



Humanitarian Action for Children



Novel Coronavirus (COVID-2019) Global Response

Since the start of the outbreak in December 2019, the new coronavirus has spread to over 182 countries and territories. As of 21 March 2020, there have been over 266,000 confirmed cases of coronavirus disease 2019 (COVID-19), with over 11,100 deaths reported, including among children.¹ UNICEF is revising its appeal to meet the increased needs of communities, and of health systems and structures – to both protect against the disease and address COVID-19's collateral impacts.

Good handwashing and hygiene practices are essential to reduce transmission and exposure to the coronavirus. The pandemic is against a backdrop, though, of estimates of some 3 in 10 people worldwide, or 2.1 billion people, lacking access to safe, readily available water at home, and 6 in 10, or 4.5 billion, having no safely managed sanitation.² The poorest and most vulnerable people are at a greater disadvantage in accessing safe water and sanitation.

As part of the measures implemented by governments to control the COVID-19 pandemic, some 124 governments have already closed schools, resulting in over 1.2 billion learners³ going without access to education or, generally for the first time, studying remotely. Where distance-learning mechanisms are attempted, they will not reach all children and youth – those without internet access or adult supervision will be disadvantaged. Children on the move are already disproportionately affected by learning disruptions, and they are at great risk of exclusion from online or other alternative learning options. As schools close, school lunches and other support services are no longer available for the poorest children. Even when schools reopen, children will be returning to only 53 per cent of schools having basic hygiene services (defined as having a handwashing facility with water and soap available). Nearly 900 million children worldwide lack basic hygiene services at their school,⁴ increasing their risk of exposure to diseases such as COVID-19.

In many countries, especially those with ongoing humanitarian crises, the COVID-19 outbreak is creating significant additional pressure on the already overburdened social service delivery systems, exacerbating the vulnerabilities of affected populations. The urban poor, migrant, internally displaced and refugee populations are especially at risk as they tend to live in overcrowded settings, making it incredibly difficult to practise social distancing. These settings often also lack continuous access to water and sanitation services. Populations on the move will be further exposed to the disease as basic essential and life-saving services are hindered due to control measures, movement restrictions, border closures and discriminatory access to testing and other health services.

While countries attempt to control and interrupt the virus transmission and ensure that people with COVID-19 receive appropriate treatment, health resources, including personnel and facilities, are being diverted to the response. The pandemic has forced health services to adapt, to protect the safe delivery of some services and discontinue others as the capacities to respond to COVID-19 become severely stretched. Some services such as institutional deliveries – including caesareans, essential newborn care, and treatment of severe diarrhoeal disease and pneumonia – cannot be interrupted. If others such as immunization are interrupted for more than a few weeks, there will be increased morbidity and mortality from other highly contagious diseases such as measles.

Safe health services require adequate water, sanitation and hygiene (WASH) services. Protective equipment at health facilities, to help with infection prevention and control (IPC), is also needed – to keep health workers from being exposed to the virus as well as preventing them from potentially infecting patients. The availability of personal protective equipment (PPE), including gowns, masks, goggles and gloves, is extremely limited due to the unprecedented demand, and the closure of factories producing the materials, leaving health workers at risk of exposure to the COVID-19 virus.

Returning to the effects of enforced measures to control the spread of the virus, there is a range of other collateral impacts that particularly affect children and women. Loss of household incomes for the poor and vulnerable (including migrant workers) affects the financial capacity of parents and caregivers to access the basic services that are essential to meeting children's needs. Control measures that do not account for the gender-specific needs and vulnerabilities of girls and women may increase their protection risks and negative coping such as early marriage or child labour.

Persons with disabilities (particularly girls and women) may be at heightened risk due to inaccessible information about prevention and assistance, barriers to accessing health services, and difficulties accessing WASH services to ensure the use of prevention measures such as handwashing. Further, persons with disabilities may be disproportionately affected by social and economic impacts due to a reliance on service providers for daily tasks of living, a lack of access to remote/distance-learning options, and pre-existing isolation and marginalization.

At a macro level, the economic slowdown is likely to have serious implications for medium- to long-term fiscal capacities to maintain social sector spending (including social protection). Combined with economic repercussions, such as loss of livelihoods and access to 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

UNICEF is committed to continuing to deliver assistance to children across the areas affected by COVID-19 and will continue working with governments and partners to ensure children in need continue to receive humanitarian assistance.

The work of UNICEF contributes both to outbreak control and to mitigation of the collateral impacts of the pandemic, including of the risks to the continuity of essential social services for children, women and vulnerable populations. The objectives of the organization's COVID-19 preparedness and response strategy are to reduce human-to-human transmission in affected countries and to 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 COVID-19 strategic preparedness and response plan of the World Health Organization (WHO),⁵ and the Inter-Agency Standing Committee (IASC) humanitarian response plan led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).

UNICEF is working in the following areas of strategic priority against COVID-19.

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

1. Strengthening risk communication and community engagement (RCCE): Effective handwashing and hygiene practices along with social distancing and other changes in behaviour are the key to slowing the transmission of the virus and combatting stigmatization. Behaviour-focused participatory interventions and messages are being targeted to key stakeholders and at-risk groups. UNICEF coordinates with authorities and RCCE partners to track and respond to misinformation, to ensure children and their families know how to protect themselves from COVID-19 and know how to seek assistance. UNICEF works with adolescent and young influencers, including those on social media, to promote awareness and deliver social and behavioural change interventions. UNICEF is also building the capacity to raise awareness and promote healthy practices of key influencers, including community groups, women and youth groups, health workers, organizations of people with disabilities, and community volunteers.

2. Providing critical medical and WASH supplies and improving IPC: UNICEF supports national efforts to respond to, or prepare for, COVID-19 by providing WASH services and supplies in health facilities and schools and improving IPC. UNICEF supports IPC in communities by ensuring access to WASH services for households living in affected areas, at vulnerable collective sites, and in public spaces; by training health workers and teachers; and by ensuring WASH services are available when schools reopen. Support with WASH and IPC services and supplies is given to health facilities, including through PPE (gowns, gloves, masks, etc.), and case management supplies (oxygen concentrators, drugs) – to ensure the prevention and treatment of COVID-19. UNICEF helps to ensure continued access to essential IPC, WASH and medical supplies through support to supply chains and local markets during the pandemic.

Strategic priority 2: Continuity of health, education and social services; assessing and responding to the immediate secondary impacts of the COVID-19 response.

1. Supporting continued access to essential health care services for women, children and vulnerable communities, including case management: Ensure case management is adapted to children and pregnant women and supports implementation of breastfeeding recommendations and nutrition support to patients. Promote and ensure that women and children have continued access to essential health care services, including immunization, prenatal and postnatal care, HIV care, and gender-based violence (GBV) response care. Support ministries of health to utilize community-based networks to assist with prevention measures and surveillance and referral, and to

build the capacity of health workers to detect and manage COVID-19. Engage in short- and medium-term health systems strengthening to ensure health services can adapt to the projected increased numbers of sick people, especially of cases of pneumonia. UNICEF will collaborate with other United Nations partners to build the capacity of health care providers and ensure continued access to life-saving care and support such as the clinical management of endemic and epidemic diseases, the management of GBV, and mental health and psychosocial support (MHPSS).

2. Supporting access to continuous education, social protection, child protection and GBV services disrupted by the pandemic: Support ministries of education and other education actors in providing distance learning and implementing guidelines for safe school operations during an outbreak (e.g., promotion of hand and respiratory hygiene, screening and referral of suspected cases). Through support to ministries of family and youth (or similar), provide information on 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 GBV and psychosocial services and build the capacity of front-line workers on how to handle the disclosure of neglect, abuse and exploitation cases, and on giving psychological first aid. UNICEF will help ensure that children affected by COVID-19 have access to adequate alternative care arrangements and protection services. UNICEF will support access to 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 transfer, the expansion of existing social protection provisions, and adjusting and/or scaling up cash transfer programmes where appropriate. In such contexts, all efforts will be made to contribute to ongoing social protection efforts in countries to build and strengthen shock-responsive social protection systems.

3. Data collection and analysis of secondary impacts on children and women: UNICEF is undertaking operational research to better understand the social determinants and barriers to healthier behaviours against the virus pandemic and its consequences in communities and families. UNICEF will continue to adapt its strategy as more is discovered about COVID-19, the extent of the outbreak and its effects on children and pregnant women. UNICEF will collect and analyse data on social behaviour and the outbreak's impact on children and pregnant women, including on local care-seeking behaviours, targeting specific at-risk or vulnerable populations as appropriate. Within national coordination structures, UNICEF will establish a mechanism to share relevant findings and key recommendations to inform and adjust the multisectoral response where needed. UNICEF will ensure there is coordination, information management, global and regional data, and research on the impacts of social behaviour.

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 (UNOCC). UNICEF co-leads two of the CMT's work streams: 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 (IMST), with UNICEF staff integrated into these structures. UNICEF is co-leading the RCCE pillar and is the supply chain inter-agency coordination cell. UNICEF Regional Offices are actively coordinating and collaborating with regional WHO IMSTs. At the technical level, UNICEF experts contribute to several WHO expert groups, including those developing technical guidance for case management, IPC, vaccine research and development, and social science.

Results from 2020

UNICEF is working with governments, local WHO counterparts and other partners across all regions, including 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, and West and Central Africa.

UNICEF is engaged with around 1,000 suppliers and industry leaders across the world to find solutions to the current market constraints on PPE. UNICEF has been able to secure US\$30 million worth of essential PPE items and has already supplied PPE valued at US\$1.2 million to several countries with another US\$4.6 million in the pipeline.

UNICEF and partners have reached, through RCCE, some 86 million affected people in East Asia and the Pacific, and South Asia with prevention messages, mainly around handwashing. The COVID-19 U-Report chatbot, a valuable digital public good, has been deployed as an RCCE platform in 24 countries, reaching over 1 million young people in communities, including refugees and migrants, with more than 3 million chatbot interactions. The COVID-19 bot provides life-saving information to reduce misinformation, and it tracks rumours and yields vital information about the symptoms, transmission and prevention of COVID-19.

Furthermore, in collaboration with key partners, UNICEF has co-authored global programme guidance which will be updated based on the evolution of the situation.

- *Guidance for COVID-19 Prevention and Control in Schools* (UNICEF, WHO, International Federation of Red Cross and Red Crescent Societies (IFRC), March 2020)
- *Clinical Management of Severe Acute Respiratory Infection (SARI) when COVID-19 is Suspected: Interim guidance* (WHO: 13 March 2020)
- *Water, sanitation, hygiene, and waste management for the COVID-19 virus: Interim guidance* (WHO, UNICEF, 19 March 2020)
- *Risk communication and community engagement: RCCE Action Plan Guidance: COVID-19 preparedness and response* (IFRC, UNICEF, WHO, 16 March 2020)
- *COVID-19 Key Tips and Discussion Points for Community Workers, Volunteers and Community Networks* (IFRC, UNICEF, WHO, 23 February 2020)
- *COVID-19: A Guide to Preventing and Addressing Social Stigma* (IFRC, UNICEF, WHO, 24 February 2020)
- *Focus Group Discussion Guide for Communities: Risk communication and community engagement for the new coronavirus* (IFRC, UNICEF, WHO, 5 March 2020)
- *Briefing Note on Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak – Version 1.0* (IASC, 2 March 2020)
- *Technical Note: Protection of children during the coronavirus pandemic (v1.)* (Alliance for Child Protection in Humanitarian Action, March 2020)

Indicators by Pillar

Risk communication and community engagement (RCCE)

Number of people engaged and reached with accessible information on COVID-19 and targeted messages on prevention and on access to services

Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving infection and prevention control (IPC)

Number of people reached with critical WASH supplies/hygiene items and services

Number of health care facility staff and community health workers trained in IPC

Continuity of health care for women and children

Number of children and women receiving essential health care services, including immunization, prenatal and postnatal care, HIV care and gender-based violence (GBV) response care in UNICEF-supported facilities

Access to continuous education, child protection and GBV services

Number of children supported with inclusive distance/home-based learning

Number of children without parental care provided with appropriate alternative childcare arrangements

Number or percentage of personnel (staff and volunteers) across all sectors responding to COVID-19 emergency who are trained on GBV – including ‘do no harm’ and risk mitigation, protection from sexual exploitation and abuse (PSEA), safe and ethical handling, including of disclosures, and facilitating appropriate referrals for survivors

Number of households affected by COVID-19 receiving multisectoral cash grant for basic needs

Funding requirements

In response to the fast-evolving nature of the COVID-19 pandemic, and in line with the WHO’s Strategic Response Plan and the Inter-Agency Standing Committee Global Humanitarian Response Plan (GHRP), UNICEF has revised its original appeal to US\$651.6 million to address the latest needs across the globe. As UNICEF is present in both a humanitarian and a development context, the revised appeal includes UNICEF response to global humanitarian needs that go beyond the countries outlined in the Global HRP⁶.

UNICEF has allocated US\$8.2 million from its Emergency Programme Fund, a loan mechanism supported by regular resources, to meet the critical needs and scale up the response until additional funding is secured. As of 20 March, UNICEF has received US\$50 million thanks to generous contributions from the private sector and Japan, United Kingdom, United States of America, United Nations Central Emergency Response Fund (CERF), Republic of Korea, and Australia.

With the fast-moving spread of the pandemic UNICEF requires, now more than ever, flexible and timely funding so that it can be allocated quickly to where it is most needed and as the situation evolves. A lack of flexible funding will diminish the humanitarian system’s capacity to respond effectively and efficiently.

Regional offices/ Headquarters	2020 Funding requirement (US\$)
East Asia and the Pacific	68,632,977
Eastern and Southern Africa	145,372,027
Europe and Central Asia	38,070,303
Latin America and the Caribbean	48,046,129
Middle East and North Africa	92,400,333
South Asia	80,421,040
West and Central Africa	172,633,932
Global coordination and technical support	6,000,000
Total	651,576,741

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 (RCCE)	10,102,118	18,738,304	6,290,710	5,649,338	18,409,683	17,938,745	28,084,109		104,510,889
Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving infection prevention and control (IPC)	25,210,787	33,149,238	14,784,155	12,509,248	31,098,306	13,865,213	60,442,560		184,048,720
Supporting the provision of continued access to essential health care services for women, children and vulnerable communities, including case management	10,252,978	28,803,730	3,790,438	8,877,531	19,931,839	22,110,000	34,598,778		128,412,316
Access to continuous education, social protection, child protection and gender-based violence (GBV) services	17,929,170	33,203,081	10,693,000	11,298,675	18,326,256	16,458,030	26,132,900		126,711,942
Data collection and social science research on the secondary impacts on children and women	2,937,924	17,028,501	1,869,500	2,017,621	910,403	1,999,505	1,790,000	1,000,000	28,115,530
Global and regional coordination, technical support and operational costs	2,200,000	14,449,173	642,500	7,693,717	3,723,846	8,049,547	21,585,585	5,000,000	63,144,368
Total	68,632,977	145,372,027	38,070,303	48,046,129	92,400,333	80,421,040	172,633,932	6,000,000	651,576,741

¹ World Health Organization, 'Novel Coronavirus (COVID-19) Situation', WHO, Geneva, updated 20 March 2020 (2359 hours CET), , accessed 21 March 2020.

² World Health Organization and United Nations Children's Fund, 'Joint Monitoring Programme', WHO and UNICEF, Geneva and New York (NY), , accessed 21 March 2020.

³ United Nations Educational, Scientific and Cultural Organization, 'COVID-19 Educational Disruption and Response', UNESCO, Paris, 2019, , accessed 21 March 2020.

⁴ 'Joint Monitoring Programme'.

⁵ World Health Organization, '2019 Novel Coronavirus (2019 nCoV): Strategic preparedness and response plan', WHO, Geneva, 3 February 2020, , accessed 21 March 2020.

⁶ The Inter-Agency Standing Committee Global Humanitarian Response Plan covers countries with humanitarian response plans, refugee response plans and joint humanitarian response plans, and represents US\$405 million of this overall UNICEF humanitarian appeal for children.

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