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Humanitarian Action for Children

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Coronavirus (COVID-19) Global Response

The coronavirus disease 2019 (COVID-19) pandemic has triggered an unprecedented global health, humanitarian, socio-economic and human rights crisis, exacerbating the vulnerabilities of affected children. Since the outbreak began in December 2019, the coronavirus has spread to over 215 countries and territories, with over 247,500 reported deaths and 3.6 million confirmed cases.ⁱ While children seem to be less vulnerable to the COVID-19 virus itself, the collateral impact on children is considerable. UNICEF is revising its COVID-19 appealⁱⁱ to meet the needs of children, communities, health systems and health structures, protect against the disease and address its immediate health and socio-economic impacts.

The pandemic has forced health services to adapt, protect the safe continuation of some services and discontinue others as the response overwhelms health system capacities. Mitigation measures designed to reduce virus transmission have reduced access to wider health services, and reduced the delivery of life-saving programmes, which may lead to alarming levels of suffering and loss of life. The ongoing interruption of services such as institutional deliveries and caesareans, antenatal and postnatal care, immunization and treatment of HIV, severe diarrhoeal disease, acute malnutrition and pneumonia will lead to increased child morbidity and mortality in the medium to long term. With the drastic reduction in commercial and charter flights, dozens of countries are at risk of running out of vaccines, putting millions of children at risk of preventable diseases. Personal protective equipment (PPE) is also needed at health facilities to prevent health workers from being exposed to the virus and infecting patients. The availability of PPE, including gowns, masks, goggles and gloves, is currently extremely limited.

Adequate water, sanitation and hygiene (WASH) services are essential to infection prevention and control (IPC). Good handwashing and hygiene practices are also essential to reducing transmission and exposure to the coronavirus. However, across the world, 3 in 10 people, or 2.1 billion people, lack access to safe water at home, and 6 in 10 people, or 4.5 billion people, lack access to safely managed sanitation. The poor and vulnerable are disproportionately affected.

Public health measures such as social distancing to reduce COVID-19 transmission are also heightening protection risks and vulnerabilities for already at-risk groups, including children, women and crisis-affected families. Households with limited resources are bearing the full brunt of these measures and the resulting stressors and socio-economic impacts, including intimate partner violence, gender-based violence, violence at home, family conflicts, civil unrest, child labour and child marriage. These measures may also increase children's vulnerability to recruitment and use by armed forces or armed groups and sexual exploitation and abuse. Women and girls are especially vulnerable to the impact of the COVID-19 response due to the additional care burden they bear for their families and the risk of sexual violence as they struggle to meet their daily needs in the context of lock downs and curfews.

Loss of household income for the poor and vulnerable, including migrant workers, is affecting the financial capacities of parents and caregivers to access nutritious, safe and affordable foods and basic social services essential to fulfilling children's rights, growth and development needs. While some governments are scaling up/adapting social protection programmes, governments in low-income settings are restricted by limited financial capacity and trained personnel and often exclude migrant and displaced households.

As countries begin to reopen, the number of out-of-school children remains high but is declining. Some 1.29 billion children in 186 countries – 73.8 per cent of all enrolled learnersⁱⁱⁱ – are directly affected by national school closures. Vulnerable and hard-to-reach children are in particular danger of dropping out of the education system. Children on the move are already disproportionately affected by learning disruptions and are at greater risk of exclusion from online or other alternative learning options. School closures are also putting the health of 370 million children at risk by depriving them of school meals and other health and nutrition services, such as vaccination and iron supplementation.^{iv} School meals are especially critical for girls as incentive for struggling parents to send their daughters to school. Even when schools do reopen, only half will provide students with basic hygiene services.

Situation in numbers



215 countries and territories and 247,500 reported deaths



3.6 million confirmed cases



2.1 billion people lack access to safe water and 4.5 billion people lack access to sanitation



Some 1.29 billion children in 186 countries are affected by school closures



370 million children deprived school meals and other health and nutrition services at school face increased risks

In crisis-affected countries, the outbreak is putting significant pressure on already overburdened health and social service delivery systems, exacerbating the vulnerabilities of affected populations. The urban poor, migrants, internally displaced persons and refugees are especially at risk as they tend to live in overcrowded settings where it is difficult to practice physical distancing and water and sanitation services are lacking.

COVID-19 response measures, including restrictions on international and domestic travel, curfews, checkpoints and bureaucratic restrictions, have constrained the movement of humanitarian supplies and personnel, the delivery of assistance and the pre-positioning of core supplies. In several countries, rapid response missions have been cancelled and displacement camps are inaccessible, limiting the number of people UNICEF is able to reach. UNICEF is committed to staying and delivering and is working with partners to sustain humanitarian interventions and find innovative ways to adapt its programming.

Children and adults with disabilities (particularly girls and women) may be at heightened risk due to underlying health conditions, lack of information about prevention and assistance, barriers to accessing nutritious diets and health and protection services, and difficulty accessing WASH services. Persons with disabilities may also be disproportionately affected due to reliance on service providers for daily tasks, lack of access to remote learning options, and pre-existing isolation and marginalization.

The economic slowdown is likely to have serious implications for the ability of countries to maintain social sector spending (including social protection). Combined with the economic repercussions, such as loss of livelihoods and access to nutritious and affordable diets and essential social services, catastrophic impacts are anticipated in all countries, especially for low- and middle-income countries and for the most vulnerable and marginalized people in society.

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 will contribute to both outbreak control and mitigation of the collateral impacts of the pandemic, including interruptions to 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 World Health Organization (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 will work 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 (NGOs) — have the flexibility needed to respond to COVID-19 and continue their important work. UNICEF is also organizing a series of webinars for NGO partners on UNICEF's response to COVID-19 to ensure the continuity and strength of programming.

The coordination of the response will rely on high-quality evaluative evidence, including real-time evidence, to ensure organizational learning and continuous improvement. Two approaches will be 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 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., PPE 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^v and the Interim Guidance for COVID-19 Prevention and Control in Schools.^{vi} 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, which is composed of 10 United Nations agencies and hosted by the United Nations Operations and Crisis Centre. UNICEF co-leads two of the Crisis Management Team's workstreams: social impact and supply chains. 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 is co-leading the RCCE pillar and hosts the supply chain inter-agency coordination cell. UNICEF regional offices are actively coordinating and collaborating with regional WHO incident management support teams. 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 has also co-authored, with partners, the following guidance which will be updated based on the evolution of the situation:

- [Framework for reopening schools](#) (UNESCO, UNICEF, the World Bank, WFP, April 2020)
- [IASC Key Messages: Fast-track Health and Aid Workers and Supplies at Borders and in Countries](#) (IASC, May 2020)
- [Safe to Learn During COVID-19: Recommendations to prevent and respond to violence against children in all learning environments](#) (Safe to Learn, May 2020)
- [COVID-19 and its Implications for Protecting Children Online](#) (World Childhood Foundation, End Violence Against Children, ITU, UNESCO, UNICEF, UNODC, WeProtect, WHO, April 2020)
- [COVID-19 Parenting: Keeping children safe online](#) (End Violence Against Children, April 2020)
- [Coronavirus \(COVID-19\) Parenting Tips](#) (UNICEF, April 2020)
- [Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children](#) (The Alliance for Child Protection in Humanitarian Action, April 2020)

The following are rapid guidance notes on system strengthening approaches to the health response provided by UNICEF and partners:

- [Approaches for Social and Behavior Change, and Risk Communication and Community Engagement as a Systems Strengthening Component of Government Responses to COVID-19](#) (UNICEF, March 2020)
- [Interim Guidance for COVID-19 prevention and control in schools](#) (UNICEF, WHO, International Federation of Red Cross and Red Crescent Societies, March 2020)
- [Guiding Principles for Immunization Activities during the COVID-19 Pandemic](#) (WHO, March 2020)
- [Digital Health Support for Building Resilient Health Systems while Responding to the COVID-19 Pandemic](#) (UNICEF, April 2020)
- [Strengthening Public Health Supply Chains for an Immediate COVID-19 Response and Beyond](#) (UNICEF, March 2020)
- [Public Financial Management Approaches as a Systems Strengthening Component of Government Responses to COVID-19](#) (UNICEF, March 2020)
- [Rapid Guidance on Decentralization and Local Governance for the Acute Health Response, Maintaining Health Services and Health Systems Strengthening during the COVID-19 Pandemic](#) (UNICEF, April 2020)
- [Polio Eradication Programme Continuity Planning: Measures to ensure continuity of operations in the context of the COVID-19 pandemic](#) (UNICEF, March 2020)
- [Frequently Asked Questions \(FAQ\): Immunization in the Context of COVID-19 Pandemic](#) (WHO and UNICEF, April 2020)
- [The Use of Oral Polio Vaccine \(OPV\) to Prevent SARS-CoV2](#) (Global Polio Eradication Initiative)
- [Bacille Calmette-Guérin \(BCG\) Vaccination and COVID-19](#) (WHO, April 2020)
- [Considerations for Insecticide Treated Nets \(ITNs\) amid COVID-19 Concerns and in COVID-19 Affected Countries](#) (AMP)
- [Tailoring Malaria Interventions in the COVID-19 Response](#) (WHO, April 2020)
- [Malaria Social Behaviour Change Program Guidance in the Context of COVID-19 Pandemic](#) (RBM partnership, April 2020)
- [FAQs: Maternal and Newborn Health during the COVID-19 Pandemic](#) (UNICEF, April 2020)
- [Physical Distancing and Caring for your Mental Health: Messages to adolescents during the COVID 19 pandemic](#) (UNICEF)

Risk Communication and Community Engagement (RCCE)

Target for Dec 2020

2,238,156,775

Number of people reached on COVID-19 through messaging on prevention and access to services



74%
1,665,565,427



A UNICEF staff member shows a boy how to wash his hands, in the village of Piandrou, in western Côte d'Ivoire. UNICEF distributes soap and community workers sensitize people to protect themselves against the COVID-19.

UNICEF/2020/Delong

Infection Prevention Control (IPC)/ WASH

Target for Dec 2020

56,215,535

Number of people reached with critical WASH supplies (including hygiene items) and services



21%
12,078,547

Target for Dec 2020

2,334,547

Number of healthcare facility staff and community health workers trained in infection prevention and control (IPC)



13%
308,231

Continuity of essential health and nutrition services

Target for Dec 2020

89,537,358

Number of children and women receiving essential healthcare services in UNICEF supported facilities



12%
10,934,866

Target for Dec 2020

4,424,860

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



10%
464,347

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

Target for Dec 2020

305,195,886

Number of children supported with distance/home-based learning



26%

79,853,413

Target for Dec 2020

24,013,060

Number of children, parents and primary caregivers provided with community based mental health and psychosocial support



3%

830,987

Target for Dec 2020

5,229,169

Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse



67%

3,490,238

Target for Dec 2020

41,034,880

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



7%

2,895,189

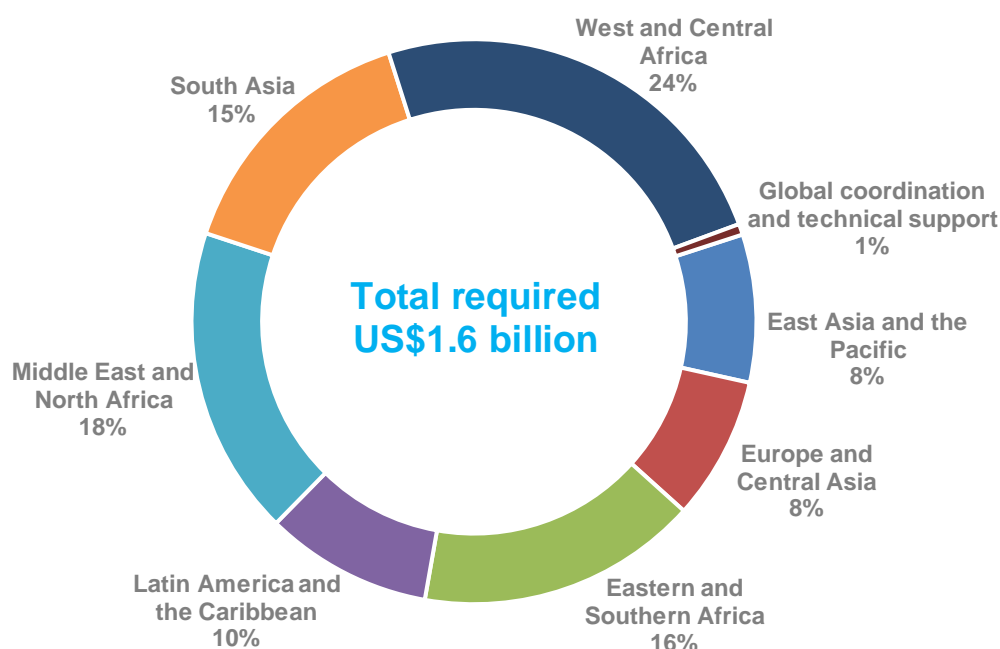
Funding requirements

To meet the growing needs of children impacted by the COVID-19 pandemic, UNICEF has expanded its Humanitarian Action for Children appeal to US\$1.6 billion, of which US\$802.2 million is the UNICEF input into the revised US\$6.7 billion Global Humanitarian Response Plan (GHRP). The UNICEF COVID-19 appeal is aligned with the key priorities outlined in the GHRP and the WHO Strategic Response Plan. As UNICEF is present in both humanitarian and development contexts, the revised appeal covers the UNICEF response to global COVID-19 humanitarian needs in 155 countries and territories, including the 63 outlined in the GHRP.

At the beginning of response, UNICEF allocated US\$8.5 million from its Emergency Programme Fund, a loan mechanism supported by regular resources, to meet critical needs and scale up the response until additional funding was secured. As of 5 May, UNICEF has received US\$214.9 million in generous contributions from the public and private sectors. The top contributors to the COVID-19 appeal are the United Kingdom Department for International Development (DFID), the World Bank, the Government of Japan, the United States Agency for International Development and Central Emergency Relief Fund (CERF). UNICEF is especially grateful to partners such as CERF, DFID, the Government of Denmark and the Government of Sweden, as well as key private sector donors, and the funds provided through the COVID-19 Solidarity Response Fund, for the flexibility of the resources provided. Flexible funds enable UNICEF and its partners on the ground to act quickly and respond strategically where the needs are greatest. Flexible resources will remain critical to UNICEF's ability to respond effectively and efficiently to the global COVID-19 pandemic. For information on the funding status of the US\$1.6 billion UNICEF appeal, visit: <www.unicef.org/coronavirus/donors-and-partners>.

Regional Office	Original 2020 requirement (US\$)	Revised 2020 requirement (US\$)	Available funding (US\$)	Funding gap (US\$)	Funding gap (%)
East Asia and Pacific	68,632,977	137,258,054	43,127,108	94,130,946	69%
Eastern and Southern Africa	145,372,027	261,144,883	38,563,083	222,581,800	85%
Europe and Central Asia	38,070,303	132,853,742	15,157,095	117,696,647	89%
Latin America and Caribbean	48,046,130	154,977,503	13,322,970	141,654,533	91%
Middle East and North Africa	92,400,333	287,088,140	25,306,142	261,781,998	91%
South Asia	80,421,040	243,539,700	47,986,332	195,553,368	80%
West and Central Africa	172,633,932	393,270,245	28,879,894	364,390,351	93%
Global coordination and technical support	6,000,000	10,000,000	2,543,612	7,456,388	75%
Total	651,576,742	1,620,132,267	214,886,236	1,405,246,031	87%

Total requirement by region in 2020(US\$)



Pillars	East Asia and the Pacific	Eastern and Southern Africa	Europe and Central Asia	Latin America and the Caribbean	Middle East and North Africa	South Asia	West and Central Africa	Global coordination and technical support	2020 total requirement (US\$)
Risk Communication and Community Engagement	21,349,816	30,273,800	10,121,000	14,762,014	21,509,518	26,315,030	39,224,875		163,556,053
Improve infection and prevention control and provide critical medical and water, sanitation and hygiene supplies	45,007,369	87,540,142	47,817,923	74,567,459	110,977,754	79,234,066	124,444,799		569,589,512
Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	32,602,802	47,975,455	11,014,000	13,198,028	40,592,985	64,887,175	89,910,039		300,180,484
Data collection social science research for public health decision making	5,234,976	1,893,560	3,338,000	2,821,889	1,016,000	4,812,419	6,016,924	2,000,000	27,133,768
Support access to continuous education, social protection, child protection and gender-based violence services	30,463,091	83,990,412	55,907,643	48,566,613	106,065,410	62,202,518	123,841,852		511,037,538
Coordination, technical support and operational costs	2,600,000	9,471,514	4,655,176	1,061,500	6,926,474	6,088,493	9,831,756	8,000,000	48,634,912
Total	137,258,054	261,144,883	132,853,742	154,977,503	287,088,140	243,539,700	393,270,245	10,000,000	1,620,132,267

ⁱ World Health Organization, 'Coronavirus disease (COVID-19)', Situation Report No. 106, WHO, 5 May, <www.who.int/docs/default-source/coronaviruse/situation-reports/20200505-covid-19-sitrep-106.pdf?sfvrsn=47090f63_2>, accessed 6 May 2020.

ⁱⁱ UNICEF is revising its appeal in line with the OCHA Global Humanitarian Response Plan and the WHO strategic response and preparedness plans.

ⁱⁱⁱ United Nations Educational, Scientific and Cultural Organization, 'COVID-19 Educational Disruption and Response', UNESCO, <<https://en.unesco.org/covid19/educationresponse>>, accessed 6 May 2020.

^{iv} World Food Programme, 'Global Monitoring of School Meals During COVID-19 School Closures', WFP, <<https://cdn.wfp.org/2020/school-feeding-map/index.html>>, accessed 8 May 2020.

^v United Nations Children's Fund, 'Framework for Reopening Schools', UNICEF, <www.unicef.org/documents/framework-reopening-schools>, accessed 6 May 2020.

^{vi} United Nations Children's Fund, World Health Organization, and the International Federation of the Red Cross and Red Crescent Societies, 'Interim Guidance for COVID-19 prevention and control in schools', UNICEF, <www.unicef.org/reports/key-messages-and-actions-coronavirus-disease-covid-19-prevention-and-control-schools>, accessed 6 May 2020.

^{vii} Results are as of 30 April and for countries that have reported on specific indicators

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