



COVID-19 GLOBAL RESPONSE

For more information on UNICEF humanitarian response in 2020, please see the [UNICEF Annual Results Report – Humanitarian Action](#)

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for every child

Cover: School disinfection at a high school in Minia governorate in Upper Egypt. In order to support the disinfection efforts of the Ministry of Education, UNICEF Egypt contributed to disinfecting 360 schools in Minia and Fayoum governorates to keep nearly 338,300 children safe while handing their assignments.

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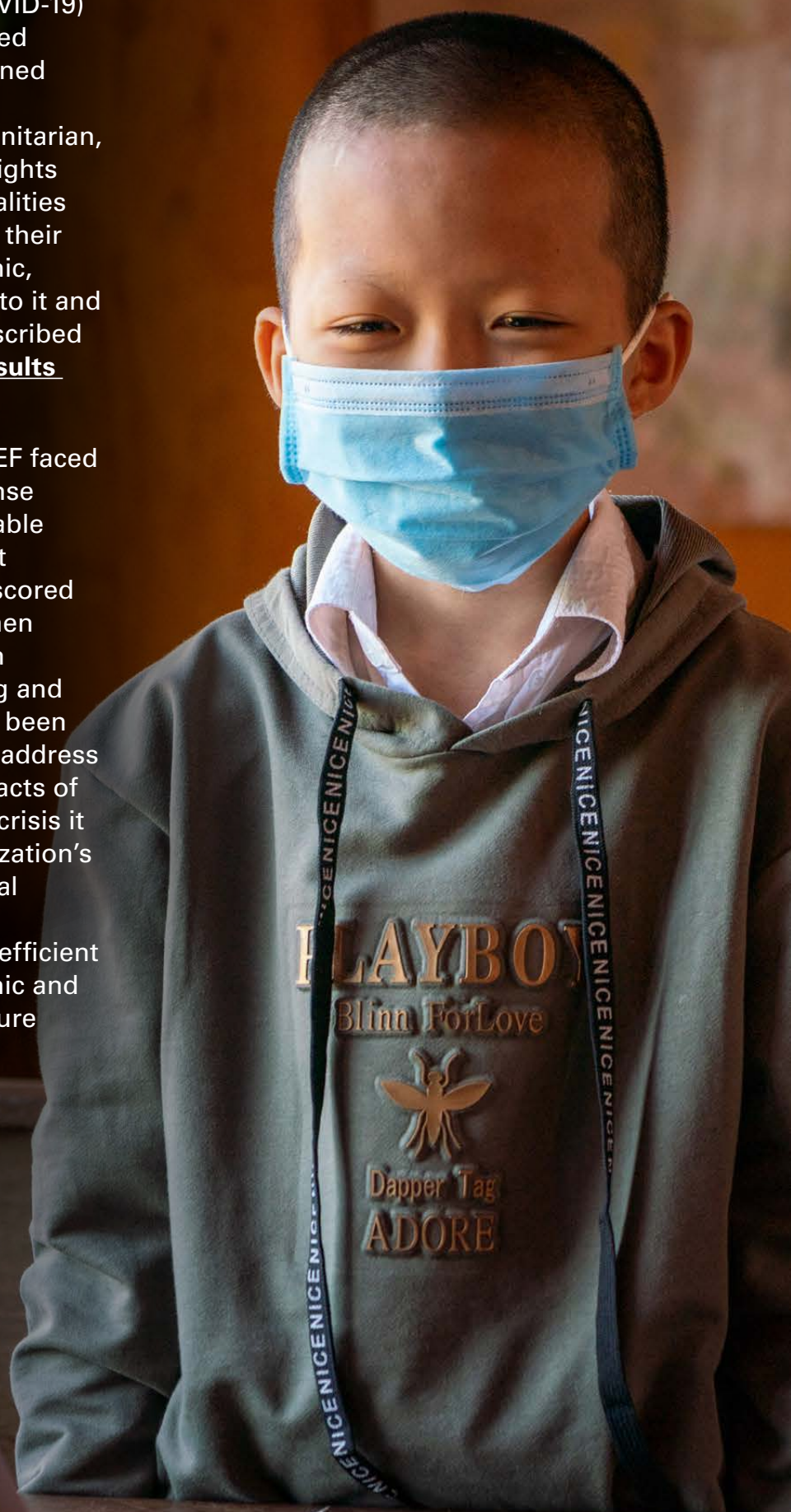
United Nations Children's Fund
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1. OVERVIEW

The coronavirus disease 2019 (COVID-19) pandemic caused an unprecedented crisis, straining already overburdened social and health service delivery systems, triggering a global humanitarian, socioeconomic and human/child rights crisis, and exacerbating the inequalities and vulnerabilities of children and their families. The scope of the pandemic, UNICEF's strategy for responding to it and the key results for the year are described on p. 10 of the **UNICEF Annual Results Report – Humanitarian Action**.

Over the course of the year, UNICEF faced significant challenges in its response to the pandemic and learned valuable lessons – in real time – about what worked well. The response underscored that UNICEF must further strengthen the links between its humanitarian action, development programming and peacebuilding efforts, which have been key to the organization's ability to address the immediate and long-term impacts of COVID-19 and the socioeconomic crisis it has created. The use of the organization's emergency systems, and the global implementation of its emergency procedures allowed for a flexible, efficient and rapid response to the pandemic and emerged as a best practice for future disease outbreaks.



2. UNICEF'S ADVANTAGE TO ADDRESS THE SCALE OF NEEDS RELATED TO THE PANDEMIC

UNICEF's COVID-19 strategy is described in depth on p. 10 of the [UNICEF Annual Results Report – Humanitarian Action](#), as well as in the COVID-19 Humanitarian Action for Children appeal. This section describes UNICEF's comparative advantage in addressing the scale of needs related to the pandemic in key areas under the COVID-19 strategy.



Risk communication and community engagement

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 the following:

- Promoting the proper use of masks, regular hand-washing and other hygiene practices and social distancing and providing information on how and where to seek basic services and assistance.
- Implementing activities that help combat the stigmatization of people who have contracted the illness.
- Informing communities of the national epidemiological situation.
- Raising awareness of gender-based violence.
- Working with authorities and partners to track and respond to misinformation on COVID-19.
- 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.

The Risk Communication and Community Engagement Collective Service, a formal collaboration between UNICEF, the World Health organization (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.

Data collection and social science research

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:

- 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.
- Ensuring that data-collection systems are closely coordinated with epidemiological information and rely on a variety of scientific methods.
- 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.

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.

Continuing access to basic social services

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:

- Providing virtual counselling for children and victims of gender-based violence
- Supporting virtual and other forms of remote learning
- Adapting protocols for the detection and treatment of malnutrition
- Empowering communities and families as the new front-line workers
- Supporting and expanding social protection systems
- Providing guidance, together with WHO and others, to governments on resuming child vaccinations and reopening schools.

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 facilitating coordination with governments and other partners.

UNICEF has also prioritized systems strengthening and systems-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 (e.g., 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.

Advocating for child rights

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 fallout – 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.

Adaptive programming for an efficient and effective response

During the COVID-19 response, high-quality evaluative evidence, including real-time information, facilitated organizational learning and continuous improvement and adaptation. UNICEF 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.



Cameroon
 U-Reporters in Yaoundé, the center of Cameroon. Thanks to the technical and financial support of UNICEF, U-Report Cameroon has set up a Green Line, a free call service made available to the populations to have access to quality information and services.



**50 MILLION
GLOVES**



**200 MILLION
SURGICAL MASKS**



**15 MILLION
N95 RESPIRATORS**



**2.7 MILLION
GOWNS**



**1.1 MILLION
GOGGLES**



**2.8 MILLION
FACE SHIELDS**



**16,800
OXYGEN CONCENTRATORS**

**Shipped by UNICEF
for 130 countries
between January and
December 2020**

Working with partners

Partnerships have been essential to UNICEF's response to the COVID-19 pandemic. In 2020, UNICEF worked under the leadership of national governments and in close partnership and coordination with WHO, humanitarian country teams, United Nations country teams, civil society and non-governmental organizations (NGOs), national and local responders, beneficiaries and others.

Putting national and local organizations at the centre of humanitarian operations is a key strategy in the UNICEF humanitarian response, including in the context of the COVID-19 pandemic. As of 31 December, of the funds received against the global COVID-19 appeal and transferred to implementing partners, 64 per cent went to governments and 22 per cent to national NGOs and and/or Red Cross/Crescent national societies.

Availability and delivery of critical supplies for COVID-19

Delivering supplies to meet emergency needs can be challenging in any crisis, and at the onset of COVID-19, UNICEF faced unprecedented constraints on its ability to procure and deliver life-saving items. Global health measures to control COVID-19, including border closures and travel restrictions, significantly hampered the movement of supplies both internationally and nationally. During the first months of the pandemic, options for air freight became very limited, shipments of supplies were quarantined, and freight prices skyrocketed, reducing UNICEF air shipments of essential supplies. At the same time, global demand for personal protective equipment far outstripped availability, which led to shortages during the first few months of 2020. In 2019, UNICEF procured 400,000 masks on behalf of national governments. By early 2020, the forecast demand soared to 240 million, and the cost of some personal protective equipment exceeded the cost of historical levels by 20 times.

In response to the market situation and to meet the demand, UNICEF worked with existing suppliers and connected with an additional 1,000 companies to obtain personal protective equipment of acceptable quality at competitive prices and intensified its coordination efforts. To support countries with limited purchasing power, UNICEF, WHO and other agencies worked with governments to consolidate demand and UNICEF used its procurement expertise and capacities to negotiate acceptable prices, secure supplies and ensure equal access. To mitigate future risks of supply stock-outs,

UNICEF built relationships with large manufacturers and suppliers of personal protective equipment and established long-term agreements to secure production capacities and geographically diversify the supplier base.

Challenges and lessons learned

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 to 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; to establish protection, including protection from gender-based violence, as an essential component of the pandemic response; to tackle vaccine hesitancy in preparation for the eventual roll-out of a COVID-19 vaccine; and to 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; implementing infection prevention and control measures

in key child service locations to ensure their continuity; implementing and monitoring programmes remotely where feasible; securing movement and access permits for social workers and other critical staff; 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.

In future emergencies, UNICEF will prioritize strengthening its social protection interventions, redoubling its preparedness efforts, and improving the quality and timeliness of its humanitarian response. The organization will also learn from its experience managing partnerships during the COVID-19 response, including by improving budget flexibility, adaptive programming and meaningful partner interaction, and simplifying its partnership arrangements in emergency contexts.

Across its humanitarian and development responses, UNICEF will use the disruption caused by the COVID-19 pandemic as an opportunity to scale up innovative approaches to supporting children globally.

Public finance for children

In an effort both to respond to the socioeconomic crisis caused by the pandemic and to foster inclusive recovery, UNICEF is working with governments and the international community to prioritize investments in child- and youth-focused social services, protect existing government spending on children, and ensure that spending becomes more efficient and generates more equitable benefits for children and their families.

In 2020, UNICEF worked with national counterparts to:

- highlight the consequences of economic and fiscal policies on children and their families through advocacy and communication;
- make the investment case for protecting social spending, using data, evidence and analysis;
- mitigate the impacts of the health and economic crises on children;
- leverage the resources of the international system, through technical support to national governments and international partners, to support sustainable, child-sensitive and inclusive national fiscal responses.



Bangladesh

A UNICEF emergency nutrition officer (R) checking the progress of a Rohingya community volunteer’s (L) household visits of the day during the Nutrition Action Week (NAW) 2020 door-to-door campaign.

3. KEY RESULTS ACHIEVED

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

3 BILLION

people (1.5 billion women and girls; 810 million children) reached with life-saving COVID-19 messaging on prevention and access to services.

EDUCATION

301 MILLION

children (147 million girls) supported with distance/home-based learning.

WASH/INFECTION PREVENTION AND CONTROL

106 MILLION

people (55 million women and girls; 58 million children) received critical WASH supplies, including hygiene items, and services.

WASH/INFECTION PREVENTION AND CONTROL

4 MILLION

health care facility staff and community health workers trained on infection prevention and control.

WASH/INFECTION PREVENTION AND CONTROL

2.6 MILLION

health workers within health facilities and communities provided with personal protective equipment.

HEALTH

92.2 MILLION

children and women received essential health care services in UNICEF-supported facilities.

HEALTH

2.6 MILLION

health care providers trained to detect, refer and appropriately manage COVID-19 cases.

PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

44.3 MILLION

children and adults had access to safe channels for reporting sexual exploitation and abuse.

CHILD PROTECTION

78 MILLION

children, parents and caregivers provided with community-based mental health and psychosocial support and messaging.

SOCIAL PROTECTION

47.1 MILLION

households benefiting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support.

GENDER BASED VIOLENCE

17.8 MILLION

women, girls and boys received gender-based violence risk mitigation, prevention or response interventions in 84 countries with COVID-19 response plans.

GENDER BASED VIOLENCE

210,800

UNICEF personnel and partners completed training on gender-based violence risk mitigation and referrals for survivors in 84 countries with COVID-19 response plans.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

3 BILLION

people (1.5 billion women and girls; 810 million children) reached with life-saving COVID-19 messaging on prevention and access to services.



Pakistan

With support from UNICEF and the United Nations COVID-19 Solidarity Fund, health workers and volunteers in Pakistan were trained to provide COVID-19 risk communication and community engagement interventions targeting women and children in rural areas without access to mass media.



Sierra Leone

In Sierra Leone, with UNICEF and Sweden's support, social media influencers, including musicians, actors, journalists, politicians and bloggers, were trained to support the National COVID-19 Emergency Response Centre's Share4Mama Salone Ambassador initiative, to dispel myths and rumours about COVID-19.



Timor-Leste

In Timor-Leste, with UNICEF and Australia's support, and in association with the Disability Association of Timor-Leste, the East Timor Blind Association and the Ministry of Health, people with disabilities received accessible COVID-19 prevention messages delivered in braille and sign language.



Côte d'Ivoire

In Côte d'Ivoire, with the support of the Government of the United Kingdom, UNICEF-supported U-Reporters raised awareness about COVID-19, including the importance of hygiene, hand-washing and social distancing, and distributed masks to vulnerable groups.



EDUCATION

301 MILLION

children (147 million girls) supported with distance/home-based learning.



State of Palestine

In the State of Palestine, UNICEF supported the establishment of school safety protocols and trained nearly 45,000 Ministry of Education staff to prevent the spread of COVID-19 in schools. These steps helped nearly 2,300 schools remain open during the pandemic.



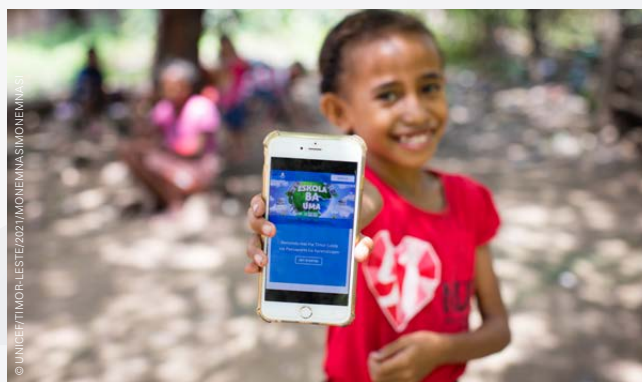
Senegal

In Senegal, UNICEF supported the development of radio-based learning programmes on literacy and numeracy that were broadcast across 120 community radio stations by the country. The programmes reached children without access to the internet, digital devices and television.



Bhutan

In Bhutan, UNICEF supported the Ministry of Education to adopt a blended approach to distance learning, with some learning sessions provided via television, Google classrooms (Grades 4-12), radio and other social media; and others provided through printed materials.



Timor-Leste

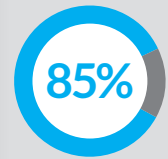
In Timor-Leste, UNICEF supported the development and airing of 74 episodes of Eskala ba Uma (School Goes Home) television and radio programmes. These programmes reached over 192,000 students and are now available for free online.



EDUCATION

301 MILLION

children (147 million girls) supported with distance/home-based learning.



Egypt

In Egypt, UNICEF supported schools – such as this one in Minia Governorate in Upper Egypt – with disinfection and the provision of supplies to facilitate the reopening process.



Iraq

In northern Iraq, with UNICEF support, the Ministry of Education and the Kurdistan Regional Government provided free online learning to all students in the country in several dialects following school closures. Some 350,000 children – including internally displaced children – were reached in the first 10 days of the programme’s launch.



Greece

In Greece, UNICEF supported the Ministry of Education to register refugee and migrant children in the Government’s distance learning programme. Unaccompanied children received tablets to access the UNICEF/Akelius digital language learning platform in six languages. Some 300 children from 32 nations are attending.



India

In India, UNICEF and the United Nations COVID-19 Solidary Funds supported the launch of Radio Brahmaputra, which provides teacher-led radio lessons for children from economically depressed communities. Youth volunteers brought students together to listen to the lessons in community halls and open spaces.



WASH/INFECTION PREVENTION AND CONTROL

106 MILLION

people (55 million women and girls; 58 million children) received critical WASH supplies, including hygiene items, and services.



4 MILLION

health care facility staff and community health workers trained on infection prevention and control.



2.6 MILLION

health workers within health facilities and communities provided with personal protective equipment.

125%

112%

124%



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Sierra Leone

Thanks to flexible support provided by the United Kingdom Foreign, Commonwealth and Development Office, UNICEF was able to provide oxygen therapy through oxygen concentrators in Sierra Leone in 2020.



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Indonesia

In Indonesia, support from UNICEF and the United Nations COVID-19 Solidarity funds helped operationalize the new national COVID-19 protocols for WASH and infection prevention and control through the training of nearly 2,100 health staff, community workers and provincial and district officers in six districts.



© UNICEF/KENYA

Kenya

Thanks to flexible funding provided by the United Kingdom Foreign, Commonwealth and Development Office, UNICEF was able to provide 500 frontline health workers in Kenya with personal protective equipment and nearly 1,200 health workers with infection prevention and control training, reassuring parents that health facilities were safe during the pandemic.



© UNICEF/BOLIVIA/2020

Bolivia

In the Plurinational State of Bolivia, UNICEF used funding from the United Kingdom Foreign, Commonwealth and Development Office to install hand-washing stations that benefited over 17,000 people (8,635 women/girls; 7,253 children) in critical locations, including health care centres in vulnerable communities.



HEALTH AND NUTRITION

92.2 MILLION

children and women received essential health care services in UNICEF-supported facilities.



2.6 MILLION

health care providers trained to detect, refer and appropriately manage COVID-19 cases.



Bolivarian Republic of Venezuela

In the Bolivarian Republic of Venezuela, UNICEF was able to use the flexible support provided by the Swedish International Development Cooperation Agency to provide children with medical care in in Táchira State.



Afghanistan

In Afghanistan, UNICEF used mobile health and nutrition teams to deliver emergency nutrition services to internally displaced persons in Herat. These teams reached 12,000 children under 5 years of age and pregnant and lactating women with critical nutrition services, including nutrition-related COVID-19 counselling.



Bangladesh

In Bangladesh, despite the postponement of a vitamin A supplementation campaign due to COVID-19, UNICEF provided 20.8 million children – including 155,000 Rohingya refugee children – with vitamin A using additional safety measures (e.g., the installation of hand-washing facilities and use of personal protective equipment) and door-to-door outreach.



Europe and Central Asia

UNICEF launched the Baby Feeding Code Reporter project across Europe and Central Asia to inform parents of optimum infant young child feeding practices, raise awareness of national and international codes on marketing of breast milk substitutes, and help parents report code violations in their countries.



PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

44.3 MILLION

children and adults had access to safe channels for reporting sexual exploitation and abuse.



Nigeria

In Nigeria, UNICEF adjusted risk communication, community engagement and child protection messages based on community feedback to address the myth that only girls can be victims of sexual assault.



Afghanistan

In Afghanistan, a social worker conducts a group session on COVID-19 and the specific vulnerabilities of women and girls at a UNICEF-supported Women's Safe Space in Kabul city. Since June, over 734,700 women, girls, men, and boys were reached with information on COVID-19 and gender-related issues.



Indonesia

In Indonesia, UNICEF and partners launched the Oky mobile phone period tracker app, which allows girls to track their periods and access trustworthy information about menstrual hygiene management, reproductive health and COVID-19.



Zimbabwe

In Zimbabwe, UNICEF supported the establishment of e-support groups run by young mentor mothers that monitor clinic appointments and antiretroviral supplies for both mothers and their infants. Through virtual follow-ups, 90 per cent of young mothers who missed appointments were traced and 71 per cent returned to care.



CHILD PROTECTION 78 MILLION

children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support and messaging.



Syrian Arab Republic

Thanks to the generous contribution from the European Civil Protection and Humanitarian Aid Operations, UNICEF reached 10,700 children in Aleppo with psychosocial support. This support helped children affected by the crisis in the Syrian Arab Republic express themselves, cope with stress and maintain their psychological well-being.



Cameroon

Thanks to generous support from the Government of Japan, UNICEF developed a positive parenting strategy to help parents and caregivers in Cameroon provide children with key messages on COVID-19 and tips on how to manage tension and frustration. Nearly 26,000 children and 21,000 parents and primary caregivers were reached.



Jordan

Throughout the pandemic, UNICEF and partners have provided equitable and safe learning, skills-building and protection services to children (56 per cent girls) in 140 Makani centres across Jordan. These centres offer learning support and child protection, including for children living in Za'atari refugee camp.



Lebanon

In Lebanon, thanks to the United Nations COVID-19 Solidarity Response Fund, UNICEF has reached over 3,000 children with community-based psychosocial support interventions, and 2,500 adolescents and youth with psychosocial support and online life-skills sessions focusing on mental health, substance abuse, sexual and reproductive health, and COVID-19 prevention.

Colombia

In Colombia, parents and caregivers received tools for identifying and preventing child protection risks during lockdown. UNICEF also helped prepare and distribute 44,000 copies of *My house, my home*, a guide for the prevention of sexual violence against children and adolescents during COVID-19.

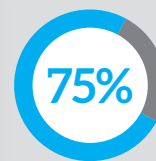
Georgia

In Georgia, UNICEF partnered with the Public Broadcaster to air specialized bi-weekly education programmes for parents of children with disabilities. A Child Hotline was also launched that gives children and their families access to public services such as cash benefits, violence prevention programmes and assistive technology.



SOCIAL PROTECTION 47.1 MILLION

households benefiting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support.



Afghanistan

In Afghanistan, UNICEF was able to use flexible support from Australia to provide 900 vulnerable families with children with disabilities, or who were living in open spaces with cash grants. The project used a Cash Plus approach, combining cash distribution with COVID-19 and child protection awareness and information sessions.



Angola

In Angola, UNICEF was able to use flexible funds from the Swedish International Development Cooperation Agency to support 1,400 children under 5 years of age and their caregivers with emergency cash transfers. The children were also tested for malaria at the time of the cash transfer and medical follow-up plans were set up with caregivers.



Morocco

In Morocco, UNICEF supported and advocated for the Government's roll-out of an emergency cash transfer programme that reached 4.1 million households (3.2 million children) that were working in the informal sector and lost their jobs or incomes due to the socioeconomic impacts of COVID-19.

Tunisia

In Tunisia, thanks to contributions from the Government of Germany/KfW, the Ministry of Social Affairs expanded its national social safety net system to reach approximately 10 per cent of all children in the country with top-up cash transfers to help their parents mitigate the immediate negative socioeconomic impacts of the COVID-19 pandemic and prioritize investments for their children.

Ethiopia

In Ethiopia, UNICEF supported the Government to provide emergency cash transfer top-ups to 100,000 vulnerable people included in the Productive Safety Net Programme, a government social protection programme that targets food insecure households.



GENDER BASED VIOLENCE 17.8 MILLION

women, girls and boys received gender-based violence risk mitigation, prevention or response interventions.



210,800

UNICEF personnel and partners completed training on gender-based violence risk mitigation and referrals for survivors.



Uganda

In Uganda, UNICEF supported girls affected by early marriage and female genital mutilation with rehabilitation and education. Through UNICEF-supported community dialogues, parents were also engaged, including to keep girls in school and speak out against child marriage. A total of 163 children (153 girls, 10 boys) affected by different forms of sexual violence received multi-sectoral services such as health, psychosocial, legal, and safety support in 2020.



Somalia

In Somalia, in-person services addressing gender-based violence were able to continue safely during the pandemic thanks to established public safety measures. Multi-sectoral services such as clinical, psychosocial, legal, transport, and safe accommodation assistance were provided to nearly 6,000 gender-based violence survivors. As part of the COVID-19 response, approximately 11,400 calls were received on the gender-based violence hotlines. In addition, more than 92,200 people received awareness messages on the prevention of child recruitment, child marriage, female genital mutilation, gender-based violence, and COVID-19.



India

In India, civil society volunteers supported by UNICEF engaged with adolescents to discuss perceptions and experiences of violence and safety, particularly gender-based violence. A total of 146,000 UNICEF personnel and partners have completed training on gender-based violence risk mitigation and referrals for survivors.

Nigeria

In Nigeria, UNICEF supported online trainings for social workers and gender-based violence response teams and helped hotlines and online platforms better manage rising cases of gender-based violence and violence against children. Nearly 2,500 children and adolescents were reached with specialized gender-based violence support services, including case management.

Middle East and North Africa

Before the pandemic, several countries in the Middle East and North Africa, including Iraq, Jordan and Lebanon, had established hotlines for reporting gender-based violence and related concerns. UNICEF provided additional guidance and training for case workers to support the shift to remote service delivery.

4. FUNDING OVERVIEW¹

For more information on the COVID-19 funding overview and resource partners, please see: [COVID-19 donors and partners site](#)



¹ Presented figures are provisional as of 31 December 2020 and represent funds commitments by resource partners as per the agreement signed in the current appeal year. Figures are subject to change.

In 2020, all of UNICEF’s country offices implemented humanitarian interventions, underscoring the truly global nature of the COVID-19 pandemic and response. For many of these countries this was the first time that UNICEF had supported a humanitarian response, including some upper-middle income countries. UNICEF National Committees played a critical role in supporting COVID-19 responses and complementing government efforts in social inclusion, social protection, education, child protection, health, child rights, education and communication for development.

During the year, UNICEF adapted and expanded its response to COVID-19 and appealed for a total of US\$1.93 billion² to protect millions of lives and halt the spread of the pandemic in 152 countries.

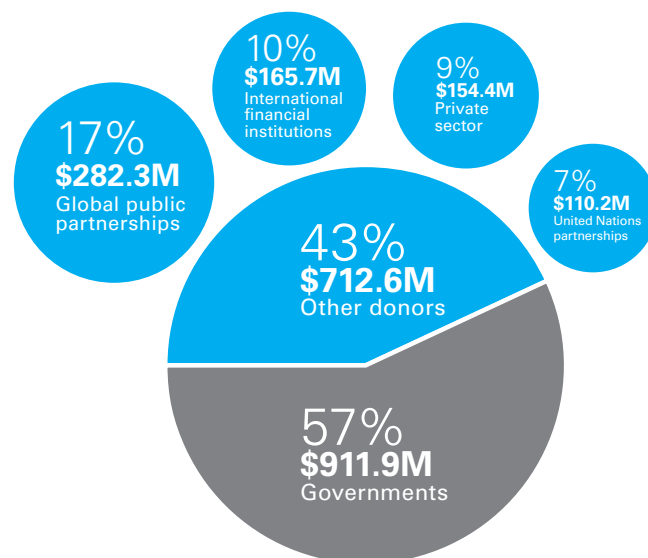
UNICEF partners responded with unprecedented levels of support. As of 31 December, the global COVID-19 appeal was 84 per cent funded thanks to commitments from both the public and private sectors. The funding committed against the appeal included US\$931.3 million in humanitarian contributions. Resource partners also provided an additional US\$692.4 million in other resources to help address the global pandemic.

Governments provided 57 per cent of all funding committed. The top resource partners for the COVID-19 response were Germany, the Global Partnership for Education, the United States, the United Kingdom and the World Bank. Global programme partnerships and international financial institutions also provided vital resources for the pandemic response, including support for continuous education activities.

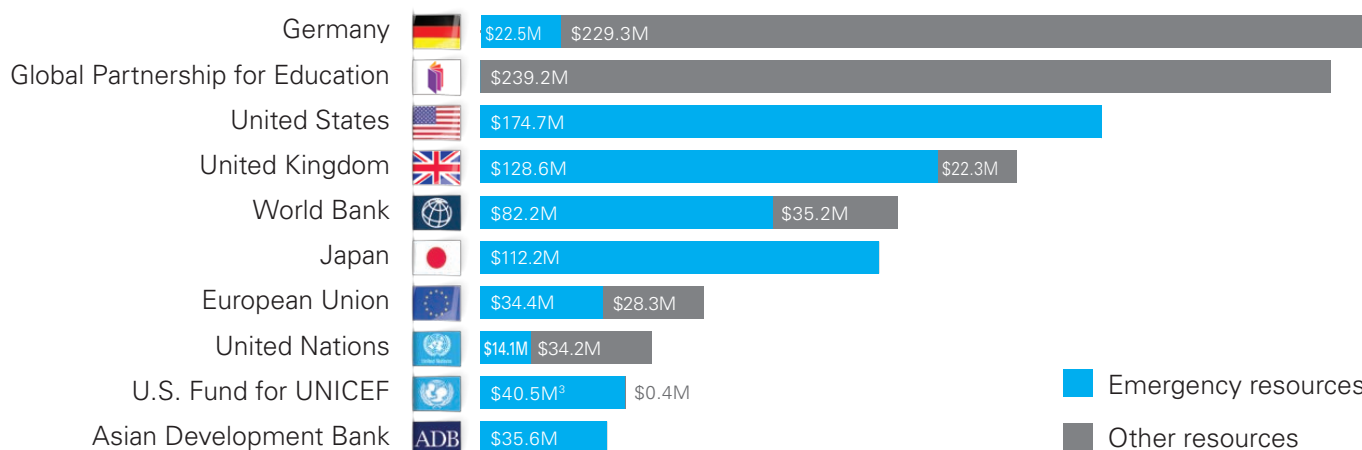
COVID-19 Humanitarian Action for Children appeal (US\$)



COVID-19 commitments by type of partner

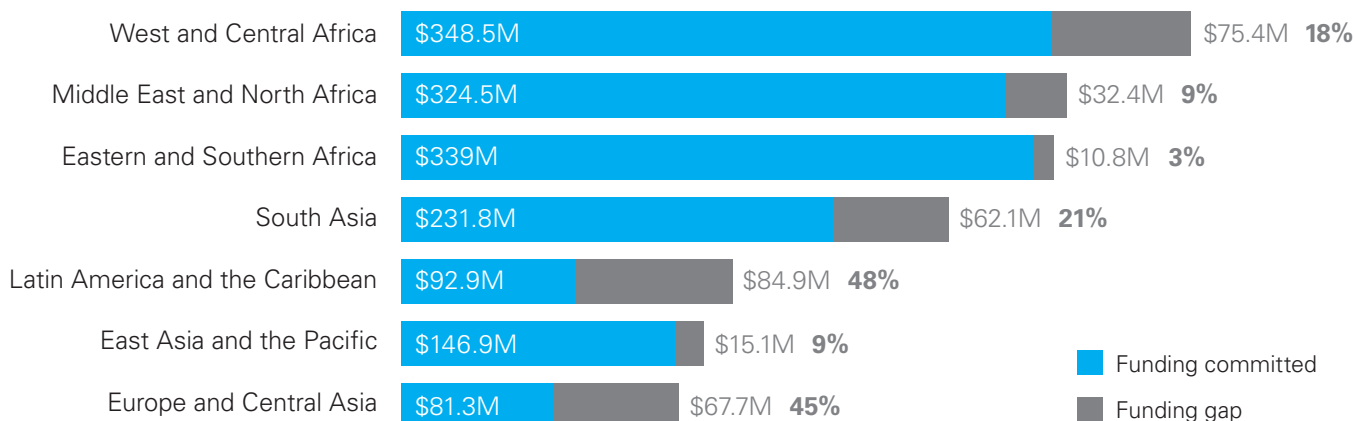


COVID-19 top 10 resource partners



² The total amount required for the COVID-19 response includes the portion reflected in the US\$9.5 billion Global Humanitarian Response Plan supporting 63 countries.
³ This amount includes the contribution from the COVID-19 Solidarity Response Fund (US\$10 million).

COVID-19 Humanitarian Action for Children funds committed by geographic area



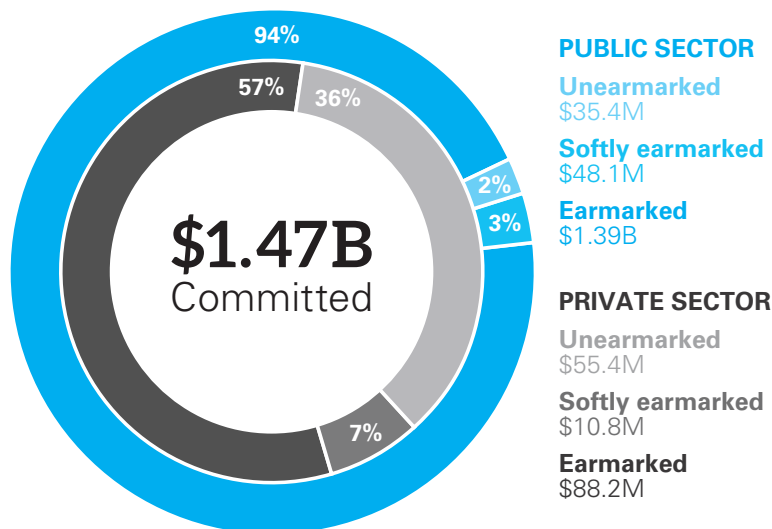
Regions such as West and Central Africa, and the Middle East and North Africa, which had the largest funding requirements, received the largest share of support. Regions with larger funding gaps included Europe and Central Asia, and Latin America and the Caribbean. Health, water, sanitation and hygiene (WASH) and education were the most funded sectors. Flexible funding played a critical role in supporting sectors such as child protection and social protection, which struggled to attract support.

Flexible support in a time of need

Top 10 COVID-19 flexible donors⁴

	United Kingdom	\$25.2M
	Germany	\$22.4M
	U.S. Fund for UNICEF ³	\$17.6M
	Central Emergency Relief Fund	\$16.0M
	Japan Committee for UNICEF ⁵	\$12.2M
	COVID-19 Solidarity Response Fund	\$10.0M
	Denmark	\$7.3M
	German Committee for UNICEF ³	\$6.7M
	Sweden	\$4.0M
	Australia	\$3.5M

Flexibility by type of partner (US\$)



⁴ Flexible donors represent those who have provided unearmarked funds and those who provided softly-earmarked funds.

⁵ Refers to National Committee for UNICEF.



“UNICEF is a very important partner for Denmark. Conflict-affected children and young people were already among the most vulnerable, but COVID-19 has exacerbated their situation and their need for humanitarian assistance. The pandemic has also exposed vulnerabilities and inequalities within and among countries, including pre-existing gender inequalities and heightened protection risks. UNICEF has played a key role in responding to all these aspects of the COVID-19 pandemic in a timely and agile manner, and Denmark has been proud to support this. Gender equality and the rights of children are core pillars in our collaboration with UNICEF, as is sexual and reproductive health and rights, combating gender-based violence and supporting gender-transformative programming. We look forward to continuing our long-term partnership with UNICEF to jointly make a difference in the lives of children all over the world.”

Mr. Flemming Møller Mortensen, Minister for Development Cooperation and Minister for Nordic Cooperation, Denmark

With the complexity of the pandemic, and the fast-moving spread of COVID-19 globally, flexible resources were essential to supporting more efficient and effective humanitarian response. Of the total funds committed, US\$149.7 million was provided flexibly. In terms of fully unrestricted supporters, the United Kingdom, Denmark and Canada exemplified public partner commitment to efficiency and effectiveness of the response. The private sector showed great flexibility, securing about 44.2 per cent of this type of funding. UNICEF is deeply grateful to all resource partners that responded to the call for flexible resources.

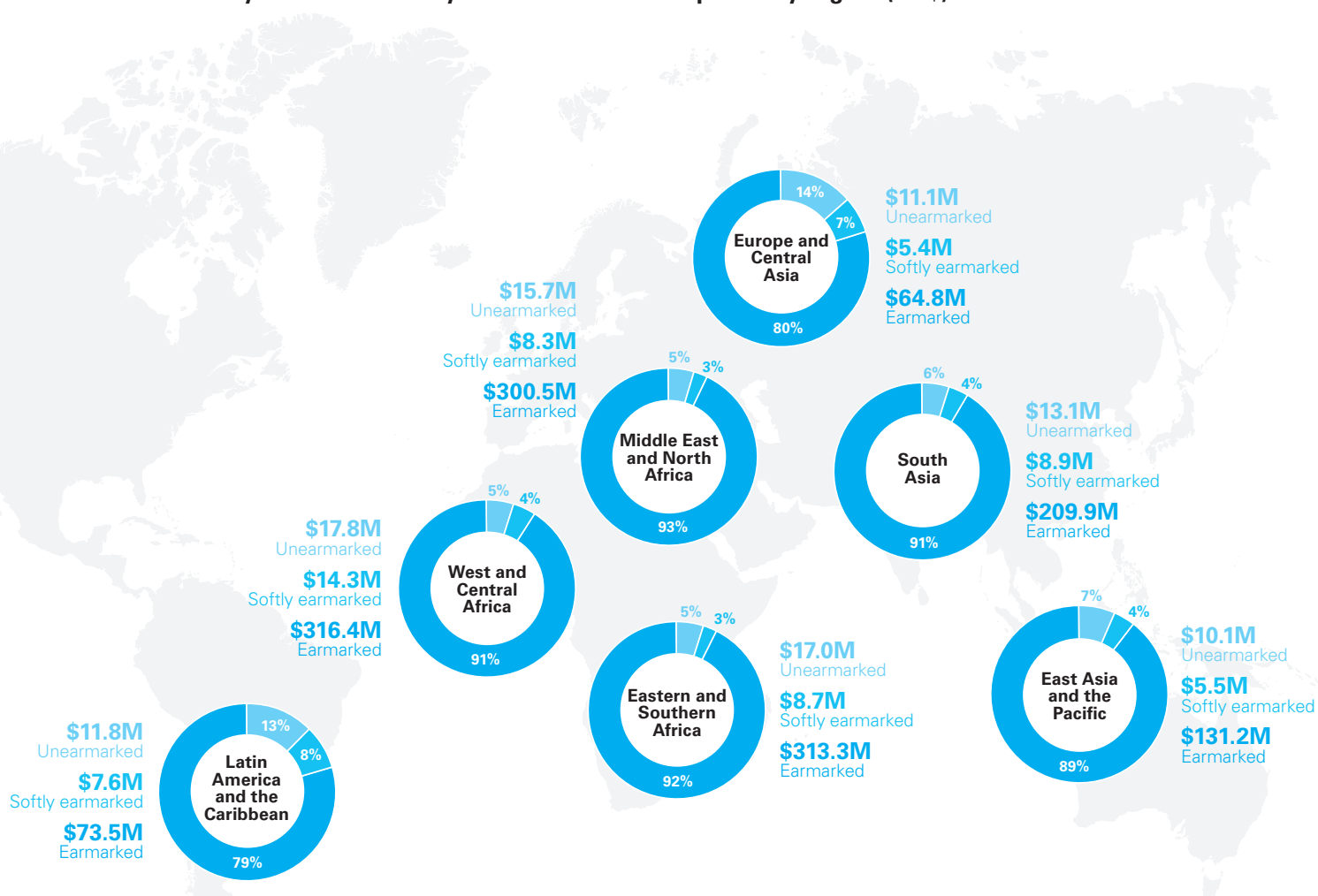
As a first line of response, UNICEF used over US\$81.7 million of its regular resources⁶, which allowed for immediate action and the scale-up of humanitarian interventions in 124 countries. This also included Emergency Programme Fund loans totalling US\$41.8 million to all seven regions to meet critical needs and scale up the response until additional funding was secured. In addition, US\$4.5 million in Emergency Programme Fund loans were allocated for global coordination and technical support to the COVID-19 response.

In terms of how flexible funds are allocated, UNICEF worked with experts in its headquarters and regional offices to prioritize flexible funding allocations for the COVID-19 response in real time, based on where needs were most acute. Factors included: high rates of transmission/cases or high risk due to contextual factors, such as high-density urban slums and the presence of vulnerable populations (e.g., refugees, migrants, internally displaced persons); countries with weak health systems; available funding, including funding in the pipeline; and government and/or partner capacity to respond to the crisis.

With thanks to partners, funds were allocated flexibly for the global COVID response to all seven regions. In 2020, Latin America and the Caribbean received the largest share of flexibly allocated funds⁷ of total funding received (21 per cent). The region with the smallest share was the Middle East and North Africa (7 per cent).

On behalf of some of the world's most vulnerable children in need, UNICEF expresses its gratitude to all resource partners who provided flexible contributions for the COVID-19 response in 2020. These contributions have made a huge difference for children.

Funds available by level of flexibility for the COVID-19 response by region (US\$)



⁶ Figure is based on the expenditure tagging done by offices for the COVID-19 response.

⁷ 'Flexibly allocated funds' include softly earmarked funds and flexible funds, which are funds contributed through humanitarian thematic funding and other flexible contributions.

5. HUMAN INTEREST STORIES



East Asia and the Pacific

Supporting hand hygiene in schools in Cambodia

At 7 a.m., Tak Hab, Education Director for Kampot Province, was already lifting boxes at his department’s headquarters. This was not a typical morning. It was the day that UNICEF delivered several tons of hand hygiene, cleaning and disinfection supplies to enable all 700 schools in his province to reopen safely following long closures due to the COVID-19 pandemic.

While hand washing has long been a pillar of UNICEF’s work supporting Cambodia to meet the Sustainable Development Goals, COVID-19 has made meeting these targets even more urgent, and UNICEF has ramped up its work accordingly. In addition to informing the Cambodian public about the benefits of hand washing and developing WASH services across the country, UNICEF has procured and distributed key hygiene supplies in preschools and schools with funding from the European Union, the multi-donor Capacity Development Partnership Fund and the Government of China.

When procuring hygiene supplies, particular attention was paid to the needs of younger children, who often find it more difficult to understand and follow instructions, and who benefit from anything that makes hand washing fun.

In this spirit, UNICEF procured 7,000 Happy Taps: bright, visually appealing, ergonomic hand-washing stations that make the process easy for the young by including soap and water in a single portable unit.

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“I really like the Happy Tap,” says Sopheaktra, 3 years old. “But actually, I know all about washing my hands. My parents showed me how to do it properly and I know it’s very important.”

Overall, in 2020, UNICEF provided hygiene supplies and safety materials to all 13,000 schools and 3,100 community preschools in Cambodia.

Cambodia

A preschooler in Kampot, Cambodia, shows how to use the Happy Taps supplied by UNICEF.



© UNICEF/UN989261/PAAB

Europe and Central Asia

Providing life-saving nutrition services for children in Tajikistan

In April 2020, some 3.3 million people in Tajikistan – one third of the country's population – were food insecure, and 1.6 million were severely food insecure.⁸ After the COVID-19 pandemic hit, 41 per cent of households reported reducing their food consumption due to the economic downturn and loss of remittances.⁹ Children were particularly vulnerable. Before the pandemic, Tajikistan had among the worst nutrition indicators in Europe and Central Asia, with 18 per cent of children under 5 years of age stunted, 6 per cent wasted and 1.8 per cent severely wasted.¹⁰

With support from the Government of Denmark, the U.S. Fund for UNICEF, and UNICEF National Committees in Germany, Japan and the United Kingdom. In 2020, UNICEF used flexible humanitarian thematic funds to support the Government and its partners to respond to child malnutrition in Tajikistan. This response included providing essential nutrition supplies (e.g., ready-to-use therapeutic foods, mid-upper-arm circumference tapes, electronic scales and height boards); training over 100 health-care staff

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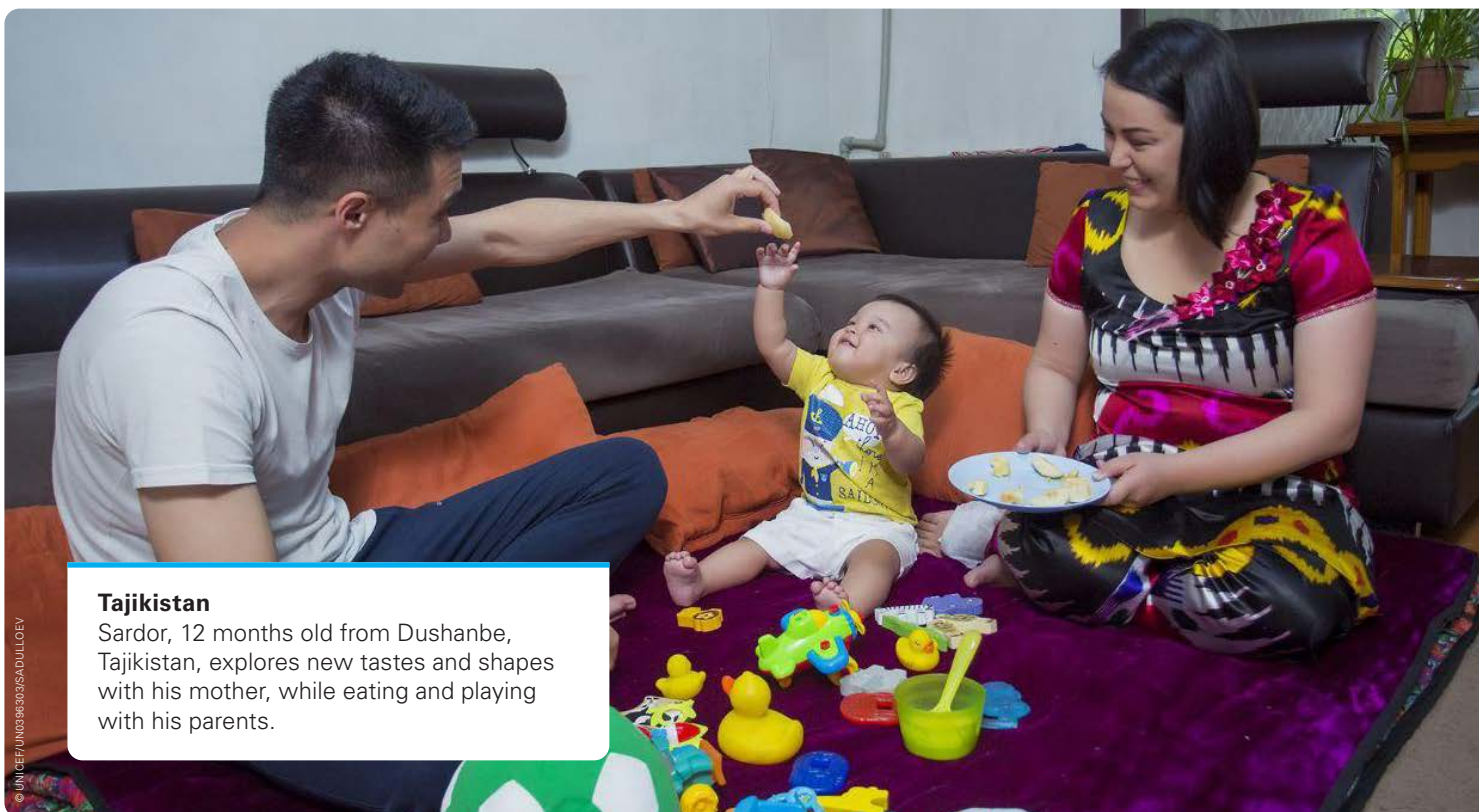
on COVID-19-specific integrated management of acute malnutrition; facilitating treatment for children with severe acute malnutrition (SAM); strengthening nutrition service delivery; building capacities for nutrition response planning; and promoting healthy infant and young child feeding practices in the context of COVID-19.

UNICEF was able to use flexible humanitarian thematic funds to reach 3,200 children (1,568 girls) with SAM treatment and expand SAM programmes in 109 health facilities. These critical funds helped UNICEF scale up nutrition services for children in a timely manner and, in so doing, avert devastating and long-lasting consequences for malnourished children and families.

⁸ World Food Programme, April 2020.

⁹ World Bank, 'Economic and Social Impacts of COVID-19: Updates from the listening to Tajikistan survey', New York, 13 July 2020.

¹⁰ Tajikistan Demographic and Health Survey, 2017.



Tajikistan

Sardor, 12 months old from Dushanbe, Tajikistan, explores new tastes and shapes with his mother, while eating and playing with his parents.

Eastern and Southern Africa

Empowering mothers and caregivers in the United Republic of Tanzania to identify malnutrition

In August 2020, Bukuru Rahma noticed that her 36-month-old daughter Nshimirimana had lost weight. Having been trained on the use of mid-upper-arm circumference tape to screen for acute malnutrition as part of COVID-19 mitigation measures in Mtendeli Refugee Camp, Bukuru knew exactly how to check to see if her daughter was growing well. Using the tape, she found that Nshimirimana was suffering from SAM.

Bukuru immediately took Nshimirimana to the hospital for a full nutrition assessment. Nshimirimana was admitted to the inpatient facility and treated in the stabilization ward for eight days. Eventually she was referred to an outpatient therapeutic programme for further support, where she made a full recovery and was eventually discharged.

Bukuru's story is an example of how mothers and caregivers can be equipped with the skills and knowledge to implement community-based approaches to screen their children for acute malnutrition.

Bukuru's story is an example of how mothers and caregivers can be equipped with the skills and knowledge to implement community-based approaches to screen their children for acute malnutrition. This was vital during the COVID-19 pandemic, as community-based nutrition services were broadly suspended. To meet rising needs, UNICEF partnered with the Tanzania Red Cross Society to train refugee mothers to screen their own children for acute malnutrition in an innovative approach to nutrition assistance during COVID-19.

For Bukuru, the training was life-saving. Not only did she ensure that own child had the treatment she needed, but she has also become a champion for nutritional screening in her refugee camp. Bukuru now advises community members on how to understand, accept and practise the use of mother-led screening for acute malnutrition.

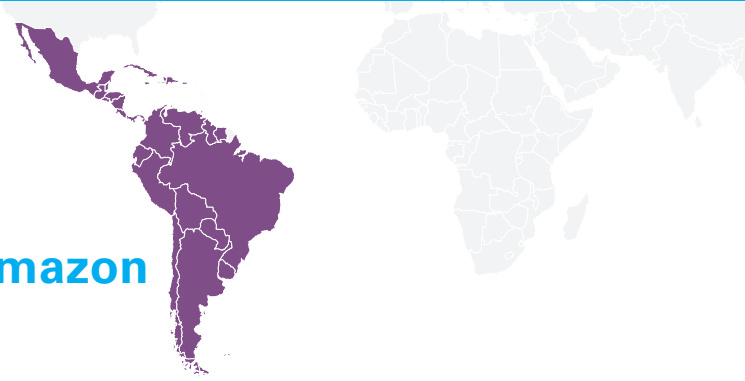


Tanzania

Bukuru and Nshimirimana in Mtendeli Refugee Camp in north of the United Republic of Tanzania.

Latin America and the Caribbean

Helping remote, indigenous communities in the Peruvian Amazon continue to learn



One of the things Richard Guimaraes Camayo, 15, enjoys most about living in his community in the Peruvian Amazon is getting together with friends and playing football. Both things used to happen mainly at school, but the arrival of the pandemic changed everything in Nuevo San Rafael, a Shipibo community in the Amazonian region of Ucayali in Peru.

COVID-19 hit this area especially hard: shortly after the first case was detected, the region became one of the worst affected in the country.

With a state of emergency declared and all schools shut by the pandemic, the Ministry of Education launched “I Learn at Home”, a national remote education strategy developed for children and adolescents with UNICEF support that responds to the needs of students living in rural and indigenous communities. I Learn at Home lessons are available in Spanish and nine indigenous languages.

UNICEF delivered four loudspeakers to local authorities to expand access to the educational programmes broadcast over the radio. In September, the loudspeaker reached Nuevo San Rafael, changing the lives of Richard and the community’s other young people.

The installation of the loudspeaker has brought some normalcy back to Richard’s life: he can continue his studies, connect with his classmates and complete group assignments.

The installation of the loudspeaker has brought some normalcy back to Richard’s life: he can continue his studies, connect with his classmates and complete group assignments. Regaining contact with the educational system is vital to averting academic delays and dropout. For Richard, it is also a way of imagining a brighter future: “When I’m done with school, I want to keep studying at university and complete three degree programmes to help my family and community.”

Peru

Adolescents in the Peruvian Amazon continue their learning thanks to loudspeakers installed by UNICEF that broadcast school lessons.



Middle East and North Africa

Kickstarting the COVID-19 response in the State of Palestine using humanitarian thematic funds

In the State of Palestine, the COVID-19 pandemic significantly impacted household income. According to the Palestinian Bureau of Statistics, 46 per cent of households in the West Bank and 38 per cent in the Gaza Strip saw their incomes cut in half. At the same time, children’s access to essential services such as health, nutrition, child protection and education, has been severely constrained.

To kickstart the COVID-19 response and support the Government and partners to reduce COVID-19 transmission and mortality, UNICEF delivered critical medical supplies to hospitals and clinics across the West Bank and Gaza Strip. These supplies included 22 intensive care unit sets containing 65 oxygen concentrators, as well as 1,400 COVID-19 testing kits, 375,000 items of personal protective equipment for 5,000 health professionals, 1,000 infection prevention and control items and 197,000 medical drugs including micronutrient supplements for children. UNICEF also distributed medical and waste management supplies to 50 quarantine centres in the West Bank. As a result of this supply effort, nearly 74,000 people have received appropriate health services since the onset of the pandemic.

Humanitarian thematic funds also supported UNICEF’s infection prevention and control efforts. UNICEF distributed

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e-voucher top-ups that 18,000 vulnerable families in Gaza and 4,500 vulnerable families in the West Bank used to redeem hygiene items at local shops. Without this support, these families might not have been able to access these supplies essential to COVID-19 prevention.

UNICEF also used humanitarian thematic funds to kickstart the COVID-19 child protection and education responses. This included the provision of case management services, group and individual counselling, life skills education and psychosocial support to over 11,000 children in the Gaza Strip and West Bank since the start of the pandemic. In education, UNICEF provided nearly 3,500 children with tablets that helped them continue to learn.

State of Palestine

Access to essential health, nutrition, child protection and education services to children and their families was critical during the pandemic to protect and save lives.



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Middle East and North Africa

Reaching children in the Syrian Arab Republic with life-saving health and nutrition services

Years of conflict have taken a heavy toll on children and families in the rural sub-district of Qahtaniya, 30 kilometres east of Qamishli, in the north-east of the Syrian Arab Republic. Damaged basic infrastructure and depleted household resources have made it extremely difficult for children to access essential services.

Thanks to generous contributions from the United Kingdom Foreign Commonwealth and Development Office and the Office of United States Foreign Disaster Assistance, UNICEF provided children and mothers in Qahtaniya with basic health and nutrition support despite COVID-19 mitigation measures.

UNICEF organized mobile teams consisting of a paediatrician, a nurse and trained health workers, to reach children with life-saving services. These teams had the supplies they needed to follow COVID-19 mitigation measures – including respiratory and hand hygiene practices and social distancing – during the examination and screenings of children and mothers.

Thanks to generous contributions from the United Kingdom Foreign Commonwealth and Development Office and the Office of United States Foreign Disaster Assistance, UNICEF provided children and mothers in Qahtaniya with basic health and nutrition support despite COVID-19 mitigation measures.

Overall, 5,000 children under 15 years of age received outpatient consultations, and 2,500 children under 5 years of age and pregnant and lactating women received life-saving nutrition interventions, including screening for malnutrition and treatment.



Syrian Arab Republic

Firyal, 3, receives a medical check-up by a UNICEF-supported mobile team in Qahtaniya, north-east Syrian Arab Republic.

Middle East and North Africa

Expanding the National Social Safety Net System in Tunisia

Nadia, a widow and mother of two children, is the head of her family. She is unemployed and receives 190 dinars per month through Tunisia's National Social Safety Net System. Once a month, Nadia goes to the post office in El Ghraiba to withdraw her monthly allocation.

Nadia has also received financial support to improve her family's living conditions, but the funds were insufficient, and the family still uses a straw cabin as a kitchen. The roof of the cabin leaks and does not provide adequate cover for Nadia and her children during the winter. The family lives in a single room without sanitation facilities.

In 2020, Nadia and her children became eligible for a new child-focused programme implemented by the Ministry of Social Affairs with support from UNICEF and the Government of Germany.

In 2020, Nadia and her children became eligible for a new child-focused programme implemented by the Ministry of Social Affairs with support from UNICEF and the Government of Germany. Nadia received an additional 50 dinar to support her son Adel, 10, to return to school, and is receiving 30 dinar per month for her daughter Shams, 5.

The cash transfers have been transformative. Shams is now in preschool. And with the extra support, Nadia has been able to improve the family's access health services. Nadia hopes the cash will help both of her children stay in school.

As part of the programme, Nadia is also receiving regular messages on positive parenting practices, which Adel reads aloud to her. She says the messages are helping her keep her children in good health and support them to realize their potential.



Tunisia

The kitchen where Nadia and her family prepare their meals in Sfax Governorate, Tunisia.

South Asia

Providing access to education during COVID-19 in Bangladesh

In Bangladesh, learning centres for Rohingya refugee children were closed in March 2020 due to the pandemic. This meant that Rohingya students lost almost three quarters of structured learning time for the year, and the planned introduction of learning based on the formal Myanmar curriculum was put on hold.

Before they were closed in March 2020, nearly 232,000 children aged 3 to 14 years (112,000 girls and 1,200 children with disabilities) were attending the 2,500 learning centres operated by UNICEF implementing partners. Ninety-eight per cent of these centres were operated by national NGOs, in accordance with localization principles followed by UNICEF.

With the learning centres closed, UNICEF and the Government of Bangladesh developed guidelines for home-based learning. Using humanitarian thematic funding, UNICEF supported the Government to produce and broadcast digital learning materials on multiple platforms, including television, mobile phones, radio and through the internet. Where children lacked access to internet, UNICEF used humanitarian thematic funding to create pre-recorded classes for television for pre-primary through secondary students. Teachers were trained in the new modalities

In response to the closed learning centres, UNICEF and the Government of Bangladesh developed guidelines for home-based learning with support from the humanitarian thematic funding.

so that distance education could begin immediately and continue for the duration of the pandemic.

Despite the immense challenges in Bangladesh – including limited access to education and unequal distribution of resources – these diverse remote learning approaches helped maintain access to learning when children in Bangladesh needed it most. Overall, an estimated 17.2 million students (50 percent girls) across the country continued to study during the pandemic.

UNICEF plans to build on the lessons learned in 2020 in future humanitarian responses in Bangladesh. Distance education will not only be a key element in emergency preparedness planning, it will also be used to help children in hard-to-reach areas access learning in times of crisis.

Bangladesh

A secondary school student in Bangladesh attends classes remotely during COVID-19 lockdown measures.





South Asia

Empowering and protecting women in Bangladesh

Nur is one of the many women who has suffered gender-based violence at the hands of her husband. In 2020, a chance meeting with a UNICEF-supported volunteer from a Safe Space for Women and Girls changed her life.

Back in Myanmar, Nur, 25, got married when she was 13 years old. She now has four children and is a Rohingya refugee living in a camp Bangladesh's Cox's Bazar.

"I got pregnant almost immediately. My husband was very violent and frequently beat me for minor issues like delaying food or waking up late. I always had bruises all over my body," she says. She was constantly verbally abused by her husband's family who reminded her that she was useless, just another mouth to feed and a waste of money. Her confidence was shattered and she became withdrawn. When the family moved to Bangladesh, life was even harder. Her husband had no income for a long time and beat her frequently.

After meeting with the community volunteer, Nur was referred to the Safe Space for Women and Girls run by ActionAid with UNICEF support. The centre offers a safe,

Nur is one of the many women who has suffered gender-based violence at the hands of her husband. In 2020, a meeting with a UNICEF-supported volunteer from a Safe Space for Women and Girls changed her life.

confidential and comfortable environment where women can meet and commune with each other away from the presence of men and boys, and without stigma. Survivors of gender-based violence can access psychosocial support and case management services. Women can also learn economically empowering skills such as dressmaking and embroidery – skills that Nur is using to empower and protect herself.

State of Palestine

Nur improves her dressmaking skills at a UNICEF-supported Safe Space for Women and Girls in Bangladesh.



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West and Central Africa

Supporting community awareness of COVID-19 in Sierra Leone

Saidu Ture is a community health worker in the densely populated Kroo Bay Informal Settlement in Freetown, Sierra Leone. In addition to guiding community members on how to prevent and seek treatment for malnutrition, diarrhoea, acute respiratory infections and malaria, Saidu plays a critical role in raising awareness during public health emergencies, including the COVID-19 pandemic.

In 2020, Saidu and his team of nine other community health workers have been hard at work supporting contact tracing, dispelling rumours and misconceptions about COVID-19, and encouraging pregnant women, lactating mothers and caregivers of children under 5 years to continue to access health services.

UNICEF, with funding from the United Kingdom Foreign, Commonwealth and Development Office, is supporting the work of community health workers like Saidu and his team by providing training on applying appropriate infection prevention and control measures in their daily work to minimize risks to themselves and their patients. Saidu leads by example – always having his face mask on during the visits, and ensuring that during discussions, a good physical distance is maintained between himself and the clients.

In 2020, Saidu and his team of nine other community health workers have been hard at work supporting contact tracing, dispelling rumours and misconceptions about COVID-19 and encouraging pregnant women, lactating mothers and caregivers of children under 5 years to continue accessing health services.

Changes have also been made to how patients are monitored. To reduce close contact, mothers and caregivers are asked to check the body temperatures of babies, and community health workers record the findings and guide follow-up actions. Case management is conducted via mobile phones.

“As community health workers, we have the confidence and trust of the people because we have been working in this community for a long time,” says Saidu. “The assurances we have given them about the need to continue to access maternal and child health services during this difficult time of a pandemic have been well received.”



Sierra Leone

Community health worker Saidu helps mothers like Ngozi access health services during the pandemic, with UNICEF support.



West and Central Africa

Protecting children who live on the streets in Côte d'Ivoire

An estimated 15,000 children live on the streets in Côte d'Ivoire. With limited access to basic services and given their heightened risk of trauma, these children are extremely vulnerable to the impacts of COVID-19.

To support these critically vulnerable children during the pandemic, UNICEF used flexible humanitarian thematic funds and worked with partners to provide children living on the streets with shelter, food, clean water, learning opportunities, access to sanitation, psychosocial support and care in child protection centres. UNICEF's priority was to work with partners to help reunite street children with their families, where possible, and provide them with vocational learning opportunities, when appropriate.

For example, working with the Ivorian Ministry of Women, Family and Children, UNICEF used flexible humanitarian thematic funds to identify and support 646 children living on the streets and provide these children with psychosocial support, accommodation, learning opportunities and care. Of these children, 126 have already been reunited with their families.

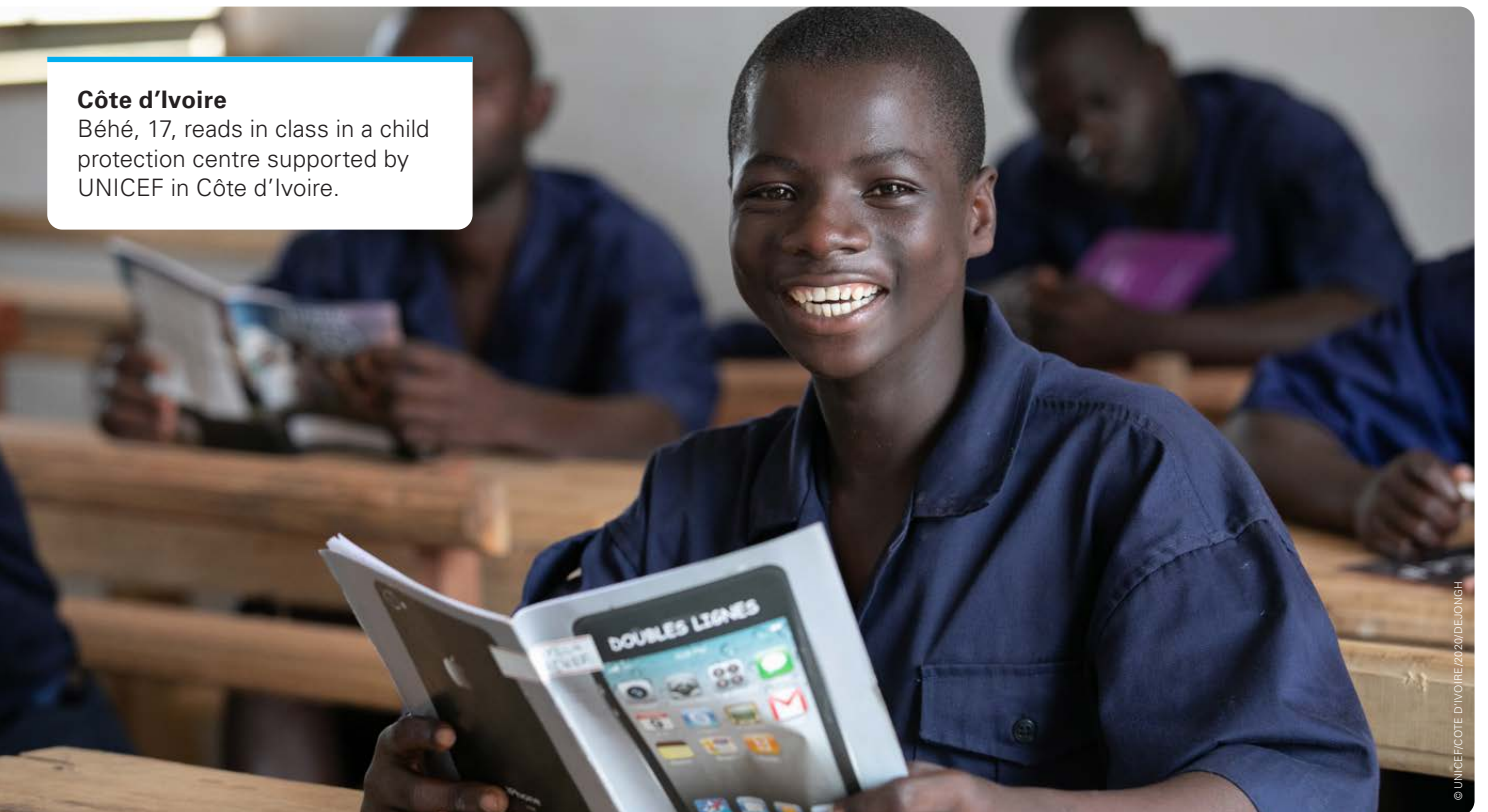
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For Béhé, 17, who left home at 11, COVID-19 made survival even more difficult. "During the curfew, I was often chased by armed men in the streets," Béhé says. Béhé was relieved when he was approached by a social worker who helped him to find a place in a child protection centre supported by UNICEF.

"They gave me everything I needed to be able to protect myself against COVID-19," he says. "I'm also getting counselling, food and other forms of support. The routine and numeracy classes at the centre have taken a bit time to get used to, but I feel like I have hope here. I'm happy that I'm able to learn things that can help me in the future."

Côte d'Ivoire

Béhé, 17, reads in class in a child protection centre supported by UNICEF in Côte d'Ivoire.



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Headquarters

Supporting UNICEF programmes and operations at the global level during the COVID-19 response

Flexible resources were critical to supporting UNICEF's operations and programmes globally during the COVID-19 response in 2020.

Throughout the pandemic, UNICEF teams stayed and delivered programmes and results for children across the world, even when faced with a heightened risk of contracting COVID-19. To ensure the continuity of UNICEF programmes globally during the pandemic, UNICEF used humanitarian thematic funds to protect and provide medical assistance to its staff. This included establishing COVID-19-related medical services – including testing, treatment and medical evacuations – for UNICEF and United Nations staff in multiple locations. This support gave UNICEF staff the confidence and assurances they needed to continue to work during the pandemic – often on the front lines of the response – to deliver results for children globally.

At UNICEF Headquarters, humanitarian thematic funds supported the development of frameworks and guidance, and the provision of continuous support to UNICEF teams on the ground. This included rapid data collection, analysis and impact assessments that not only supported the

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UNICEF response but also informed broader public health responses and national decision-making.

As governments implemented COVID-19 mitigation measures, including mobility restrictions, and concerns rose about the effects of these measures on children, UNICEF used humanitarian thematic funds to generate sound evidence in countries where it was operating. This evidence was vital to informing governments, UNICEF and partners on gaps in the response and the progress being made. For example, UNICEF developed thematic data analyses on the epidemiology of the pandemic that informed public health responses; as well as on the socioeconomic impacts of COVID-19 on children.



Headquarter

Throughout the COVID-19 pandemic, UNICEF teams globally stayed and delivered programmes and results for children. In July 2020, Barangay health worker Elvie Mendoza and UNICEF visit residents of Purok 2, Sitio Target during the rapid coverage assessment for the massive polio vaccination in Angeles City, Pampanga, Philippines.



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