




# Humanitarian Action for Children

unicef 

## Coronavirus (COVID-19) Global Response

The coronavirus disease pandemic (COVID-19) has triggered an unprecedented global health, humanitarian, socioeconomic and human rights crisis, which has spread to over 215 countries and territories, with over 580,000 reported deaths and 13 million confirmed cases.<sup>i</sup> The related economic crisis is pushing more and more people into extreme poverty and continues to put significant additional pressure on already overburdened social and health service delivery systems which threatens to reverse decades of hard-won development gains for children. Ongoing lockdowns and other restrictions are exacerbating the vulnerabilities of children and their families globally. Children continue to be disproportionately impacted by the COVID-19 pandemic that has disrupted everything that we know is critical for children's social, physical, mental and emotional development, learning and well-being.

Countries continue to report significant disruptions in essential health and nutrition services, including immunization, routine visits for growth monitoring, antenatal and post-natal care for pregnant women, and community-based health service delivery. Disruptions in services continue because of fear of infection at health facilities, closure of health facilities and lack of enough health care workers. Recent estimates show that up to 6,000 children could die every day from preventable causes over the next six months due to both direct and indirect COVID-19-related disruptions in essential services. With approximately 35 million births expected in the next three months, the disruption in delivery and newborn care will leave mothers and newborns at high risk. Most countries have suspended mass polio campaigns and 25 countries have postponed mass measles campaigns since the onset of the pandemic. Even before the COVID-19 pandemic, measles, polio and other vaccines were out of reach for 20 million children below the age of 1 every year. The United Nations and Gavi, The Vaccine Alliance, report that 80 million children in at least 68 countries may be at risk of diphtheria, measles and polio due to recent disruptions in supply chains and immunization services.<sup>ii</sup> Thankfully, with World Health Organization (WHO) guidance, a number of countries are resuming their plans for immunization campaigns in the coming months after conducting detailed risk-benefit analyses, which will determine if and when an immunization campaign should be conducted and how to conduct it safely in the context of COVID-19.

Nearly 1.19 billion students in 150 countries continue to be affected by school closures.<sup>iii</sup> Vulnerable and hard-to-reach children, including adolescents, are in danger of dropping out of the education system altogether because of significant inequities in access to remote learning widening the education gap. This is causing an immediate impact on children's well-being, and medium to long-term challenges to recovery. With the closure of schools, 369 million children have missed out on school meals,<sup>iv</sup> and many of these children rely on these meals as a source of daily nutrition. With the risk of 265 million people facing starvation by the end of the year, recent UNICEF estimates indicate that in the absence of timely action, the number of children under 5 years with wasting could increase globally by approximately 15 per cent over the first 12 months of the pandemic, with higher increases expected in Africa.

The COVID context has increased risk factors that drive the regularity, intensity and frequency of violence against children and women. Quarantine and restriction measures in some locations 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 community. Recent estimates show that for every three months that the COVID-19 lockdown measures continue globally, an additional 15 million cases of gender-based violence (GBV) are expected.<sup>v</sup> As violence against women and girls continues to surge, the demand for support services for survivors will continue to increase; since the onset of COVID-19, the number of requests for GBV support services globally has doubled. Girls are particularly vulnerable to sexual exploitation and abuse, as deepening poverty caused by the loss of livelihoods is likely to drive many families to marry off their daughters early. With growing economic hardship worldwide, it is estimated that 13 million more child marriages<sup>vi</sup> and 2 million more cases of female genital mutilation (FGM) are expected to take place over the next decade due to disruptions in programmes to end FGM and child marriage. In addition, economic hardship is putting millions of additional children at risk of being pushed into child labour, which could lead to the first global rise in child labour after 20 years of progress.

### Situation in numbers



215 countries and territories and over 580,000 reported deaths



Over 13 million confirmed cases



2.1 billion people still lack access to safe water at home, while 3 billion people do not have a place in their homes to wash their hands



Nearly 1.19 billion students in 150 countries affected by school closures



80 million children in at least 68 countries may be at risk of diphtheria, measles and polio due to a decline in immunizations



369 million children have missed out on school meals

Good handwashing and hygiene practices are essential to reducing transmission and exposure to the coronavirus. However, across the world, 2.1 billion people still lack access to safe water at home, while 3 billion people (40 per cent of the world's population) do not have a place in their homes to wash their hands with water and soap. This puts a significant portion of the world's population at immediate risk of COVID-19 simply because they lack basic handwashing facilities.

Some of the most vulnerable groups in the world include women, children, the elderly and people with disabilities, who generally have less access to essential services and support. Infants, toddlers and very young children are also at high risk of being negatively affected in their development and well-being due to the pandemic's impact on their caregivers, and interrupted access to critical care and opportunities for play and learning. Marginalized groups of people may be discriminated against based on their religion, customs, culture, ethnic background, immigration status, political views, etc., meaning they have limited access to prevention and treatment services and are at heightened risk of violence and abuse. Internally displaced persons (IDPs), refugees, asylum seekers, returnees and migrants are often deliberately excluded from full access to universal health care and other services, while undocumented migrants may avoid seeking health care in fear of deportation. Others may face prohibitive costs or stigma and discrimination when accessing basic services. Women caring for others, and the predominant role they play as health and social welfare responders, are particularly exposed to potential infection. Globally, 70 per cent of workers in the health and social sectors are women and women perform 76 per cent of the total hours of unpaid care work, more than three times as much as men, thus increasing women's risk of exposure to the virus. In addition, women, girls and other at-risk populations often have less access to information, including critical information related to COVID-19 transmission and prevention, as well as available support services.

The COVID-19 pandemic continues to threaten advances in global development. Updated estimates from the World Bank<sup>vii</sup> forecast that 71 million people worldwide will be pushed into extreme poverty if the outbreak continues at the predicted scale and duration. Children are twice as likely to live in poverty; the latest projections by UNICEF and partners indicate that 106 million children will live in poor households by the end of 2020. This is in addition to the 385 million children already living in extreme poverty and the 663 million children who are living in multi-dimensional poverty (i.e., monetary poverty combined with poor health, lack of education, inadequate living standards or exposure to environmental hazards, disempowerment or the threat of violence). The loss of jobs and incomes due to the pandemic puts significant financial strains on households and communities, and particularly vulnerable populations including women and girls. Vulnerable groups disproportionately work in insecure, lower-paid, part-time and informal employment, with little or no income security and social protection – such as social transfers and health insurance – and are therefore less protected from economic recession. Experience from previous outbreaks shows that epidemics exacerbate existing inequalities, including those based on economic status, ability, age and gender. Governments have significantly scaled up social protection response. However, further scale up and continuation of social protection support over the longer term is needed to address the projected deeper recession in 2020 and slower economic recovery in 2021.

In several contexts where UNICEF operates, persisting access challenges and violence continue to hamper the movement of humanitarian personnel and endanger their safety. In other countries, restrictions imposed on domestic travel are impacting the movement of UNICEF and partners, limiting the ability to implement and monitor programmes. The movement of humanitarian supplies has been constrained in many operations, with restrictions on international and domestic travel, curfews, checkpoints and bureaucratic impediments impacting the delivery of assistance and the pre-positioning of core supplies. Despite these challenges, UNICEF and other agencies remain committed to stay and deliver and continue working with partners, including engaging young people in the response efforts to sustain humanitarian interventions and find innovative ways to adapt programming in order to scale up operations to reach millions children with life-saving interventions.

## Humanitarian strategy

With its dual humanitarian and development child rights mandate, and existing presence at the field, country and regional levels, UNICEF has a strong comparative advantage in its ability to address the scale of COVID-19 needs globally.

In humanitarian situations, UNICEF's response is guided by the Core Commitments for Children in Humanitarian Action and inter-agency standards. UNICEF contributes to both outbreak control and mitigation of the collateral impacts of the pandemic, including interruptions to water, sanitation and hygiene (WASH), health, nutrition, education, protection and essential social services for children, women and vulnerable populations. The organization's COVID-19 preparedness and response strategy aims to reduce human-to-human transmission in affected countries and mitigate the impact of the pandemic on children, youth and their care providers, especially for the most vulnerable. UNICEF's strategy is in line with the WHO COVID-19 strategic preparedness and response plan and the Inter-Agency Standing Committee (IASC) global humanitarian response plan led by the Office for the Coordination of Humanitarian Affairs (OCHA).

UNICEF works under the leadership of national governments and in close coordination with WHO, humanitarian country teams, United Nations country teams and civil society partners to protect children and their families from exposure to COVID-19 and minimize mortality.

As a member of the IASC, UNICEF has initiated steps to ensure that implementing partners – including local civil society and national and international non-governmental organizations – have the flexibility needed to respond to COVID-19 and continue their important work. UNICEF has been organizing a series of webinars for non-governmental organization partners on UNICEF's response to COVID-19 to ensure the continuity and strength of programming.

The coordination of the response relies on high-quality evaluative evidence, including real-time evidence, to ensure organizational learning and continuous improvement. Two approaches are emphasized at the global and decentralized levels: learning-focused evaluations for adaptive management; and summative evaluations to assess UNICEF's overall response, including the results achieved for children. Summative evaluative exercises with sister United Nations agencies will also be prioritized to capture how the United Nations family is working together to achieve collective results.

**UNICEF's response to COVID-19 focuses on the following strategic priority areas:**

### Strategic priority 1: Public health response to reduce coronavirus transmission and mortality

#### 1. Strengthening risk communication and community engagement (RCCE):

Appropriate communication on effective handwashing and hygiene practices, physical distancing and other behaviour changes are critical to slowing the transmission of COVID-19. Information on seeking early and appropriate care, both for COVID-19 and for other health needs, is also essential, as is integrating information about protection services into RCCE. Messaging will also tackle rising xenophobia and discrimination against migrant and displaced populations. UNICEF coordinates with authorities and RCCE partners to track and respond to misinformation and ensure that children and their families know how to protect themselves from COVID-19 and seek assistance. Working with national authorities, UNICEF is mobilizing the vast networks of community health volunteers and workers and

other community-based cadres of health workers (such as midwives) to support community engagement efforts. Adolescent and young influencers, including those on social media, are being engaged to promote awareness, understanding and engagement in public health measures and deliver social and behavioural change interventions. UNICEF is building the capacities of key influencers – such as community groups, parents/caregivers, women and youth groups, migrant associations, health workers, organizations of people with disabilities and community volunteers – to raise awareness and promote healthy practices.

**2. Improve infection prevention and control (IPC) and provide critical medical and WASH supplies:**

UNICEF supports national efforts to respond to or prepare for COVID-19 by improving IPC and providing WASH services and supplies in health facilities and at-risk settings. UNICEF supports IPC in communities by ensuring access to WASH services for households living in affected and high-risk areas, at vulnerable collective sites, in reopened schools and in public spaces. UNICEF also facilitates the assessment of WASH-IPC conditions in health care facilities through the use of standard tools such as the WASH Facility Improvement Tool and provides health care facilities with WASH and IPC services (e.g., training personnel on IPC measures) and supplies (e.g., personal protective equipment, such as gowns, gloves and masks and case management supplies such as oxygen concentrators and drugs). UNICEF helps to ensure continued access to essential IPC, WASH and medical supplies through support to supply chains and local markets during the pandemic.

**3. Data collection social science research for public health decision-making:**

UNICEF will collect and analyse social science data related to COVID-19 on social and care-seeking behaviours and the outbreak's impact on children and pregnant women. UNICEF will target specific at-risk or vulnerable populations as appropriate to better understand outbreak dynamics and the appropriateness of response strategies at the community level and will use the research to adapt its strategy. Within national coordination structures, UNICEF will establish mechanisms to share relevant findings and key recommendations to inform and adjust the multisectoral response as needed.

**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 socio-economic impacts of the COVID-19 response**

**1. Supporting continued access to essential health, HIV and nutrition services for women, children and vulnerable communities, including case management:**

UNICEF works closely with partners to ensure COVID-19 case management is adapted to children and pregnant women, including those with various co-morbidities, and promotes and ensures that women and children have continued access to essential health care services, including immunization, prenatal and postnatal care, and gender-based violence response care. UNICEF supports ministries of health to utilize community-based networks to assist with prevention measures and surveillance and referral, and to build the capacities of health workers to detect and manage COVID-19. UNICEF will scale up efforts to mitigate the negative impact of COVID-19 on child nutrition by protecting breastfeeding, nutrient-rich complementary foods, and micronutrient supplementation using innovative methods including multimedia and other virtual platforms for nutrition counselling. For children who become severely malnourished, UNICEF will scale-up facility- and community-based services for the early detection and treatment of wasting, including the use of simplified protocols. For mothers, children and adolescents living with HIV, UNICEF will work to enable the continuity of treatment services and support. UNICEF will engage in short- and medium-term health systems strengthening to ensure that health services can adapt to the projected increased numbers of sick people, especially of cases of pneumonia, and will build the capacities of health care providers.

**2. Supporting access to continuous education, social protection, child protection, mental health and psychosocial support and gender-based violence services:**

UNICEF will support ministries of education and other education actors to provide remote learning and the appropriate actions detailed in the Framework for Reopening Schools and the Interim Guidance for COVID-19 Prevention and Control in Schools. UNICEF will work with local water and sanitation authorities and utilities to ensure the continuity and quality of WASH services during the COVID-19 crisis and sustain affordable access to WASH products and services for the poorest and most vulnerable populations (e.g., in refugee/displacement camps and urban slums) with special attention for children with disabilities and those living in humanitarian settings. With relevant line ministries, UNICEF will support the continuation of and access to child protection services while taking steps to mitigate child protection risks. Information will be provided on the availability of protection services, including how children and families can report abuse. Working closely with local structures, including women and girls' groups, UNICEF will strengthen and/or establish response and referral mechanisms for gender-based violence and mental health and psychosocial support services and build the capacities of frontline workers on the provision of psychological first aid and to report neglect, abuse and exploitation. UNICEF will support access to healthy foods and basic services and the coverage of basic needs for families affected by a loss of income and/or specific vulnerabilities, including through the provision of emergency cash transfers, child grants, and the expansion of existing social protection provisions. All efforts will contribute to building and strengthening shock-responsive social protection systems

**Global coordination and technical support**

UNICEF works within the United Nations-led architecture and government systems to ensure that the needs of children and women are included in guidance, response plans and country-level implementation. UNICEF is a leading member of the United Nations Crisis Management Team (CMT), which is composed of 10 United Nations agencies and hosted by the United Nations Operations and Crisis Centre. UNICEF co-leads two of the CMT's workstreams: social impact and supply chains. A UNICEF supply cell (housed at WHO in Geneva) was established to support the COVID Supply Chain System and works closely with the different levels of the governance system. UNICEF also plays a key role in the ACT-Accelerator, a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. UNICEF is also a contributor and key partner to the WHO-led global response and the COVID-19 regional teams and incident management support teams. UNICEF regional offices are actively coordinating and collaborating with regional WHO incident management support teams. UNICEF is co-leading the RCCE pillar. At the technical level, UNICEF contributes to several WHO expert groups, including those developing technical guidance for case management, IPC, vaccine research and development and social science.

UNICEF procurement services are offered as a development cooperation mechanism to support countries' access to quality and affordable essential supplies via UNICEF. When using procurement services, a government leverages its own domestically mobilized financial resources, which may include its budgetary funding or financing it has secured from third-party financing partners. During the COVID-19 emergency, governments with financial support from, for example, World Bank concessional loans and grants, have secured access to personal protective equipment, diagnostics and medical supplies, including oxygen therapy, via procurement services.



UNICEF has also co-authored, with partners, the following guidance which will be updated based on the evolution of the situation:

#### Adolescent development and participation

1. Inter-Agency Guidance on COVID-19: Working with and for young people [guidance summary](#) and [full guidance](#) (The Compact for Young People in Humanitarian Action, May 2020)

#### Child protection

2. COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents, and Families [here](#) (UNICEF, June 2020)
3. COVID-19: Protecting Children from Violence, Abuse and Neglect in the Home (The Alliance for Child Protection in Humanitarian Action, End Violence Against Children, UNICEF, WHO, May 2020) [English](#), [French](#), [Portuguese](#) and [Spanish](#)
4. Protection of Children During the COVID-19 Pandemic: Children and Alternative Care - Immediate Response Measures [here](#) (Better Care Network, The Alliance for Child Protection in Humanitarian Action, UNICEF, May 2020)
5. COVID-19 Disrupting SDG 5.3: Eliminating Female Genital Mutilation (UNFPA, UNICEF, April 2020) [English](#), [Arabic](#) and [French](#)
6. Social Service Workforce Safety and Wellbeing during the COVID-19 Response: Recommended actions [here](#) (UNICEF, IFSW, The Alliance for Child Protection in Humanitarian Action, Global Social Service Workforce Alliance, May 2020)
7. Technical Note: Child Helplines and the Protection of Children during the COVID-19 Pandemic [here](#) (The Alliance for Child Protection in Humanitarian Action, Child Helpline International, Child Protection Area of Responsibility, UNICEF, May 2020)
8. Technical Note: COVID-19 and Children Deprived of their Liberty [here](#) (The Alliance for Child Protection in Humanitarian Action, UNICEF, May 2020)
9. Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response [here](#) (Global Protection Cluster, IASC, April 2020)
10. Technical note for addressing harmful practices - child marriage and FGM during COVID-19 pandemic [here](#) (UNICEF in collaboration with Child Frontiers, April 2020)

#### Disabilities

11. IASC Key Messages on Applying IASC Guidelines on Disability in the COVID-19 Response [here](#) (IASC, June 2020)
12. Guidance Note on Considerations for Children and Adults with Disabilities in COVID-19 Response (UNICEF, May 2020) [English](#), [Arabic](#), [Russian](#), [Ukrainian](#)

#### Early childhood development

13. Family-Friendly Policies and Other Good Workplace Practices in the Context of COVID-19: Key Steps Employers Can Take [here](#) (UNICEF, ILO, UN Women, March 2020)

#### Education

14. Framework for reopening schools (UNESCO, UNICEF, the World Bank, WFP, UNHCR) published in April and updated in June 2020 [English](#), [Spanish](#) and [French](#)

#### Gender equality

15. Five Actions for Gender Equality in the COVID-19 Response (UNICEF, March 2020) [English](#) and [Spanish](#)
16. Inter-Agency Standing Committee Interim Guidance: Gender alert for COVID-19 outbreak [here](#) (IASC, March 2020)

#### Health

17. Community-Based Health Care, including Outreach and Campaigns, in the Context of the COVID-19 Pandemic [here](#) (IFRC, WHO, UNICEF, May 2020)
18. Maintaining Essential Health Services: operational guidance for the COVID-19 context: interim guidance [here](#) (WHO, June 2020)

#### HIV and AIDS

19. Prioritizing the Continuity of Services for Adolescents Living with HIV during the COVID-19 Pandemic (UNICEF, June 2020) [English](#), [French](#)

#### Humanitarian action

20. Interim Guidance on Localisation and the COVID-19 Response [here](#) (IASC, May 2020)

#### Migration

21. Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond [here](#) (UN Network on Migration, June 2020)
22. COVID-19 & Immigration Detention: What can governments and other stakeholders do? [here](#) (UN Network on Migration, April 2020)
23. Practical Guidance for Risk Communication and Community Engagement for Refugees, Internally Displaced Persons, Migrants, and Host Communities Particularly Vulnerable to COVID-19 Pandemic [here](#) (UNICEF, WHO, IOM, UNHCR, IFRC, UNODC, John Hopkins, June 2020)

#### Nutrition

24. Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19 (UNICEF, Global Nutrition Cluster, GTAM, April 2020) [English](#), [Arabic](#), [French](#) and [Spanish](#)
25. Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19 (UNICEF, Global Nutrition Cluster, GTAM, April 2020) [English](#), [Arabic](#), [French](#) and [Spanish](#)
26. GAVA Operational Guidance: Administration of vitamin A supplementation for preschool-aged children in the context of COVID-19 (UNICEF, Nutrition International and Hellen Keller International, June 2020) [English](#) and [French](#)
27. Supporting Children's Nutrition During the COVID-19 Pandemic [here](#) (UNICEF, WFP, April 2020)
28. Interim guidance: Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren [here](#) (UNICEF, WFP, FAO, March 2020)
29. Toolkit for CHW Community-based Treatment of Uncomplicated Wasting for Children 6-59 months in the Context of COVID-19 [here](#) (IRC, UNICEF, June 2020)

#### Risk Communication and Community Engagement

30. Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma [here](#) (IFRC, UNICEF, WHO, February 2020)
31. Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID-19 Preparedness and Response [here](#) (IFRC, UNICEF, WHO, March 2020)

#### Social policy

32. UNICEF Social Protection Response to COVID-19 [here](#) (UNICEF, March 2020)
33. Linking humanitarian cash and social protection for an effective cash response to the COVID-19 pandemic [here](#) and [full guidance](#) (THE GRAND BARGAIN Sub-group on Linking Humanitarian Cash and Social Protection, May 2020)

## Risk Communication and Community Engagement (RCCE)

**2.71 Billion**

People reached on COVID-19 through messaging on prevention and access to services



**88%**

Target for Dec 2020

**3.07 Billion**



UNICEF/2020/DeJongh

Berenice Yao, 11, attends classes in southwest Côte d'Ivoire. Due to COVID-19, schools are closed, but the director of the school in the village took the initiative to teach during radio broadcasts to help the children.

## WASH / Infection Prevention Control (IPC)

**38.5 Million**

People reached with critical WASH supplies (including hygiene items) and services



**49%**

Target for Dec 2020

**79.3 Million**

**2.5 Million**

Healthcare facility staff and community health workers trained in infection prevention and control (IPC)



**80%**

Target for Dec 2020

**3.1 Million**

## Continuity of essential health and nutrition services

**2.1 Million**

Children 6-59 months admitted for treatment of severe acute malnutrition (SAM)



**35%**

Target for Dec 2020

**6.1 Million**

**30. Million**

Children and women receiving essential healthcare services in UNICEF supported facilities



**31%**

Target for Dec 2020

**96.53 Million**

## Continuity of education, child protection, social protection and gender-based violence services

**224.0 Million**

Children supported with distance/home-based learning



**64%**

Target for Dec 2020

347.8 Million

**54.7 Million**

Children, parents and primary caregivers provided with community based mental health and psychosocial support



**82%**

Target for Dec 2020

66.6 Million

**9,970**

Households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs



**4%**

Target for Dec 2020

271,387

**75,913**

UNICEF personnel & partners that have completed training on GBV risk mitigation & referrals for survivors, including for PSEA



**52%**

Target for Dec 2020

145,634

## Funding requirements<sup>ix</sup>

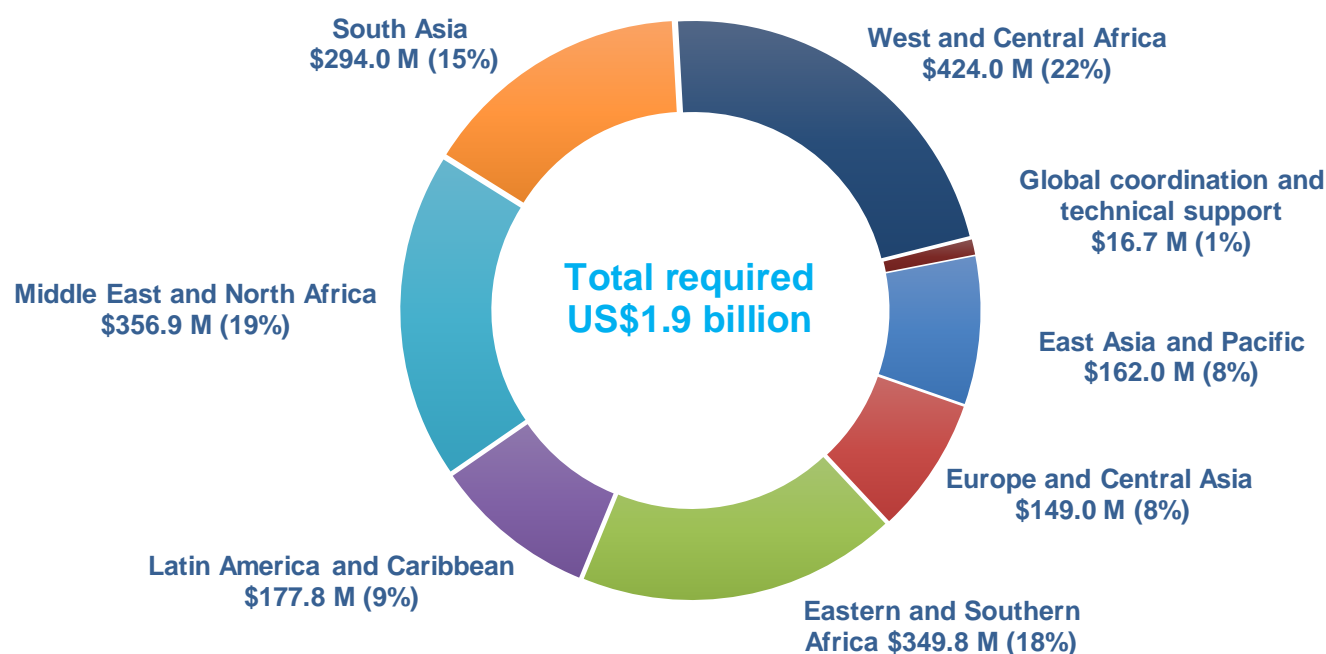
In line with the July COVID-19 Global Humanitarian Response Plan update, UNICEF has also reviewed and revised its Humanitarian Action for Children appeal requirements. To meet the needs in 155 countries and territories until the end of the year, the UNICEF appeal has been increased to US\$1.93 billion. Of this amount, US\$923 million is part of the revised Global Humanitarian Response Plan supporting 67 countries outlined in the joint plan.

As of 14 July, UNICEF has received US\$818.7 million in generous contributions from the public and private sectors. The top contributors to the COVID-19 appeal are the Global Partnership for Education, the Government of Japan, the United Kingdom Department for International Development (DFID), the United States Agency for International Development and private sector donors. Flexible funds enable UNICEF and its partners on the ground to act quickly and respond strategically where the needs are greatest. In this regard, UNICEF is grateful to resource partners such as DFID, Germany, the Central Emergency Relief Fund, the U.S. Fund for UNICEF, the COVID-19 Solidarity Recovery Fund, Denmark, the Japan Committee for UNICEF, Sweden, Australia and private sector, which have contributed US\$116 million in flexible or softly earmarked funding towards the COVID-19 response. In addition, UNICEF was able to utilize approximately US\$44 million of regular resources to ensure effective response on the ground. Flexible resources remain critical to UNICEF's and its partners' ability to respond effectively and efficiently to the global COVID-19 pandemic. For information on the funding status of the US\$1.93 billion UNICEF appeal, visit: [www.unicef.org/coronavirus/donors-and-partners](http://www.unicef.org/coronavirus/donors-and-partners).

Regional Office	2020 original appeal requirement (US\$)	2020 revised appeal requirement (US\$)	Funding available* (US\$)	Funding gap (US\$)	Funding gap (%)
East Asia and Pacific	68,632,977	161,994,261	112,952,394	49,041,867	30%
Europe and Central Asia	38,070,303	149,043,677	41,286,186	107,757,491	72%
Eastern and Southern Africa	145,372,027	349,825,128	191,227,572	158,597,556	45%
Latin America and Caribbean	48,046,130	177,815,563	49,242,515	128,573,048	72%
Middle East and North Africa	92,400,333	356,892,602	109,154,481	247,738,121	69%
South Asia	80,421,040	293,954,881	108,023,906	185,930,975	63%
West and Central Africa	172,633,932	423,956,733	184,385,573	239,571,160	57%
Global coordination and technical support	6,000,000	16,700,000	15,811,356	888,644	5%
<b>Total</b>	<b>651,576,742</b>	<b>1,930,182,845</b>	<b>812,083,982</b>	<b>1,118,098,863</b>	<b>58%</b>

\*Funding status is based on funding received and allocated by region within the global appeal

### Total funding requirement by region in 2020 (%)



Pillars	East Asia and the Pacific	Europe and Central Asia	Eastern and Southern Africa	Latin America and the Caribbean	Middle East and North Africa	South Asia	West and Central Africa	Global coordination and technical support	Revised 2020 total requirement (US\$)
Risk Communication and Community Engagement	22,916,656	10,647,000	38,389,599	14,829,424	24,674,750	27,545,030	41,410,834		180,413,293
Improve Infection and Prevention Control and provide critical medical and WASH supplies	55,316,922	49,895,071	122,069,694	80,763,777	110,977,754	82,954,066	133,953,347		635,930,631
Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	34,014,727	12,964,000	81,704,867	15,463,084	66,895,565	96,592,175	97,182,932		404,817,350
Data collection social science research for public health decision-making	7,055,011	3,388,000	1,823,774	3,224,880	1,016,000	5,812,419	9,385,719	2,500,000	34,205,803
Support access to continuous education, social protection, child protection and gender-based violence services	40,090,945	66,408,578	96,388,966	61,472,898	146,402,060	68,811,131	125,772,217		605,346,795
Coordination, technical support and operational costs	2,600,000	5,741,028	9,448,228	2,061,500	6,926,474	12,240,060	16,251,684	14,200,000	69,468,974
<b>Revised 2020 total requirement (US\$)</b>	<b>161,994,261</b>	<b>149,043,677</b>	<b>349,825,128</b>	<b>177,815,563</b>	<b>356,892,602</b>	<b>293,954,881</b>	<b>423,956,733</b>	<b>16,700,000</b>	<b>1,930,182,845</b>



- <sup>i</sup> World Health Organization, 'Coronavirus Disease (COVID-19) Situation Report – 178', WHO, 16 July 2020, <[www.who.int/docs/default-source/coronaviruse/situation-reports/20200716-covid-19-sitrep-178.pdf?sfvrsn=28ee165b2](http://www.who.int/docs/default-source/coronaviruse/situation-reports/20200716-covid-19-sitrep-178.pdf?sfvrsn=28ee165b2_)>, accessed 19 July 2020.
- <sup>ii</sup> Gavi, The Vaccine Alliance, 'At Least 80 Million Children at Risk of Disease as COVID-19 Disrupts Vaccination Efforts, Warn Gavi, WHO and UNICEF', Gavi, Geneva/New York, 22 May 2020, <[www.gavi.org/news/media-room/least-80-million-children-risk-disease-covid-19-disrupts-vaccination-efforts](http://www.gavi.org/news/media-room/least-80-million-children-risk-disease-covid-19-disrupts-vaccination-efforts)>, accessed 19 July 2020.
- <sup>iii</sup> United Nations Educational, Scientific and Cultural Organization, 'Education: From disruption to recovery', UNESCO, <<https://en.unesco.org/covid19/educationresponse>>, accessed 19 July 2020.
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- <sup>ix</sup> Data on funds received and utilized for the UNICEF COVID-19 response are provisional and subject to change.

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