandemic and its impact on children and women

7.   The COVID-19 pandemic has triggered an unprecedented global health, humanitarian, socioeconomic and human rights crisis that has spread across the globe. As of November 2020, there were nearly 60 million confirmed cases and more than 1.3 million reported deaths globally.[2]

8.   Children have been severely impacted by COVID-19 mitigation measures. Before the outbreak, millions of children were affected by displacement, conflict, serious adversity and lack of access to education, protection and health support. All of these challenges and deprivations have dramatically worsened with the onset of the COVID-19 pandemic.

9.   COVID-19-related disruptions to health, nutrition and livelihoods are putting global progress in reducing child mortality and malnutrition at risk. Over the course of 2020, UNICEF country offices have observed reductions in a range of vital life-saving health and nutrition services.[3] An additional 6.7 million children could be affected by wasting during the first 12 months of the epidemic – a 14 per cent rise globally – which would lead to an estimated 10,000 additional deaths per month.[4] Early modelling suggested that reduced coverage of essential maternal interventions could lead to an additional 56,700 maternal deaths globally over a six-month period.[5]

---

[2] Ibid.

[3] Reports from UNICEF country offices, as of September 2020.

[4] Fore, Henrietta et al., "Child malnutrition and COVID-19: The time to act is now", *The Lancet,* vol. 396, no. 10250 (22 August 2020).

[5] Robertson, Timothy et al., "Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: A modelling study", *The Lancet Global Health*, vol. 8, no. 7, 12 May 2020.

10. The pandemic has caused the largest disruption to education in history, with nearly 1.6 billion learners affected in more than 190 countries.[6] School closures have impacted 94 per cent of the world's student population, and up to 99 per cent of students in low- and lower-middle-income countries.[7] Closing schools for prolonged periods has increased risks of physical and emotional violence, mental health challenges, child labour and sexual abuse. It has given rise to additional malnutrition and deepening poverty. A projected 24 million children will drop out of school due to COVID-19-related school closures, exacerbating pre-existing disparities in educational access, attendance and attainment and reversing decades of progress in education.[8] Containment measures for COVID-19 have also led to an acute crisis in early childhood care and learning, with 40 million children missing out on early childhood education in 2020 due to the closure of childcare and early education facilities.[9]

11. Quarantine and restriction measures put in place to halt the spread of COVID-19 have increased risk factors that drive the regularity, intensity and frequency of violence against children and women. In some locations, these lockdowns and other restrictive measures are isolating women and children in homes that are not safe, increasing their risk of emotional, physical and sexual violence at home and in their communities. Recent estimates show that for every three months that the lockdown measures continue globally, an additional 15 million cases of gender-based violence are expected.[10] Since the onset of the pandemic, the number of requests for gender-based violence support services has doubled; yet 1.8 billion children live in countries where violence prevention and response services have been disrupted due to the pandemic.[11]

12. Having potable water for hygiene and adequate and safe sanitation systems is the first line of defence for disease prevention. However, pre-COVID-19 estimates show that in 2019, 2.2 billion people across the world lacked access to safe drinking water, 4.2 billion did not have access to safe sanitation services, and 3 billion (40 per cent of the world's population) did not have a place in their home to wash their hands with water and soap.[12] Today, 43 per cent of schools around the world lack access to basic handwashing with soap and water – a key condition for the safe reopening of schools during the pandemic.[13]

13. Vulnerable populations, including women, children, the elderly and people with disabilities have been particularly hard hit by the socioeconomic impacts of the

---

[6] United Nations, Policy Brief: Education during COVID-19 and beyond, August 2020.

[7] Ibid.

[8] Henrietta Fore, UNICEF Executive Director, remarks at a press conference on new updated guidance on school-related public health measures in the context of COVID-19 (as prepared), New York, 15 September 2020.

[9] Gromada, Anna, Dominic Richardson and Gwyther Rees, "Childcare in a global crisis: The impact of COVID-19 on work and family life", Innocenti Research Briefs, no. 2020–18 (Florence, UNICEF Office of Research – Innocenti, 2020).

[10] United Nations Population Fund (UNFPA), "New UNFPA projections predict calamitous impact on women's health as COVID-19 pandemic continues", press release, New York, 28 April 2020.

[11] United Nations Children's Fund (UNICEF), *Protecting children from violence in the time of COVID-19: Disruption in prevention and response services* (New York, August 2020).

[12] UN Water, UNICEF and WHO launch updated estimates for water, sanitation and hygiene, online information, 20 June 2019. Available at: www.unwater.org/who-and-unicef-launch-updated-estimates-for-water-sanitation-and-hygiene/.

[13] World Health Organization, "2 in 5 schools around the world lacked basic handwashing facilities prior to COVID-19 pandemic – UNICEF, WHO", press release, New York/Geneva, 13 August 2020.

pandemic. These populations also often lack access to essential information, services and support. Girls are vulnerable to sexual exploitation and abuse, as deepening poverty is likely to drive many families to marry off their daughters early. With growing economic hardship worldwide, an estimated 13 million additional child marriages and 2 million additional cases of female genital mutilation will take place over the next decade due to disruptions in related programming.[14]

14.   Marginalized people already facing discrimination may have limited access to COVID-19 prevention and treatment services and are at heightened risk of violence and abuse. Additionally, internally displaced persons, refugees, asylum seekers, returnees and migrants are often deliberately excluded from full access to health care and other services, while undocumented migrants may avoid seeking care for fear of deportation.

15.   Across the world, the socioeconomic impacts of the COVID-19 pandemic are threatening advances in global development. The number of children living in multidimensional poverty has soared to approximately 1.2 billion. This is a 15 per cent increase in the number of children living in deprivation in low- and middle-income countries, or an additional 150 million children since the pandemic began.[15] This situation is expected to worsen in the months to come.

III.   The UNICEF strategy for responding to the COVID-19 pandemic

16.   With its dual humanitarian and development child rights mandate and substantial presence at the field, country and regional levels, UNICEF has a strong comparative advantage to address the scale of needs related to the pandemic globally. In all humanitarian situations, the UNICEF response is guided by the Core Commitments to Children and inter-agency standards.

17.   The COVID-19 strategy of UNICEF has contributed directly to some of the key pillars of the WHO multi-agency Strategic Preparedness and Response Plan for the pandemic and the United Nations Global Humanitarian Response Plan led by the Office for the Coordination of Humanitarian Affairs, as well as the United Nations framework for the immediate socioeconomic response to the pandemic. The WHO response to the pandemic is led by a global and regional Incident Management Support Team; UNICEF staff are integrated into this structure as co-leads of the risk communication and community engagement pillar. UNICEF experts have also actively collaborated within WHO-led scientific groups developing new evidence and global guidance for the COVID-19 response.

18.   The coordination of the response relies on high-quality evaluative evidence, including real-time information, to ensure organizational learning and continuous improvement. UNICEF has emphasized two approaches to evaluation at the global and decentralized levels: (1) learning-focused evaluations for adaptive management; and (2) summative evaluations to assess UNICEF's overall response, including the results achieved for children, which will also be prioritized to capture how the United Nations as a whole is working together to achieve collective results in the response to the pandemic.

---

[14] UNFPA, "Millions more cases of violence, child marriage, female genital mutilation, unintended pregnancy expected due to the COVID-19 pandemic", press release, New York, 28 April 2020.

[15] UNICEF, "150 million additional children plunged into poverty due to COVID-19, UNICEF, Save the Children say', New York, 16 September 2020.

19. The UNICEF humanitarian response to the COVID-19 pandemic has focused on four strategic priorities, described in depth below.

A. Strategic Priority 1: Public health response to reduce coronavirus transmission and mortality.

1. Risk communication and community engagement

20. UNICEF has focused on risk communication and community engagement to reach communities with the information they need to protect themselves, promote community ownership and leadership of the response and help halt the spread of the disease and its consequences on individuals and communities. These interventions have been implemented through key community influencers, traditional and religious leaders, community groups, youth groups, health workers and local organizations, as well as via billboards, flyers, social media and traditional media (TV and radio). Key activities have included:

(a) Promoting the proper use of masks, regular handwashing and other hygiene practices and social distancing and providing information on how and where to seek basic services and assistance;

(b) Implementing activities that help combat the stigmatization of people who have contracted the illness;

(c) Informing communities of the national epidemiological situation;

(d) Raising awareness of gender-based violence;

(e) Working with authorities and partners to track and respond to misinformation on COVID-19;

(f) Listening to communities through traditional media and social media, performing global and field studies to better understand community perceptions and compliance with public health measures and helping to adapt the response to specific audiences.

21. The Risk Communication and Community Engagement Collective Service, a formal collaboration between UNICEF, WHO and the International Federation of Red Cross and Red Crescent Societies, has strengthened the capacities of partners, governments and communities across the public health and humanitarian spheres.

2. Infection prevention and control

22. UNICEF has strengthened infection prevention and control and provided critical medical and WASH supplies to protect health, education and other essential workers and beneficiaries against disease transmission. This has included:

(a) Ensuring access to WASH services and supplies (e.g., cleaning and disinfection supplies) for people in highly affected areas, at vulnerable collective sites, in schools and in public spaces (including health care centres);

(b) Providing health clinics with critical health supplies, focusing on quality personal protective equipment (e.g., medical masks, respirators, gloves, goggles, face shields, gowns, aprons, boots and medical caps), oxygen concentrators and diagnostics;

(c) Providing patients and health workers with training in infection prevention and control, including proper use of personal protective equipment and practices and safety procedures for health-care staff to prevent or reduce the risk of disease transmission;

(d)   Supporting ministries of health and education to develop and implement guidelines for safe childcare, preschools and school operations, along with education about the prevention of COVID-19;

(e)   Pre-positioning stocks of critical medical supplies through Supply Division warehouses and hubs in Dubai and Panama to prepare to respond to additional waves.

3.   **Data collection and social science research**

23.   UNICEF has facilitated data collection and social science research for public health decision-making as part of a joint project with WHO and partners. This has included:

(a)   Supporting adapted field and global data collection and social research on COVID-19, distribution of and compliance with the public health and social measures to control it and the impact of these measures on women and children;

(b)   Ensuring that data collection systems are closely coordinated with epidemiological information and rely on a variety of scientific methods;

(c)   Using information collected with governments and national and international academic and civil society institutions to inform decision-making by national public health officials and international advisors.

B.   **Strategic Priority 2: Continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services; assessing and responding to the immediate socioeconomic impacts of the COVID-19 response.**

24.   To mitigate the socioeconomic impacts of the COVID-19 pandemic and ensure the continuity of basic services, UNICEF has provided financial, technical and supply distribution support to national authorities and implementing partners. This includes making immediate adaptations to service delivery systems to cope with the new reality and limit interruptions and supporting systems to reopen while securing equitable access. This work has included:

(a)   Providing virtual counselling for children and victims of gender-based violence;

(b)   Supporting virtual and other forms of remote learning;

(c)   Adapting protocols for the detection and treatment of malnutrition;

(d)   Empowering communities and families as the new front-line workers;

(e)   Supporting and expanding social protection systems;

(f)   Providing guidance, together with WHO and others, to governments on resuming child vaccinations and reopening schools.

25.   UNICEF has also addressed the rising demand for services due to the collateral impacts of the pandemic and the measures to control it. UNICEF has worked to ensure access to essential services for the most vulnerable children and families during lockdowns and reopenings. This includes regular analysis of service disruptions to identify sectoral and geographical priorities and facilitate coordination with governments and other partners.

26.   UNICEF has also prioritized systems strengthening and building technical capacities in all sectors, in partnership with national and subnational authorities, civil

society partners and other United Nations agencies. UNICEF further expanded its field presence to support decentralized operations. Efforts to link humanitarian and development programmes (for example, by strengthening social service delivery systems) aim to improve results for children by building resilience and sustaining development gains during the pandemic and over the long term. UNICEF interventions are also conflict-sensitive and foster inclusion, trust and social cohesion.

C. Strategic Priority 3: Advocating for child rights

27. UNICEF has continued to implement the Global COVID-19 Advocacy Framework, which has driven integrated global, regional, national and local advocacy to establish the COVID-19 pandemic as a child rights crisis and protect the most marginalized children. Following the collection and analysis of real-time evidence-based data, UNICEF strengthened its focus on addressing the impacts of service disruption linked to the pandemic as well as its economic fall-out – both of which threaten a devastating reversal of progress already made towards the Sustainable Development Goals. UNICEF is refining this Framework according to the new Six Point Plan to Protect our Children, in line with the organization's new Global Advocacy Priorities.

D. Strategic Priority 4: Access to COVID-19 Tools (ACT) Accelerator partnership

28. The Access to COVID-19 Tools (ACT) Accelerator, or ACT-A, is a global collaboration to accelerate the development and production of – and equitable access to – COVID-19 tests, treatments and vaccines. UNICEF has actively engaged in all three pillars of ACT-A (vaccines, diagnostics and therapeutics) and in the cross-cutting health systems connector by co-leading several working groups. UNICEF is also the official procurement agency and coordinator for the COVAX Facility, a global initiative that brings together governments and manufacturers to ensure that eventual COVID-19 vaccines reach those in greatest need. UNICEF has identified five priorities for engaging in the ACT-A:

(a) Safeguard non-COVID-19 essential health services for the most vulnerable children by ensuring countries receive uninterrupted support and supplies to carry out critical health and nutrition interventions.

(b) Promote access to COVID-19 vaccines by leveraging the organization's long-standing and unique expertise in the procurement and supply of vaccines, including their delivery to target populations using the vast UNICEF country presence.

(c) Protect health workers, engage communities and prepare supply chains of commodities to ensure the safety of health workers, including by identifying needs for personal protective equipment and leveraging resources to ensure adequate supply of crucial products through mapping private sector capacity for supply chains.

(d) Expand access to testing, built on community-level antigen and antibody testing, by establishing agreements with leading suppliers; seeking to leverage financing capacity and procurement-related market incentives; and supporting in-country deployment of tests.

(e) Support advocacy, capacity and coherence to enable country preparedness, secure investment and ensure equitable access.

IV. Working with partners

29.   In its response to the COVID-19 pandemic, UNICEF has worked under the leadership of national governments and in close partnership and coordination with WHO, humanitarian country teams, United Nations country teams, civil society/non-governmental organizations (NGOs), national and local responders, beneficiaries and others. Globally, UNICEF has supported governments to plan and deliver national and subnational responses to the pandemic; and as a member of the Inter-Agency Standing Committee, UNICEF has initiated steps to ensure that implementing partners – including local civil society groups and national and international NGOs – have the flexibility needed to respond to the COVID-19 pandemic and fill service and support gaps.

30.   Putting national and local organizations at the centre of humanitarian operations is a key strategy in UNICEF humanitarian response, including in the context of the COVID-19 pandemic. As of November 2020, UNICEF had transferred funds committed to the global COVID-19 pandemic response to 1,898 implementing partners. Of the funds received against the global COVID-19 appeal and transferred to implementing partners, 56 per cent went to governments and 44 per cent went to civil society organizations, including 26 per cent to national NGOs and community-based organizations, 16 per cent to international NGOs and 1 per cent to academic institutions.

V. Key results achieved[16]

31.   Since the Level 3 COVID-19 response began in early 2020, UNICEF has applied the strategies described in section III in 153 countries and territories and, with partners, reached 261 million children. The specific results of this response, and its impacts on children and women, are described below.

A. Risk communication and community engagement

32.   To date, UNICEF and partners have reached 3 billion people with life-saving risk communication and community engagement information and activities designed to encourage healthy and safe behaviours and practices, supporting overall well-being and a reduction in COVID-19 transmission and mortality (specific activities and modalities are detailed in paragraph 20) For example, in Bangladesh, UNICEF and partners disseminated key messages on the use of face masks and safe hygiene practices via radio and religious leaders in Rohingya refugee camps and the surrounding host communities. A recent assessment found that following the dissemination of these messages, 77 per cent of Rohingya refugees reported washing their hands before preparing and eating food, an increase of 16 per cent from the baseline.

B. Infection prevention and control

33.   Since the start of the pandemic, UNICEF, with WHO, has been one of the largest procurers of personal protective equipment, diagnostics and oxygen concentrators. Between January and October 2020, UNICEF procured $415 million worth of personal protective equipment to support the COVID-19 response.

---

[16] The results described in this report are as of 30 October 2020, with the exception of supply results, which are as of 27 October. Country-level results are based on UNICEF country office reports.

34.   During the lockdown situations in Asia, Europe, the Middle East and the Americas, and in response to the high demand for limited global supplies, UNICEF worked with existing suppliers and sourced an additional 1,000 companies to obtain personal protective equipment at competitive prices and acceptable quality. In an unprecedented joint procurement effort led by UNICEF, the United Nations received 586 supplier offers and subsequently signed 15 long-term agreements for key personal protective medical equipment.

35.   UNICEF also worked with governments to consolidate demand and used its procurement expertise and capacity to work with manufacturers to negotiate acceptable pricing, secure supplies and ensure equal access and equitable supply allocation. To mitigate the future risk of supply stock outs, UNICEF built a pandemic stockpile of personal protective equipment and established long-term agreements with manufacturers and personal protective equipment suppliers. UNICEF has also found a balance of using transport solutions via both existing long-term arrangements with leading freight service providers and the World Food Programme shared service facility.

36.   Since the start of the pandemic, UNICEF has shipped supplies valued at $177.5 million, including more than 77.6 million gloves, 159.6 million surgical masks, 10.6 million N95 respirators, 4 million gowns, 714,000 goggles, 1.7 million face shields, 15,000 oxygen concentrators and 2.4 million diagnostic tests to support 134 countries in their response.

37.   Through this supply response, UNICEF has been able to reach nearly 1.8 million health workers with personal protective equipment and 3.3 million with training on infection prevention and control (types of equipment and training topics are detailed in paragraph 22). In addition, UNICEF has reached 73.7 million vulnerable people with WASH supplies (e.g., hygiene kits and soap) and provided millions with access to WASH services, including through the installation of handwashing stations and/or latrines. These interventions were implemented in partnership with government ministries, other United Nations agencies, international and national NGOs and civil society organizations and groups.

38.   For example, in Uzbekistan, UNICEF supported the Government to adapt an infection prevention and control training created by WHO and the Ministry of Health into an online platform, to which all health workers will have free access, that will provide equitable and convenient access to standardized, up-to-date information on best practices. In Egypt, UNICEF supported the Ministry of Health and Population by developing technical guidance on the safe reopening of schools that outlines infection prevention and control and hygiene safety measures. In Afghanistan, more than 220,000 people have benefited from the installation of WASH services and facilities at border crossing points, in sites for internally displaced people, in host communities and in health care facilities in highly affected provinces and districts.

C.   Data collection/social science research

39.   UNICEF has worked with partners to collect data and conduct social research on the impacts of the COVID-19 pandemic on women and children to support national public health and related decision-making. The data and information that UNICEF has collected and analysed are helping governments and humanitarian and development actors adapt responses to meet the real needs and gaps that are evident on the ground.

40.   In Indonesia, for example, UNICEF and the Ministry of Health designed a platform for tracking capacity gaps in pandemic response in all public and private

hospitals in the country. Technical protocols for this platform were disseminated to 834 hospitals in all 34 provinces. In Bangladesh, UNICEF supported the establishment of a COVID-19 emergency operation centre and control room and a national health management information system at the Directorate General of Health Services. The centre is tracking real-time COVID-19 response data, daily case reporting and facility and community health data from more than 14,000 public health facilities throughout the country.

D.   Health and nutrition

41.   To increase the availability and utilization of health and nutrition services, UNICEF has worked with government partners to establish national COVID-19 safety protocols and guidelines in service locations. This includes distributing health and nutrition equipment and supplies (e.g., personal protective equipment, ready-to-use therapeutic food and hygiene, cleaning and disinfection supplies); conducting end-user monitoring of ready-to-use therapeutic food; providing training on infection prevention and control for key health and nutrition personnel; establishing WASH facilities and services in health and nutrition centres; and supporting the development and implementation of alternative service delivery modalities (e.g., mobile and virtual health and nutrition outreach teams providing infant and young child feeding counselling, severe acute malnutrition (SAM) management, and primary health care).

42.   Since the start of the pandemic, UNICEF and partners have reached 74.8 million children and women with essential health care services, including antenatal, delivery and postnatal care, essential newborn care, immunization and support for common childhood illnesses. Some 2.3 million health care providers have been trained to detect, refer and manage COVID-19 cases. In addition, 3.7 million children aged 6–59 months have received SAM treatment. National communication campaigns and counselling services have reached 36 million caregivers of children under age 2 years with key messages on the importance of breastfeeding and advice on young child feeding and healthy diets.

43.   To reduce the number of people visiting clinics per day in Somalia, parents were trained to screen children for malnutrition using mid-upper arm circumference and oedema measurements; they received double or triple the amount of nutrition treatment and supplies at each visit to manage child malnutrition at home. In Georgia, UNICEF supported the development, piloting and roll-out of a virtual antenatal care programme across the country, reaching over 14,000 pregnant women with virtual care and support. In the Syrian Arab Republic, UNICEF and partners have contributed to the immunization of more than 900,000 children against polio since the pandemic began, thanks to continued UNICEF presence in the field and adaptations such as physical distancing and the use of personal protective equipment.

44.   In early March 2020, UNICEF signed agreements with major diagnostic suppliers to secure access to COVID-19 tests. To date, UNICEF has procured 3.1 million COVID-19 tests valued at $45 million for 63 countries. By October 2020, 2.4 million tests had been delivered to 59 countries.

E.   Education

45.   Schools are critical spaces for children's learning, development and protection from violence, abuse and exploitation. As schools shut down during the pandemic, UNICEF and partners advocated for education as an essential service that must continue. During national school closures and lockdowns, when the movement of

people and children was largely restricted, UNICEF and partners supported virtual and home-based education programmes that benefited nearly 261 million children.

46. In Pakistan, UNICEF supported the Ministry of Federal Education and Professional Training to launch Teleschool, a dedicated educational TV channel that has aired for eight hours a day on Pakistan's largest TV network, reaching an estimated 7 to 8 million children aged 5–15 years. UNICEF is currently working to expand Teleschool to an SMS-based platform that will facilitate a two-way learning experience between students and teachers. In Timor-Leste, UNICEF helped to continue learning activities during school closures with the development and airing of 74 episodes of Eskala ba Uma ("School goes home") TV and radio programmes. These programmes reached more than 192,000 students – even those without Internet access.

47. To facilitate the gradual reopening of schools and preschools, UNICEF has supported the development and implementation of national guidelines and protocols for opening schools safely. UNICEF is also working to create safe learning environments for children by providing education centres with cleaning and disinfection supplies, establishing WASH facilities and services in schools and distributing hygiene materials for students and teachers. Since the start of the pandemic, UNICEF has supported 368,000 schools to implement safe school protocols for COVID-19 prevention and control.

48. In Sri Lanka, UNICEF and the Children's Secretariat under the Ministry of Women and Child Affairs developed detailed infection prevention and control guidelines for schools. These guideline were complemented by: a brochure for parents listing key considerations for sending their children back to preschool (600,000 copies distributed); posters illustrating the three main steps to preventing the spread of COVID-19 (20,000 copies distributed); and an instructional video for preschool teachers translating the national infection prevention and control guidelines into a visual medium (reaching 255,000 children through their teachers).

F.   Child protection

49.   UNICEF and partners are supporting the continuity of child protection and social services – including mental health and psychosocial support – to respond to increased incidence of violence, sexual abuse and exploitation of women and children. UNICEF and partners have undertaken such interventions as providing training and financial support to build the capacities and numbers of government social workers conducting case management (including through online/phones where physical presence is not possible); expanding the geographical and beneficiary reach of psychosocial support; distributing disinfection supplies and personal protective equipment to social workers; and increasing the number of locations offering case management. UNICEF has also supported the establishment of helplines for women and children to report abuses and receive support and referrals; and rolled out risk communication and community engagement activities covering child protection topics, including gender-based violence.

50.   Since the start of the pandemic, UNICEF and partners have reached 74.7 million children, parents and primary caregivers with mental health and psychosocial support and messages. Some 500,000 children without parental or family care are now benefiting from appropriate alternative care arrangements.

51.   In the Philippines, UNICEF is supporting nationwide helplines run by the Philippine Red Cross; around 9,800 callers (nearly 4,200 women) have received life-saving information on mental health and protection concerns to date. In Colombia,

UNICEF worked with the inter-agency Prevention of Sexual Exploitation and Abuse Network to develop guidance, being rolled at the time this report was drafted, on preventing sexual exploitation and abuse in the context of COVID-19.

G.   Gender-based violence

52.   Addressing gender-based violence has been an important component of the UNICEF response to the COVID-19 pandemic. In countries where COVID-19 lockdown measures have forced gender-based violence service providers to either close safe spaces for women and girls or limit in-person activities, UNICEF has shifted to safer remote methods of delivering services, including online support and phone counselling. Where in-person services are required, offices and care facilities have been modified (e.g., handwashing stations established, WASH services and personal protective equipment provided). UNICEF and partners are also using alternative ways to deliver gender-based violence risk mitigation messages and information on available services for women and girls during the pandemic; modalities include mobile phones, radio, SMS, WhatsApp groups, posters, leaflets, social media, television, community volunteers and U-Report.

53.   Since the start of the pandemic, 22.5 million children and adults have accessed safe spaces and accessible channels for reporting sexual exploitation and abuse, and 183,000 UNICEF personnel and partners have completed training on gender-based violence risk mitigation and referrals for survivors.

54.   In Somalia, UNICEF and partners support free hotlines that provide confidential counselling and referrals to multisectoral, survivor-centred gender-based violence services. To date, the hotlines have responded to 756 calls of inquiries from 461 boys and 295 girls. Callers were referred to integrated services, shelter, case management, psychosocial support, medical support, family tracing, legal services and community reintegration. In addition, Somali women's groups and survivors of gender-based violence were mobilized to produce 20,000 facemasks (distributed to nearby communities) as an income-generating activity, which allowed women to access safe spaces and essential gender-based violence services.

H.   Social protection

55.   Households that were already in extremely vulnerable situations prior to the pandemic are facing additional challenges in providing the most basic necessities to sustain their families. Yet, while social protection measures in many countries have been expanded,[17] the needs remain immense. To assist vulnerable households affected by the socioeconomic consequence of the COVID-19 pandemic, UNICEF has distributed humanitarian cash transfers to 151,000 households to help them meet immediate needs and access life-saving commodities, services and support. In addition, UNICEF provided funding and/or technical assistance to governments to scale up social protection programmes and social assistance.[18] This support helped 45 million households cope with and recover from the impacts of the pandemic. Where it was not possible to support an existing national system, UNICEF used or

---

[17] 212 countries or territories have planned or put into place 1,179 social protection measures. Source: Gentilini, Ugo et al., "Social protection and jobs responses to COVID-19: A real-time review of country measures", brief, World Bank Group, Washington, D.C., 18 September 2020.

[18] UNICEF provided funding to governments to scale up social assistance. This included providing top-up amounts to existing beneficiaries of social cash transfer programmes and temporarily including new beneficiaries. UNICEF also provided technical assistance to governments, including support for design, financing, implementation and coordination of social protection programmes.

set up temporary parallel systems to deliver humanitarian cash transfers. For example, in Madagascar, UNICEF provided the Government with funding and technical assistance to expand the social protection response, which reached 240,000 households.

I. Gender-responsive programming

56. Gender equality and upholding women's and children's rights is at the core of UNICEF humanitarian and development programmes and has underpinned the organization's response to the COVID-19 pandemic. UNICEF is working with governments, other United Nations agencies, civil society organizations and grassroots groups to ensure gender equity in access to essential services; provide gender-targeted services where required; and prevent and respond to cases/risks of gender-based violence.

57. For example, in Liberia, UNICEF supported recruitment of women as community outreach workers to address the increasing number of child protection and gender-based violence cases and concerns. In Indonesia and Mongolia, UNICEF addressed the challenges that girls face in accessing information on menstruation – a challenge exacerbated during the pandemic – with the launch of Oky, a mobile phone period tracking application designed with and for girls that gives them direct access to evidence-based, girl-friendly information about menstruation, puberty, reproductive health and COVID-19.

J. Reaching children with disabilities

58. Children living with disabilities are experiencing very specific, profound hardships from the upheaval and socioeconomic impacts caused by the pandemic. Children with disabilities have been affected by health-related and socioeconomic impacts of the pandemic; and, depending on underlying health conditions, they may be at greater risk of developing more severe cases of COVID-19 if infected. They often face barriers in accessing handwashing facilities, and they are overrepresented in residential facilities, where risks of infection are higher. School closures have exacerbated their exclusion from education, because remote/distance learning is often not accessible. Service disruptions and isolation have exacerbated the risk of violence for children with disabilities, who pre-pandemic were already at greater risk when compared with their peers without disabilities.

59. UNICEF has worked to ensure children living with disabilities are appropriately included in response interventions. In several countries, including Kyrgyzstan, Rwanda and Uzbekistan, UNICEF and partners have made remote learning opportunities available for all students – including students with disabilities – for example, with sign language interpretation of video content. In addition to efforts in education and health, UNICEF has worked with partners to ensure that WASH and other infection prevention and control services are accessible to children with disabilities; and that psychosocial support is accessible and inclusive.

K. Linking humanitarian and development

60. The majority of UNICEF interventions during the COVID-19 pandemic use a systems strengthening approach that supports local governments and communities to deliver essential services that contribute to sustainable gains at scale. These efforts contribute to building the resilience of service delivery systems and address the socioeconomic impacts of the COVID-19 pandemic. UNICEF is also working with government counterparts to ensure that the impacts of the pandemic on financial

investments for children are being taking into consideration in national plans, policies and programmes to support stronger routine services going forward.

61. For example, in the Sudan, UNICEF has worked to improve community-based surveillance during the pandemic – structures that will be used to report on other disease outbreaks for years to come. In Uganda, health-care personnel were trained on child protection and gender-based violence, including how to identify and report concerns for follow up. This contributes to building a single protection system that prevents and responds to all types of protection concerns among children.

L. Responding to the COVID-19 pandemic in high-income countries

62. The COVID-19 pandemic has called for a truly global response. UNICEF provided personal protective equipment to some high-income countries at the start of the pandemic at a time when their supplies were scarce. As the epicentre of the crisis shifted from China towards Europe and the United States of America in spring 2020, UNICEF National Committees immediately activated their teams in response. UNICEF headquarters issued guidance for National Committees on child protection, social protection and education responses; staff engaged with National Committees on adapting programming, accelerating the response and consolidating learning on how to approach the pandemic in high-income countries.

63. UNICEF National Committees have conducted advocacy in their countries targeting governments, as well as children and youth. For example, UNICEF Ireland carried out a situation analysis and used the results to raise awareness of the rise in domestic violence and abuse during the pandemic; this led the Government to increase its funding for child protection.

VI. Resource mobilization[19]

64. With the generous support of resource partners, over the course of 2020 UNICEF has been able to adapt and expand its response to the COVID-19 pandemic and protect millions of lives. By November 2020, UNICEF had received $1.23 billion and the global COVID-19 appeal was 63 per cent funded. This includes $131.4 million in different levels of flexible funding for the response.[20] The top contributors to the UNICEF COVID-19 response are the Global Partnership for Education, the United States, the United Kingdom of Great Britain and Northern Ireland, the Government of Japan and the World Bank.

---

[19] All figures presented are provisional as of 1 November 2020 and represent fund commitments by resource partners per the agreement amount at the time signed, in the current appeal year. The figures include the revised agreement for response to the pandemic with currency revaluation. Figures are subject to change.

[20] Flexible funding includes unearmarked funds against the Humanitarian Action for Children Coronavirus (COVID-19) Global Response Appeal and softly earmarked contributions that are based on geographic and/or sectoral focus.

Figure I
Funding commitments to the response to the COVID-19 pandemic in 2020, by type of resource partner
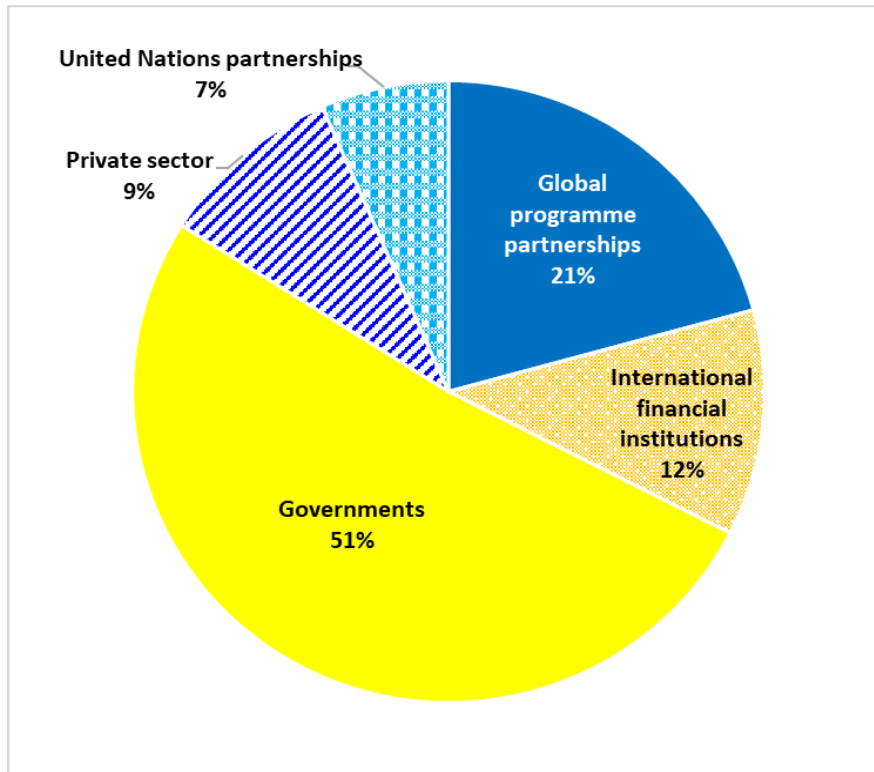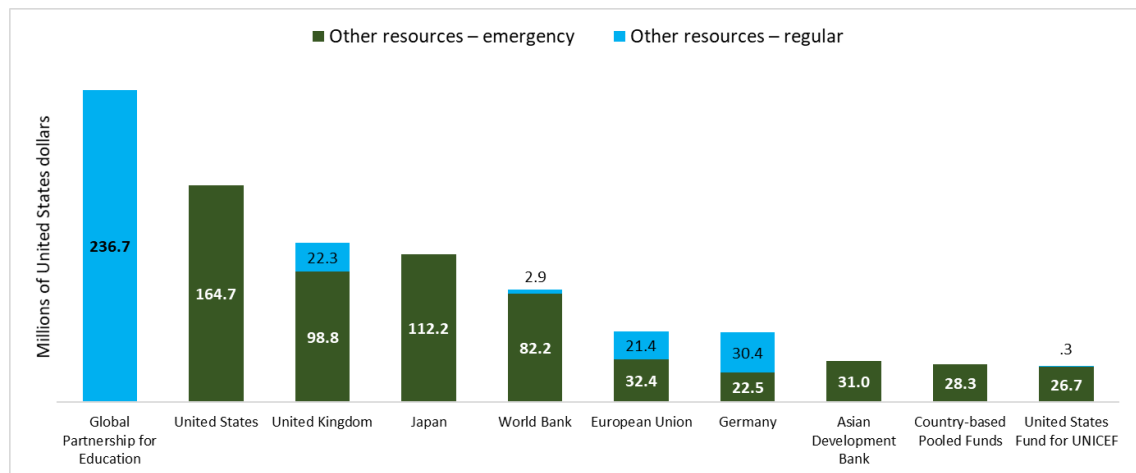

Figure II
Top 10 sources of funding commitments to the response to the COVID-19 pandemic in 2020 (in millions of United States dollars)


65.   UNICEF is grateful to all resource partners who have supported its response to the COVID-19 pandemic with high levels of support and unprecedented levels of flexibility. To date, donors have generously contributed $131.4 million at different

levels of flexible funding[21] (11 per cent of the total funds received to date). The private sector in particular has had impressive results in this regard, providing almost 40 per cent of this type of funding.

Figure III
Top 10 flexible funding partners (unearmarked and softly earmarked) in 2020 (in millions of United States dollars)[22]
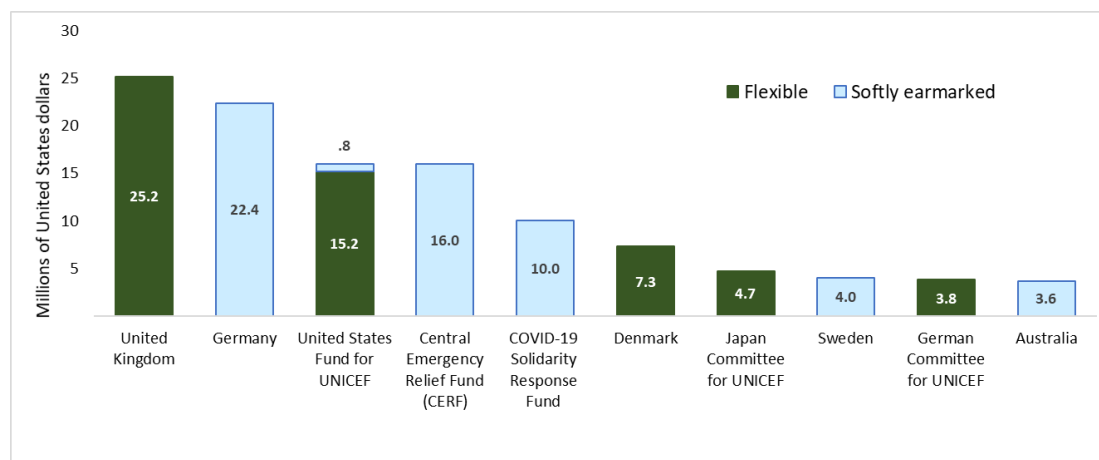
66.   As a first line of response, UNICEF utilized more than $75.6 million of its regular resources for the response to the pandemic. This allowed for immediate action and the scale-up of humanitarian interventions in 130 countries, supported by seven regional offices as well as headquarters divisions. This funding includes Emergency Programme Fund loans totalling $21.9 million. With the complexity and rapid spread of the disease globally, different levels of flexible resources were essential to support more efficient and effective humanitarian response and fill some funding gaps for critical interventions when other funds were not immediately available.

Figure IV
Funding commitments to the response to the COVID-19 pandemic in UNICEF regions, 2020 (in millions of United States dollars)

---
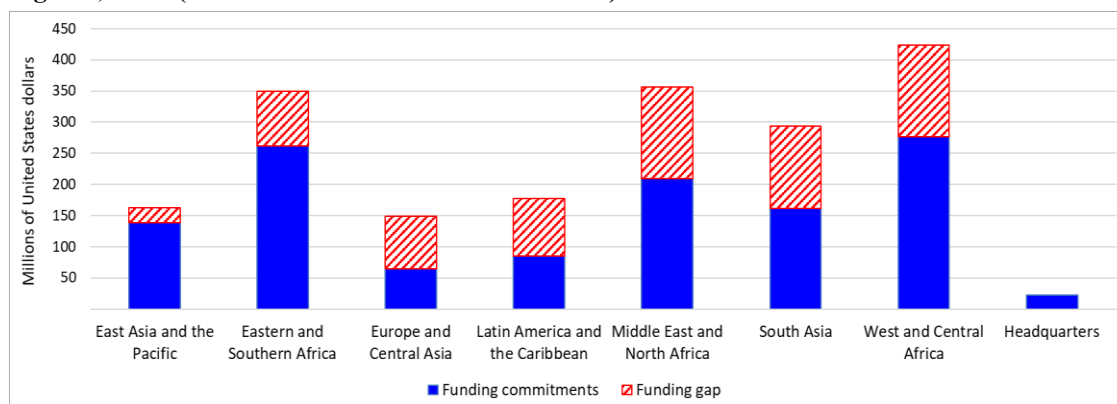
[21] Flexible funding includes unearmarked funds against the Humanitarian Action for Children Coronavirus (COVID-19) Global Response Appeal and softly earmarked contributions that are based on geographic and/or sectoral focus.

[22] As of 1 November 2020, 36 resource partners (8 public and 28 private) provided flexible contributions to the global response to the pandemic.

VII. Challenges

67.   This section describes some of the key constraints that UNICEF and partners have faced in their humanitarian response to the COVID-19 pandemic.

1.   Responding in insecure contexts with limited humanitarian access

68.   In several contexts where UNICEF operates, insecurity and limited humanitarian access have hampered the movement of humanitarian personnel and endangered their safety. In other countries, COVID-19-related restrictions imposed on international and domestic travel have limited the ability of UNICEF and partners to implement and monitor programmes. UNICEF remains committed to staying and delivering to sustain humanitarian interventions and identifying innovative ways to adapt and scale up programming – including remote implementation and monitoring where direct access is not possible.

2.   Delivering vital supplies during the global shutdown

69.   The movement of humanitarian supplies – for all UNICEF operations – was constrained with travel restrictions, curfews, checkpoints and bureaucratic impediments impacting the delivery of assistance and the pre-positioning of supplies. At the start of the pandemic, supply availability – including for personal protective equipment, diagnostics and oxygen concentrators – was extremely limited. At the same time, global supply prices rose sharply, many locally produced products had poor quality, export bans were introduced limiting access to raw materials and full advance payments to suppliers were required to assure availability. UNICEF worked with governments to obtain permits for the movement of humanitarian supplies both international and locally.

3.   Confronting unprecedented logistical challenges

70.   As countries closed their borders to travel and trade, logistical constraints reached unprecedented levels. Options for cargo transportation were limited, supply shipments were blocked at airports and charter flight prices skyrocketed, reducing air shipments of UNICEF supplies. As a result, vaccine stocks reached critical levels. UNICEF worked with partners and businesses to increase flight capacities, including through multi-stop charters and dedicated charters for larger countries. For example, in a collaboration with the European Union, UNICEF was able to send more than 50 tons of vital supplies to Afghanistan, Burkina Faso, the Democratic Republic of the Congo and the Sudan on eight European Union Humanitarian Air Bridge flights.

4.   Increasing the utilization and safety of vital services

71.   In the first few months of the pandemic, UNICEF witnessed significant declines in the numbers of children regularly attending its programmes, as travel restrictions, fears of contracting COVID-19 and the lack of available staff became widespread issues. UNICEF and partners have worked to improve infection prevention and control in health and nutrition facilities, schools and locations providing social and child protection services, by distributing personal protective equipment and implementing community engagement and awareness and behavioural change interventions. UNICEF and partners have also implemented mobile and remote programming, including mobile health clinics and online/telephone psychosocial support.

5.   Establishing the centrality of protection in the response to the pandemic

72.   At the start of the pandemic, child protection and gender-based violence programmes were not listed as essential by many governments and only limited

earmarked funds were received for these areas of work, making it difficult to support the continuity of these services. UNICEF and partners advocated with local and national governments on the importance of these services in all countries and globally, in many cases changing national attitudes and leading to decisions to prioritize child protection during emergencies, including in the response to the pandemic. UNICEF also reprioritized stigma and inclusion in its protection response in response to border closures, increased tensions and exclusion of children on the move.

6. Tackling vaccine hesitancy

73. While a successful vaccination programme is seen as a key contribution to ending the COVID-19 pandemic, hesitancy around a COVID-19 vaccine threatens to undermine this. In addition, a poorly managed roll-out of a COVID-19 vaccine would exacerbate overall vaccine hesitancy, creating spillover effects that could undermine trust in well-established vaccines, costing many lives and reversing decades of global health progress. Given the role of UNICEF as a critical player in global immunization – and its likely pivotal role in the global roll-out of a COVID-19 vaccine – this could also pose a reputational risk for UNICEF. UNICEF must anticipate and prepare for the vaccine roll-out through contingency planning and strong communication. UNICEF will take a leadership role on providing evidence to practitioners on what works in tackling vaccine hesitancy and engaging global social media platforms to dramatically expand actions to tackle misinformation regarding COVID-19 vaccines.

7. Addressing the digital divide in remote learning

74. The digital divide between those who have online/digital access and those who do not remains a major challenge for communities. This is especially true in countries where remote services, including for education, must continue over the medium to long term. Similarly, assessments and targeting of the most vulnerable students has proven challenging from a distance. UNICEF will continue to pursue innovative approaches to identifying, assisting and monitoring the most vulnerable.

VIII. Lessons learned

1. Leveraging UNICEF emergency systems and humanitarian-development linkages

75. The approach to providing a truly global, organization-wide response coordinated through a Level 3 emergency mechanism has been effective. The organization brought headquarters and regional office divisions and sections together; facilitated wide participation, engagement and collaboration; and enabled more coordinated and effective support to country and regional offices. In addition, the COVID-19 emergency procedures implemented globally at the onset of the pandemic allowed for flexibility and a more efficient and faster response. They have emerged as a best practice for future disease outbreaks.

76. Some UNICEF country offices have reported difficulties accessing sufficiently experienced emergency personnel. Country offices that do not normally focus on emergency response have also highlighted the importance of the humanitarian coordination role. This feedback underscores the fact that preparedness and internal emergency capacity are important for every UNICEF country office and standing capacity for surge and other standby mechanisms remains vital.

77. As newly identified and/or increasing vulnerabilities continue, UNICEF also recognizes the need for additional funding and technical guidance on working in

urban settlements, responding to climate change, supporting post-COVID-19 economic recovery and building the resilience of health systems.

2. Mobilizing flexible funding

78. The increased flexibility of humanitarian funding that UNICEF has received from donors for the response to the COVID-19 pandemic is enabling a stronger, more equitable response. UNICEF has been able to prioritize resources for the countries and locations with the most vulnerable populations and for programmes facing significant funding gaps. For example, in the Sudan, UNICEF has used flexible funding to pre-position 1,600 metric tons of ready-to-use therapeutic food at strategic points across the country to ensure the continuity of life-saving services during the pandemic. Flexible funding also enabled UNICEF to provide a truly global response.

79. The experience responding to the COVID-19 pandemic illustrates how timely and flexible funding at scale can improve the quality of humanitarian response, including its efficiency and efficacy, and contribute to more significant impacts on the ground. Given the challenges that the global humanitarian community is facing in this and other crises, it is even more critical that partners reduce earmarking and conditionalities of funding. The emergency response must be seen within broader country-level strategies for building resilience and strengthening the links between humanitarian, development and peace programming and funding.

3. Prioritizing risk communication and community engagement (RCCE)

80. Myths, rumours, and misunderstanding about COVID-19 have been widespread in many locations. UNICEF and partners adapted risk communication and community engagement interventions to respond to evolving challenges (among them distrust) as the pandemic unfolded and as new information, guidance and situations emerged. The RCCE approach has proven to be an indispensable strategy and should remain central to the organization's approach to disease outbreaks. UNICEF will continue to engage communities directly in these efforts and strengthen and diversify its partnerships for risk communication and community engagement, including private sector partnerships and the Risk Communication and Community Engagement Collective Service co-led with WHO and IFRC.

4. Mitigating the impacts of school closures

81. Given that the world will likely face more crises that force schools to close, UNICEF is prioritizing strengthening the resilience of education systems to mitigate the damage from future school closures. Key strategies will include: addressing the digital divide by championing multiple delivery channels for remote learning, such as television, radio and take-home packages; strengthening support to teachers, parents and caregivers to effectively deliver remote learning; and gathering feedback on and improving monitoring of the reach and quality of remote learning programmes, including through SMS, U-Report and other messaging apps.

5. Working through local responders

82. Localization has played a critical role in the response to the COVID-19 pandemic and presented an opportunity for moving the localization agenda forward. UNICEF has found that providing direct support to community-based workers has been instrumental to maintaining and continuing the delivery of quality services during the global shutdown. With UNICEF support, its professional partners have regularly followed up with families, communicated vital information to communities, organized activities for children online and helped parents and caregivers to improve their relationships with children during lockdown. UNICEF will continue to advocate for protecting and supporting community-based workers

during the pandemic response and in future public health emergencies; improve its engagement with communities; make its programmes more accountable to affected populations; and strengthen local capacities and systems for health and social protection.

6. Using technology to enhance programme delivery

83. UNICEF has successfully adapted and scaled up its use of digital platforms for communication, monitoring and remote programming. These platforms include e-learning, radio and television education sessions, telemedicine, mobile community interventions, social media platforms and others. This has allowed essential services to continue, with increased reach and coverage, particularly when COVID-19 mitigation measures restrict UNICEF staff movement, travel and supply delivery. Virtual tools have also been used to obtain feedback from communities, facilitate humanitarian communication and build the capacities of local partners, and to convene experts, partners and beneficiaries to exchange experiences and share technical support. UNICEF will strengthen the use of technology platforms in future development and humanitarian programmes.

7. Investing in data and testing

84. To slow the spread of COVID-19, UNICEF and partners need data on who is affected. The COVID-19 response has been sharpened and made more effective with increasingly granular data and evidence, for example in countries where disaggregated and real-time data have helped to ensure service continuity.

IX. The Way Forward: How will the COVID-19 pandemic influence UNICEF programmes in the near future?

85. At the heart of the UNICEF response to the COVID-19 pandemic is its mandate and its long-standing commitment to stay and deliver for children wherever they need help the most. This is the approach that UNICEF has taken for decades to guide both humanitarian action and development programming; that UNICEF has continued to take during the current pandemic; and that UNICEF will carry forward throughout the next Strategic Plan as part of the Decade of Action for achieving the Sustainable Development Goals. This commitment shapes how UNICEF designs and implements its programmes.

86. While the organization's strategy to respond to the COVID-19 pandemic is anchored in humanitarian action and guided by the Core Commitments to Children in Humanitarian Action, it goes well beyond addressing immediate humanitarian needs. UNICEF prioritizes interventions that strengthen systems and build national and subnational technical capacity, working in partnership with governments, civil society partners and other United Nations agencies.

87. The midterm review of the UNICEF Strategic Plan, 2018–2021 illustrated the need for UNICEF to redouble its contributions to accelerating progress towards achieving the Sustainable Development Goals. The COVID-19 pandemic and its socioeconomic impacts have exacerbated the challenges to achieving these Goals, making it even more important to reallocate resources to have the greatest impacts and reimagine new solutions that achieve results for children. This includes ensuring the continuity of essential services and finding innovative financing models to increase and improve the quality of spending on children. This adaptation of UNICEF programmes will rely on high-quality evaluative evidence, including real-time data and evidence, to ensure organizational learning and continuous improvement.

88.   Three areas of action guide the UNICEF approach to programming in the context of the pandemic:

(a)   Limit the regression in key indicators of children's well-being by containing the spread of the pandemic and assuring the resumption and continuity of services and efforts to reach those currently excluded;

(b)   Take advantage of the disruption to established positive norms, reclaim the possibility of accelerated progress and introduce innovative ways of reimagining solutions;

(c)   Conduct coordinated and highly focused advocacy to highlight the importance of maintaining budgets for and investing in social services and promoting a resilient, climate-sensitive, child-friendly model for economic recovery that does not exacerbate inequality.

89.   While working to protect the gains achieved in recent decades and remaining mindful of the need to ensure continuity of services for children, UNICEF programmes will use the disruption caused by the COVID-19 pandemic to accelerate progress by introducing innovative ways of reimagining solutions. For example, the crisis has shown that the provision of real-time data through routine information and surveillance is a weak link in health systems. UNICEF has therefore repurposed digital and data solutions to monitor existing health services and rapidly identify and respond to disruptions in the provision or utilization of care. Similarly, UNICEF has promoted distance learning solutions to enable children and adolescents to continue learning. The online Learning Passport platform was rapidly expanded in response to the crisis and adjusted to support learning for children with disabilities. These solutions, and many others built on digital and non-digital engagement, are driving how programmes are being reshaped.

90.   To maximize its contribution to the Sustainable Development Goals, UNICEF is working with the international cooperation community to create a global health architecture that ensures an equitable distribution of global public goods and strengthens core public health functions and health service delivery systems. This includes the professionalization of the community-based health workforce by formally bringing it into the health system and financing it. Similarly, while government spending on public health and social protection is likely to increase during the immediate pandemic response, fiscal space for social spending on children is likely to suffer as a result of the economic downturn, especially in low-income countries. UNICEF is supporting governments to identify areas of spending that will have the greatest impact on children and design global mechanisms to direct and prioritize resources to support the most vulnerable families.

91.   UNICEF programmes will continue to counter misinformation and maintain the trust of individuals, communities and governments in public services – while at the same time encouraging positive attitudinal and behavioural changes such as, for example, handwashing with soap. This reinvigorated approach will be critical to addressing long-standing bottlenecks that hinder achievement of the Sustainable Development Goals.

92.   In all programmes, UNICEF will promote a model for recovery from the pandemic that is resilient and climate-sensitive; that reduces vulnerability and does not exacerbate inequality; and that prioritizes engagement opportunities and agency for children and adolescents.

_____