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<td>CBPF</td>
<td>Country-Based Pooled Fund</td>
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<td>CERF</td>
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<td>COVAX Facility</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>GHRP</td>
<td>Global Humanitarian Response Plan for COVID-19</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>GPP</td>
<td>Global Programme Partnership</td>
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<td>HAC</td>
<td>Humanitarian Action for Children</td>
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<td>IFI</td>
<td>International Financial Institution</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>IPC</td>
<td>infection prevention and control</td>
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<tr>
<td>JMP</td>
<td>WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MTR</td>
<td>midterm review</td>
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<td>NatCom</td>
<td>UNICEF National Committee</td>
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<td>ODA</td>
<td>overseas development assistance</td>
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<td>PPE</td>
<td>personal protective equipment</td>
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<td>PSEA</td>
<td>prevention of sexual exploitation and abuse</td>
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<td>RC</td>
<td>Resident Coordinator</td>
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<td>RCCE</td>
<td>risk communication and community engagement</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SP</td>
<td>Strategic Plan</td>
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<td>SPRINT project</td>
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<td>SPRP</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNDCO</td>
<td>United Nations Development Coordination Office</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNDS</td>
<td>United Nations Development System</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNHCR</td>
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<td>UNSDCF</td>
<td>United Nations Sustainable Development Cooperation Framework</td>
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<td>UN-Women</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WFP</td>
<td>World Food Programme</td>
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Part 1: Executive summary

1. In just a few short months, the coronavirus disease 2019 (COVID-19) has reached every country in the world, defying predictions of the pace and direction of its spread. It has taken very different courses in different regions, and in different countries in the same region. After months of studying it closely and modelling its projected course and impact, we are still unable to predict with any certainty what will happen next. This is true in countries that have yet to feel the full brunt of an outbreak, and in those that seem to have overcome the worst of the initial health emergency, but now look with concern at the possibility of subsequent waves of infection as the virus continues to evolve. It is becoming clear that there is no ‘post-COVID’ era: the virus will always be with us, and we will need to adjust to a world with COVID-19. This means that epidemiological surveillance, public-health response, and dealing with the socio-economic impacts of the pandemic and the measures taken to contain it will often need to be undertaken simultaneously.

2. Emerging in a world marked by deep inequalities, the COVID-19 pandemic has fuelled an unprecedented global crisis that has quickly become a crisis of child rights. While children seem to be spared its worst health effects, they face devastating consequences from its socioeconomic impacts, as countries shut down their economies to limit the spread of COVID-19, households lose their livelihoods, and health and social services are curtailed. These impacts threaten to reverse decades of hard-won development gains for children, and jeopardize the accelerated progress now needed to achieve the Sustainable Development Goals (SDGs) and realize the rights of the world’s most vulnerable children.

3. The COVID-19 crisis poses a serious threat to children’s rights to survive and thrive, develop to their full potential, learn, be protected from harm, be heard in matters that affect them, and participate in the political, social and cultural lives of their societies. The economic crisis along with sustained service disruptions are likely to lead to dramatic increases in child poverty; child and maternal mortality; vaccine-preventable diseases like measles; stunting and wasting; and new HIV infections and deaths among children. Massive school closures have disrupted the education of nearly all the world’s children, increasing the risk of dropout for the most vulnerable and exacerbating the learning crisis that already threatens children’s futures. Confinement and the stresses of the crisis are placing great strain on the mental health of children and their caregivers, and contributing to pressures that increase the risk of violence against children – even as disruptions in social services exacerbate this and other child protection risks, including family separation and harmful practices like child labour and child marriage. In meeting this broad range of challenges, UNICEF is leveraging its dual mandate across humanitarian and development action, ensuring that while it is saving lives, it is also building back better and more resilient systems and services for children.

4. While the COVID-19 pandemic is universal in scope, its impacts are deeply unequal, as those left behind by the world’s uneven progress bear the brunt of its most damaging effects. The crisis exacerbates existing vulnerabilities, discrimination and exclusion. In the absence of well targeted mitigating measures, vulnerable children may face devastating repercussions that will be lifelong for some, with far-reaching impacts on their societies.

5. UNICEF is fully engaged in UN system-wide efforts to mount a swift, multidimensional, human rights-based response to COVID-19 and is aligned to three UN multilateral frameworks. UN reform processes have enabled the UN system to mount the strongest possible pandemic response, drawing on each agency’s comparative advantages to provide efficient support to countries – while the coordinated response, in turn, is strengthening these very processes, towards a UN system that truly delivers as one. Where the crisis brings opportunities, focusing attention or spurring new momentum on critical issues UNICEF is leveraging these to accelerate results for children. In line with the Secretary-General’s
Shared Responsibility, Global Solidarity report, UNICEF is working towards a response and recovery that lays the groundwork for rebuilding a more equitable, inclusive and sustainable world that will be more resilient to future crises.

6. UNICEF’s preparedness and response strategy has two priorities: 1) to reduce COVID-19 transmission and mortality through the public health response, and 2) to mitigate the socioeconomic impacts on children and families, especially the most vulnerable. To inform work on both priorities, UNICEF is generating evidence – with a focus on the most vulnerable children and communities – to better understand the pandemic. It is also adapting its programming as the situation evolves, to ensure that responses are well targeted and seize opportunities to reach the most vulnerable children.

7. As part of the public health response, UNICEF is co-leading interagency efforts on risk communication and community engagement (RCCE) to counter misinformation and promote healthy behaviours such as handwashing. The organization is also procuring and delivering critical medical supplies, including for UN partners; supporting ministries of health in using community-based networks to prevent and manage outbreaks; working to ensure that personal protective equipment (PPE), critical water and sanitation services and supplies, and contextualized protocols for infection prevention and control (IPC) are available; and training health and community workers in case detection and IPC.

8. UNICEF is working to ensure the continuity of essential health, nutrition and gender-based violence services; supporting countries in implementing remote learning during school closures and reopening schools safely; supporting child protection services to operate through digital and other means; supporting civic engagement by adolescents and young people; and helping countries to rapidly expand their social protection systems. All aspects of the UNICEF response are grounded in the Convention on the Rights of the Child, integrate a gender lens, and focus on inclusion of children with disabilities; refugee, migrant and displaced children; and others especially vulnerable to the impacts of the crisis.

9. Across its programming, UNICEF is assessing the impact of the COVID-19 crisis on its priorities for accelerated action, as identified through the midterm review of its Strategic Plan, to gauge where it will have to adapt approaches and reprioritize in order to reclaim the possibility of accelerated progress to achieve the SDGs. The crisis threatens progress in improving maternal and neonatal health and immunization, reducing stunting and wasting, improving learning outcomes, ending open defecation and ensuring universal basic sanitation, reducing violence against children and scaling up birth registration, and increasing momentum on climate action and mental health – even as it highlights the critical importance of each of these priority areas for sustainable development and resilient societies.

Part 2: COVID-19 and the impact on children

10. Although the spectre of a global pandemic has been hanging over the world for some time, the actual onset of the COVID-19 pandemic was unexpected, and its nature could not be predicted. As the virus took hold, intensive research started, first to sequence the genome, and then to determine the route of transmission and level of infectivity, which together dictate the kind of response needed. Responses varied from one country to another, from denial of the severity of the pandemic to draconian and unplanned lockdown measures.

11. It became clear early in the pandemic that – unlike for many diseases, including Ebola – the severity of COVID-19 in children was no higher than for young adults, and much less than for older adults. That is sharply different from the consequences of service disruptions and economic pressures, which disproportionally affect the most vulnerable, including children. The combination of the natural history of the virus, the age-structure and sociological arrangements of populations, and the measures
taken to contain the virus, all taken together, mean that the rate of spread is very variable and hard to predict. In some countries, the first wave has been contained, but even in those countries there is no “post-COVID” era: the virus will always be with us, and we have to adjust to a world with COVID-19. This means that epidemiological surveillance, public-health response, and dealing with immediate and longer-term socio-economic impacts will often need to be undertaken simultaneously.

12. The socioeconomic impacts of the COVID-19 crisis on children will create some of its most lasting consequences. Without actions to mitigate them, they risk being catastrophic. As the unprecedented global recession reduces average incomes and exacerbates inequalities – hitting low- and middle-income countries hardest – it is leading to marked increases in child poverty. Households are losing income as livelihoods are disrupted, especially in the informal sector; remittances fall dramatically; and out-of-pocket medical costs increase. UNICEF and partners have estimated that the number of children living in monetary poor households could increase by up to 106 million by the end of 2020, in the absence of effective policies. An increase in multi-dimensional child poverty – a slower-onset but longer-lasting impact of this crisis on child rights – is likely as the pandemic and measures to contain its spread cause disruptions in essential services that children and families depend on.

13. While high-frequency data on service disruptions is particularly challenging, UNICEF Situation Tracking for COVID-19 Socio-economic Impacts provides early warning signs based on reporting from 79 country offices. In May, offices reported essential service disruptions to varying degrees across the health, nutrition, water and sanitation, child protection and social protection sectors. Over half indicated drops of over 10 per cent in coverage for health services such as wellness checks, immunization, prenatal and newborn care, as well as health-related community outreach. Over two-thirds indicated drops of over 50 per cent for coverage of nutrition programmes targeting school-going children and adolescents.

14. In addition to the widespread school closures, over three-quarters of offices indicated that childcare or day care services had dropped more than 25 per cent. The reach and provision of services for children with disabilities are significantly affected as well, with more than half of country offices reporting drops in coverage of greater than 25 per cent, with drops of 50-75 per cent in eight countries, and 75-100 per cent in nine. Close to half of offices indicated that coverage of key child protection services had dropped by more than 25 per cent – including drops in access to child welfare authorities, case management services or referral pathways, household visits and violence prevention programmes. Meanwhile, close to half of offices noted some evidence of increases in gender-based violence. The top reasons reported for drops in health, nutrition, child protection and social protection service coverage include reduced demand due to fear of infection; service closures; and personnel gaps, whether due to sickness, mobility restrictions or fear.1

15. Reduced access to and use of primary health care services has been one of the most immediate impacts of the crisis for children, giving rise to a range of grave consequences. The pandemic’s effects on maternal and child mortality are staggering, threatening to roll back hard-won progress and significantly increase preventable maternal and child deaths. Early modelling estimates up to an additional 1.2 million children – 6,000 per day – and an additional 56,700 new mothers dying in 118 countries if services are reduced by up to 45 per cent for 6 months. Reduced access to HIV services is also putting children’s health at risk, with interruptions to treatment and diversion of human and laboratory resources for HIV towards COVID-19. Experience from previous epidemics, including the Ebola outbreaks of 2014 and 2015, suggest that there will be a surge of negative events for people with HIV.

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1 UNICEF Situation Tracking for COVID-19 Socio-economic Impacts 2020 relies on periodic country office reporting drawing from varying in-country sources and in some cases making best estimates that combine multiple sources. Figures may not accurately represent the full national response to the COVID-19 pandemic.
16. Even temporary disruptions in immunization services will have long-term consequences for children’s health. According to data collected by WHO, UNICEF, Gavi and the Sabin Vaccine Institute, COVID-19 has substantially hindered provision of routine immunization services in at least 68 countries, leaving about 80 million children under the age of 1 year at risk of diseases like diphtheria, measles and polio. A simultaneous disruption of malaria programmes across the majority of malaria-endemic countries could precipitate an unprecedented global resurgence of the disease, potentially rolling back progress to pre-2000 levels and resulting in additional child deaths estimated at between 21,000 and over 500,000, according to preliminary modelling.

17. Disruptions to food supply chains and local food markets, combined with increasing household poverty, will reduce access to nutritious and safe foods, even as the pandemic reduces access to essential nutrition services – including school meals that 369 million children depend on, and services to prevent and treat stunting, wasting and micronutrient deficiencies. The number of stunted children is expected to increase in the medium-to-long term, while the prevalence of wasting is expected increase in the short-to-medium term, by about 14 per cent – and as much as 25 per cent in some parts of the world – resulting in an additional 6.7 million wasted children, if timely action is not taken. Programmes for the treatment of severe wasting have admitted 30 per cent fewer children in 2020 than they did in 2010 due to service interruptions. Meanwhile, over 350 million children could miss out on the benefits of vitamin A supplementation because of interrupted campaigns and events.

18. The pandemic is causing an acute and long-term crisis of early childhood care and learning. Interruption of services and increased stresses are compromising parents’ and caregivers’ ability to provide adequate caregiving, stimulation, responsiveness and safety for young children. This will have a far-reaching impact on progress towards ensuring that children under 5 years of age are developmentally on track in health, learning and psychosocial well-being.

19. One of the most immediate visible service interruptions has been the closure of schools worldwide to help halt the spread of COVID-19, putting up to 1.6 billion learners worldwide (92% of all learners) at a high risk of having their education interrupted, even though learning has continued remotely for many children. School closures have negative impacts not only on children’s learning, but also on their health, nutrition, protection and well-being, as children lose access to services and support provided at school. The interruptions create a risk of permanent dropout, especially for girls, children from poor households and children with disabilities, who before COVID-19 already faced significant barriers to access. With 258 million children already out of school before the pandemic, school reopening plans will need to include measures to ensure that all children can return to and stay in school, and learn safely.

20. To allow children to continue learning, every country has aimed to provide remote learning options, but resource-poor settings have faced significant challenges, including lack of digital connectivity. Multiple Indicator Cluster Survey (MICS) data from 18 low- and middle-income countries show a range of internet access levels among children aged 5-17 years old, from just 1-2 per cent in Laos and the Democratic Republic of the Congo to 86 per cent in Georgia, with most countries below 50 per cent. Few poor households in low- and middle-income countries have internet access or even ownership of other technologies for remote learning such as radio and TV, while lack of power supply to households in rural areas and poor urban settings precludes children from using any of these technologies. Meanwhile, vulnerable children, like children with disabilities and those who do not speak the language of instruction, may not be well served by available distance learning options.

21. The pandemic, mitigation measures and new economic hardships are giving rise to serious child protection risks. Anecdotal and indicative evidence, for example from China, India and the United States, shows an increase in violence in homes. Caregiver violence is already the most frequent form of violence faced by children, while witnessing violence in the home – such as intimate partner abuse, one of the most common forms of violence women face – also has detrimental effects on children’s
health and well-being. The crisis has also increased the risk that families facing poverty and insecurity turn to negative coping mechanisms like child marriage and child labour, and in conflict settings, association with armed groups. Girls are particularly vulnerable to sexual exploitation and abuse. There is a risk that gender gaps could widen during and after the pandemic, and that decades of gains in women’s and girls’ accumulation of human capital, economic empowerment, voice and agency could be reversed.

Figure 1. Some key impacts on children

22. Even as risks increase, access to child protection services is reduced, giving children and families fewer channels to report or receive prevention and care services related to violence or harmful practices – although calls to child helplines are reaching record levels. Children without family care, including those in residential institutions – many of whom are children with disabilities – are at heightened risk both of violence, abuse and exploitation, and of being left out of the response, as well as facing substantially higher risks of infection.

23. While basic water, sanitation and hygiene (WASH) services are critical for slowing down COVID-19 transmission, they are far from universally available and accessible. Handwashing with soap and water is one of the most important interventions to stem the spread of COVID-19, but according to the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), 40 per cent of people worldwide, and 72 per cent in least developed countries, lack basic handwashing facilities at home with soap and water available. Nearly half the world’s schools lack such facilities, affecting nearly 900 million children worldwide, including 3 out of 4 children in the least developed countries and 4 out of 5 children in sub-Saharan Africa.

24. As always, the most vulnerable children bear a disproportionate share of the impacts of this crisis. This starts at the macro level, with poorer nations less able to access credit to keep their economies running. Within countries, households with less access to savings, credit and home-based facilities are less able to survive the pandemic’s shocks. Among those especially vulnerable are children living in poverty, especially girls; children in humanitarian and fragile contexts; children living in slums and informal settlements; children in detention; children living on the streets; children living in indigenous communities; and children with HIV. The pandemic is exacerbating existing vulnerabilities for children with disabilities, for whom service disruptions will compound barriers to access and who, especially if they live in institutions, may not be able to exercise preventative measures due to inaccessible information and WASH services.

25. Risks are heightened for more than half a billion children living in slums and informal settlements, and for migrant and displaced children. The pandemic is also likely to exacerbate discrimination based on ethnic identity or other factors, as stress and fear leads groups to blame others, motivating increased exclusion and violence.
26. The Convention on the Rights of the Child applies to all children under 18 in all contexts, including emergency situations, and in every country regardless of a child’s origin. Responses taken by governments to prevent, contain and treat COVID-19 have direct and indirect impacts on the full range of child rights as set out in the Convention. Extreme pressure on the provision of basic services has resulted in an initial focus on economic and social rights. But of equal importance are children’s civil and political rights, including freedom of expression; thought, conscience and religion; association and peaceful assembly; privacy; and information. Space for civic engagement was already shrinking before the pandemic, and new restrictions and repercussions for speaking out are having a serious impact on how adolescents and young people interact with each other and their communities. Children also have cultural rights, such as the right to rest, play, culture and the arts. While these might seem less important during a public health crisis, they are just as legally binding and necessary to children’s ability to exercise other rights. Rights are indivisible, interconnected and interdependent, and none can be sacrificed in the name of others.

Part 3: Inter-agency collaboration

27. The UN-wide response to the COVID-19 pandemic and UN reform have been mutually reinforcing processes. The coordinated response shows the fruits of UN reform in action, enabling the UN system to leverage the comparative advantages of each agency and, through collaboration, to deliver the strongest and most efficient possible response to support countries. Meanwhile, the unprecedented scope of coordination, with Resident Coordinators (RCs) coordinating the overall response at country level and all agencies working towards a single purpose across the world, is accelerating the implementation of UN reform processes on the ground, strengthening the ability of the UN system to deliver as one.

28. Through its role in the UN-wide COVID-19 response, UNICEF continues to ensure that the needs of children and women are included in guidance, response plans and country-level implementation. UNICEF co-leads the social impact and supply chains workstreams of the United Nations Crisis Management Team, comprising 10 agencies and hosted by the United Nations Operations and Crisis Centre. As a key partner to the WHO-led global response, UNICEF hosts the supply chain inter-agency coordination cell and, with WHO and IFRC, co-leads the RCCE pillar as well as the newly established Collective Service for Communication and Community Engagement. Meanwhile, at both Headquarters and regional level, UNICEF is actively coordinating and collaborating with regional WHO incident management support teams. At the technical level, UNICEF contributes to WHO expert groups on technical guidance for case management, IPC, vaccine research and development, and social science, among others. The organization also plays a lead role in procurement for entities across the UN system.

29. In line with UN reform processes, the Secretary General’s Shared Responsibility, Global Solidarity report released in March and policy brief on The Impact of COVID-19 on Children released in April, UNICEF’s immediate and longer-term response to the COVID-19 pandemic is informed by and aligned to three UN multilateral frameworks: the Global Humanitarian Response Plan for COVID-19 (GHRP), the COVID-19 Strategic Preparedness and Response Plan (SPRP), and the UN Framework to respond to the immediate socioeconomic impacts of COVID-19. UNICEF is actively using the tools of UNDS reform in its response, including participating in ongoing COVID-19 country assessments – contributing its expertise in data collection and its experience across its dual mandate – and bringing a COVID-19 lens to new Common Country Assessments to ensure that new Cooperation Frameworks take the pandemic and its impact sufficiently into account.

30. UNICEF’s contribution to the GHRP is set out in UNICEF’s Humanitarian Action for Children (HAC) Appeal for the Coronavirus Global Response, outlining UNICEF’s strategies and priorities to meet the
growing immediate humanitarian needs of children impacted by the COVID-19 pandemic in 155 countries and territories, including the 63 outlined included in the GHRP. The strategic priorities of UNICEF’s humanitarian response as outlined in the HAC are aligned with the GHRP and the WHO-led COVID-19 SPRP, which focuses on eight pillars of a public health response, including country-level coordination, planning and monitoring, IPC, RCCE, and case management. UNICEF’s long-standing experience in the provision of health services, and particularly its expertise in the area of vaccine and essential medicine procurement, distribution and administration, makes its partnership with WHO an essential part of UNICEF’s response to all health emergencies.

31. Given UNICEF’s dual humanitarian and development mandate, its presence in over 190 countries and territories, its participation in 129 UNCTs, and its vast experience in the areas of child protection, education, social protection, financing for children, health, nutrition and water and sanitation, the organization is already contributing to all workstreams of the UN Socio-economic Framework. UNICEF has worked out a division of labour with the framework’s technical lead, UNDP, that focuses the two agencies’ collaboration on the workstreams on protecting jobs and small and medium-sized enterprises; macroeconomic choices and international cooperation and multilateralism; and social cohesion and community resilience. The two agencies will also work together on resourcing, advocacy and leveraging volunteerism in support of the framework’s implementation.

Figure 2. UNICEF response in relation to United Nations multilateral frameworks
Part 4: UNICEF response to COVID-19 and programme implications

32. At the heart of the UNICEF response is its mandate and its long-standing commitment to stay and deliver for children wherever they need help the most. This is the approach that UNICEF has taken for decades, continues to take during the current pandemic, and will carry forward throughout the Decade of Action. In line with inter-agency frameworks, UNICEF’s preparedness and response strategy has two priorities: 1) to reduce human-to-human transmission and mortality in affected countries through the public health response and 2) to mitigate the socioeconomic impacts of the pandemic on children and families, especially the most vulnerable. In humanitarian situations, UNICEF’s response is guided by the Core Commitments for Children in Humanitarian Action and inter-agency standards, and UNICEF is committed to ensuring that gender equality is at the heart of its COVID-19 frontline service delivery, system strengthening support and policy advocacy.

33. The public health response aims to reduce coronavirus transmission and mortality through risk communication and community engagement (RCCE); provision of critical WASH, infection prevention and control (IPC) and medical supplies; improved WASH and IPC services in communities and health facilities; and case management for children and pregnant women. Since the start of the outbreak, over 540,000 health care workers within health facilities and communities have been provided with personal protective equipment (PPE), and UNICEF has procured over 16,000 oxygen concentrators and related supplies, of which about 800 had been shipped by June 10, and has shipped 480 oxygen sets and 363,404 diagnostic tests for COVID-19, in support of 92 countries responding to the pandemic. UNICEF also secured products to meet the demand expected for the months of June to August. Over 27.7 million people have been reached with critical WASH supplies, with sex-disaggregated data from 13 countries showing that 47% were male and 53% were female. UNICEF is supporting ministries of health to utilize community-based networks to assist with prevention measures, surveillance and referral. With partners, the organization has trained 1.9 million health care providers in detection, referral and appropriate management of COVID-19 cases, and worked to ensure countries have access to clear, evidence-based case management and disease prevention guidelines for pregnant women, newborns and children.

34. UNICEF is represented in the Global Stewardship Counsel and each pillar of the ACT-Accelerator Initiative, a new global collaboration launched to accelerate the development, production and equitable access to diagnostics, therapeutics and vaccines, along with health system strengthening to ensure Lower Middle Income Countries are equipped to scale the new technologies rapidly and safely. UNICEF has engaged strategically with partners in areas where it has strong programme capacity, such as in supply systems, procurement and distribution, community engagement, and support to frontline workers. UNICEF is expected to be a lead procurement agency for low- and middle-income countries as part of the COVID-19 Global Vaccine Access Facility (COVAX Facility), which addresses innovative financing and procurement mechanisms to ensure that lower-income countries can obtain and roll out COVID-19 vaccines.

35. The second strategic priority of UNICEF’s response to COVID-19 is work with all levels of government to support the continuity of social services and to assess and respond to the socio-economic impacts of the COVID-19 crisis. Through these efforts, 22.6 million children and women have been reached with essential health care services in UNICEF-supported facilities; 9.4 million caregivers of young children aged 0-23 months have been reached with information to protect breastfeeding; 154.9 million children have been supported with distance or remote learning (49% boys and 51% girls, based on sex-disaggregated data from 16 countries); 44.7 million children, parents and primary caregivers have been provided with community mental health and psychosocial support; and 13.5 million households affected by COVID-19 have received humanitarian, multi-sector cash grants for basic needs. UNICEF has trained 1.9 million health care facility staff and community health workers in IPC in 52 countries.
36. UNICEF has strengthened integrated programming, linking basic social services with social protection to mitigate the impacts of COVID-19. For example, 40 countries have implemented or scaled up social protection measures aimed at providing nutritious diets for children. UNICEF has focused on minimizing interruptions to GBV services, working with partners including local women’s organizations to scale up remote service provision through helplines providing mental health and psychosocial support. UNICEF has been advocating with governments to consider GBV cases critical, and to ensure that social workers working on GBV have what they need to keep working, including special permits, hygiene kits and protective gear. More than 42 countries have scaled up the prevention of sexual exploitation and abuse (PSEA) as part of their COVID-19 response, including providing safe and accessible channels for reporting sexual exploitation and abuse to 3.1 million children and adults, and strengthening referrals for services.

37. Because the universal scope of the COVID-19 crisis necessitates a universal response, UNICEF through its National Committees (NatComs) is also working to address the impacts on children in high-income countries. NatComs are conducting advocacy for their own countries to protect children from the impact of COVID-19, and undertaking programming that focuses on social inclusion, social protection, education, child protection, health, child rights education and communication for development.

38. As UNICEF works towards both strategic priorities of its COVID-19 response, it is adapting its programming and has made evidence generation a priority. Analysis of existing data, together with modelling bolstered by data collected through imperfect but good-enough means, are informing an understanding of the dynamics of the outbreak, social and care-seeking behaviours, service disruptions and their consequences, and the consequences of the global economic crisis on services and family incomes. Ultimately, the analysis gauges the likely impacts on children and pregnant women – especially among at-risk and vulnerable populations – to prioritize interventions that mitigate these forces. Country offices have worked with governments, UNCTs and civil society to re-allocate resources and realign programmes to address new and urgent priorities relevant to their contexts. At the same time, UNICEF is assessing the impacts of the crisis on the priorities for acceleration identified in the midterm review of its Strategic Plan.

Co-leading on risk communication and community engagement

39. As co-leader of the RCCE pillar of the SPRP, UNICEF is collaborating with governments to formulate, implement and monitor national RCCE plans. The organization coordinates with authorities and 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. Over 2.4 billion people, including migrant and displaced populations and those in crisis-affected countries, have been reached with COVID-19 messaging through at-scale digital engagement as well as community networks; sex-disaggregated data from 17 countries show that 53% of those reached were male, while 47% were female.

40. RCCE has focused on promoting practices like effective handwashing and physical distancing; seeking early and appropriate care for COVID-19 and other health needs; accessing protection services; addressing stigmatisation of people diagnosed with COVID-19; and countering xenophobia and discrimination against migrant and displaced populations. Given that prevention is the strongest strategy to reduce the spread of COVID-19, RCCE has been a critical backbone of the public health response. As the situation evolves, RCCE content will be adapted to promote appropriate practices in line with the latest public measures, and to support the roll-out and uptake of future biomedical solutions.

41. In view of the increase in gender-based violence (GBV), UNICEF has paid special attention to integrating key messages on its prevention, response and mitigation across RCCE efforts. For instance, in Sudan and in refugee camps in Bangladesh, regular house visits by female volunteers are used as an
opportunity to raise awareness about GBV services in the community, alongside sharing information on how to prevent COVID-19.

Safeguarding development gains in health and nutrition

42. UNICEF works closely with partners to ensure that women and children have continued access to essential services including maternal and newborn health; immunization; polio eradication; management of childhood illnesses; adolescent health; HIV treatment and care; maternal nutrition; support for breastfeeding and access to nutrient-rich foods; micronutrient supplementation, anaemia prevention and other key nutrition services for school-aged children and adolescents; and early detection and treatment of severe wasting. This includes providing technical support in monitoring service interruptions; prioritizing essential health services and delivering them safely; providing guidance and building health workers’ capacities; safeguarding supply chains; adapting decentralized local governance, human resources and public finance management capacities; advocating with donors and partners and assisting governments in preparing grant applications for health system strengthening.

43. Health systems around the world were not prepared to deal with the pandemic, nor have they been resilient enough to mitigate its impacts, with frontline health workers, especially in low-resource settings, inadequately protected. Strengthening community health platforms has emerged as a key strategy for maintaining essential health services, while protection of frontline health workers with adequate PPE has been critical to reassuring people that it is safe to use health services.

44. UNICEF is working to rapidly activate and expand the coverage of digital channels (like RapidPro, U-Report and WhatsApp) for targeted risk communication initiatives, remote training and information for community health workers, and interpersonal communication between health care workers and with community members. Digital and data solutions are being repurposed to monitor existing health services and rapidly identify disruptions in care provision or utilization, as the crisis has shown the provision of real-time data through routine information and surveillance systems to be a weak link in health systems.

45. UNICEF and partners have collaborated to support a range of programme adaptations to maintain essential services. In immunization, UNICEF has prioritized ensuring adequate vaccine supplies in view of pandemic-related disruptions, is monitoring social media misinformation that affects demand, and where other disease outbreaks are occurring, has issued guidance on operating mass vaccination campaigns adapted to the challenges of social distancing. UNICEF has provided integrated disease-specific guidance and helped develop and deploy tailored implementation modalities, including for malaria. Lessons learned from the Ebola epidemic in West Africa, where more children died from malaria than Ebola, have informed the provision and continuity of prevention, diagnosis and treatment services. In support of primary health care that is more resilient to a range of future shocks, from epidemics to natural disasters, UNICEF’s health programmes are also evolving to more comprehensively address the environmental risks to child health and well-being, including climate change.

46. UNICEF is supporting governments to ensure the continuity and adaptation of essential nutrition services for infants and young children, school-aged children and adolescents, and pregnant and breastfeeding women. It is intensifying nutrition-related support to families of young children and engaging older children and adolescents through digital platforms, mass media and other practical communication tools; bringing nutrition services closer to communities; monitoring the unethical distribution of breastmilk substitutes and unhealthy foods; supporting innovative mechanisms to maintain school nutrition services during closures, and to re-establish them when schools reopen; and adopting simplified protocols for the early detection and treatment of child wasting.
47. UNICEF is working closely with social protection systems to ensure they provide nutrition support to vulnerable children in all age groups and are linked to nutrition communication and services. New partnerships include a joint counselling package on infant feeding in the context of COVID-19 to prevent stunting, with USAID, Save the Children and Safely Fed Canada, while ongoing work on school nutrition and wasting with WHO and WFP continues to leverage resources and achieve programmatic synergies. The apparent relationship between obesity and COVID-19 complications, meanwhile, presents an opportunity for UNICEF to advocate for access to healthy diets, physical activity and overweight prevention, and to advance priority policy asks around marketing of food to children.

48. As the pandemic disrupts health and nutrition services and devastates already fragile food and health systems in many countries, it threatens to set back the planned acceleration agenda of the current Strategic Plan, including for polio and tetanus elimination; reduction of childhood diseases including pneumonia, diarrhea and malaria; adolescent health; quality of care, community case management; institutional deliveries; routine immunization; prevention of stunting in early childhood; early detection and treatment of child wasting; micronutrient supplementation; and nutrition counselling and support during pregnancy.

Responding to children’s education needs

49. UNICEF is supporting governments to operate schools safely, protect schoolchildren’s health and well-being, ensure continuity of learning for all children during school closures, and safely reopen schools – while making them better and more inclusive. The organization has developed tools and guidance to support ministries of education and other education actors, including the Interim Guidance for COVID-19 Prevention and Control in Schools, developed with WHO and IFRC, and the Framework for Reopening Schools, developed with UNESCO, WHO and the World Bank. Resources have been mobilized from the Global Partnership for Education to support countries in planning ($8.9 million) and implementing ($500 million) the education response, including $25 million for global public goods (through a joint proposal to GPE by UNICEF, the World Bank and UNESCO).

50. UNICEF has promoted distance learning solutions to enable children and adolescents to continue learning. The Learning Passport online learning platform, developed with Microsoft and scheduled for piloting this year, was instead rapidly expanded in response to the crisis. It is also being adjusted to support learning for children with disabilities, while 19 countries are reporting additional measures to provide disability-sensitive content. In some contexts, including in Eastern and Southern Africa, UNICEF has distributed printed materials to support home-based learning. To assist in decisions on how to ensure continuity of learning, UNICEF developed a decision tree that considers target populations’ access to digital connectivity, TV and radio as well as availability of existing digital learning platforms and materials.

51. Worldwide attention to learning disruptions offers an opportunity to advance equity in education, and UNICEF is leveraging some of its existing collaborations with other UN agencies to seize it. UNICEF and UNHCR are continuing to work through their Blueprint for Joint Action to support education access for refugee, migrant and displaced children affected by the pandemic, along with access to protection and WASH services and inclusion in national systems. With WFP, UNICEF is working to ensure that nutritious school meals and essential health services are part of school reopenings, providing an important incentive for parents to send their children back to school and helping to ensure that children are healthy and well nourished enough to learn. UNICEF is also working to support girls’ education in the context of COVID-19. Measures to support girls affected by gender-based violence,

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2 from the socio-economic impact questionnaire
child marriage and early pregnancy are being incorporated in remote learning programmes as well as nonformal education.

52. Meanwhile, the crisis presents opportunities to build back more resilient education systems by strengthening risk and vulnerability analysis in the education sector, enhancing preparedness, and ensuring that education sector plans include risk reduction strategies, including learning continuity plans and development of health and hygiene components in schools. The pandemic also presents opportunities to reinforce the introduction of learning technologies and to develop distance learning, especially in countries where these options were non-existent or embryonic. Lessons learned during COVID-19 provide opportunities for UNICEF to engage with countries to promote alternative learning pathways – including through a mission approach, digital learning, promoting life skills and developing competencies through art and expression – to reach the most vulnerable children and address the learning crisis, accelerating the organization’s key priority in education.

Ensuring that water, sanitation and hygiene are a core part of the response

53. Provision of safe water, sanitation and hygienic conditions, as well as good hygiene practices, play an essential role in limiting transmission of COVID-19. UNICEF’s WASH support to the COVID-19 response continues to reach millions of people around the world and focuses on ensuring continuity, quality and affordability of essential WASH services and products; supporting IPC; and promoting hygiene. UNICEF works with local water and sanitation authorities and utilities to avoid the deterioration or collapse of WASH services and sustain affordable access for the poorest and most vulnerable populations, including those in refugee or displacement camps, urban slums and humanitarian settings, with special attention to children with disabilities, girls, and women in frontline service provision or caregiving roles.

54. To support IPC, UNICEF is working to ensure adequate WASH services and essential supplies like soap, hand sanitizer and water treatment chemicals are available in health care facilities, schools, public spaces, communities and households. The organization has provided guidance to its country offices on designing robust, locally appropriate IPC interventions in each of these settings. Lessons learned from fragile settings are being shared, especially to support middle-income countries and others unused to WASH service disruptions and supply shortages. UNICEF’s WASH programmes will work closely with the education sector to ensure all schools have IPC measures in place when they reopen.

55. As frequent and proper hand hygiene is one of the most important measures to prevent COVID-19 infection, UNICEF is working with partners to adapt and scale up hygiene promotion, to improve key practices including handwashing with soap. UNICEF is leveraging its own digital platforms, influencer networks including Goodwill Ambassadors, and youth platforms like U-report, while taking advantage of private sector expertise on reaching target audiences and using innovative technologies. A renewed campaign to promote handwashing for all is also being launched with WHO.

56. The COVID-19 crisis is likely to have a differentiated impact on UNICEF results in WASH. Given the key role of handwashing in reducing COVID-19 transmission, the crisis response is likely to advance community-based handwashing behaviour changes. The crisis may also have a significant impact on areas that require government buy-in, such as water safety planning and sustainability checks and areas that are feeling the effects of climate and water scarcity. UNICEF advocacy will continue to emphasize the need to maintain programmatic efforts to end open defecation, increase high-level political commitments through regional networks, and promote national and local sanitation and hygiene supply chains. Indirect results enhancing WASH in schools and health care facilities may lead to progress in these areas, but the progress made thus far in school-based menstrual hygiene management could be adversely affected.
Making sure children are protected throughout and after the crisis

57. UNICEF is working with relevant line ministries and civil society to ensure the continuity of child protection services and children’s ability to access them, while taking steps to mitigate child protection risks. Working with local structures, including women’s and girls’ groups, UNICEF and partners have established response and referral mechanisms for violence against children, gender-based violence and mental health and psychosocial support services, while building the capacities of frontline workers to provide psychological first aid and report neglect, abuse and exploitation. A global call for the release of children in detention led to the release of over 1,600 children in more than 30 countries, while justice and child protection systems work together to ensure access to justice.

58. Meanwhile, UNICEF has drawn on humanitarian approaches to support the child protection response across countries, including in many not otherwise facing humanitarian crises. Service delivery, referral systems, case management and training for social service workers are shifting to online, phone, and other forms of remote communication, while civil registration systems are adapting procedures to maintain operational continuity.

59. As children living in violent households are cut off from sources of support in the extended family, schools and social services, child helplines are proving to be vital source of support. There is a great demand for positive parenting resources, which are reaching some 40 million parents around the world. UNICEF initiatives to support children and parents include disability-specific online and tele-mental health and psychosocial support. The focus of attention for harmful practices has shifted away from structural issues during the containment period, towards reaching girls directly to prevent and respond to child marriage and female genital mutilation. Post-containment, attention will expand to ensure that the most vulnerable girls return to and stay in school, to address the impacts of poverty through gender-sensitive social protection, and to analyse shifts in gender norms during and after crises.

60. Disruptions in child protection interventions – social services, birth registration, and civil society programmes – across all contexts may set back progress towards Strategic Plan results in child protection and push related SDG targets further off track. With the increased demand among communities not matched by the supply from governments and other duty-bearers, it is increasingly unlikely that many Strategic Plan targets will be met, especially given funding gaps, including in thematic funds and the HAC Appeal.

61. At the same time, the crisis has resulted in opportunities for advocacy and reform, bolstering calls to prioritize the social service workforce as essential at all times, to spur increased investment and deepen collaboration with other sectors. The importance of civil registration systems, as essential services, has been highlighted, as reliable vital statistics have been critical to protect all children, and guarantee access to services. The Secretary-General’s call for a global ceasefire has opened up opportunities to press for the release children from armed groups. UNICEF has also seized opportunities to facilitate access to services and appropriate care arrangements for migrant, refugee and displaced children. UNICEF will work with child protection partners to sustain this momentum, in order to address the long-term effects of the economic crisis on women’s and child rights and well-being and achieve the SDGs.

Advancing social policies that protect the most vulnerable

62. To support households and counter rising child poverty rates, UNICEF is working closely with the World Bank and WFP to provide governments with technical and financial support to prevent disruption of
social protection programmes, and to adjust and rapidly scale them to respond to emerging needs, primarily through provision of cash transfers. Where social protection systems do not exist or fall short, UNICEF is launching humanitarian cash transfers in ways that help create or strengthen systems. As social protection programmes are expanded, UNICEF is working to ensure they are child-sensitive and inclusive, including of migrant and refugee children and children with disabilities; respond to multiple vulnerabilities and risks; and contribute to longer-term recovery and resilience to future crises, including climate shocks.

63. The massive increases in child poverty as a result of COVID-19 will impact the attainment of both SDG poverty targets and UNICEF Strategic Plan targets. The excellent progress made on routine measurement of child poverty is likely to slow, and UNICEF will strive to counter this by strengthening its coordination with the World Bank and other actors to ensure poverty analysis addresses child poverty. Given the global impact of the crisis, UNICEF will need to strengthen its capacities to effectively support increased numbers of children living in poverty in high-income, non-programme countries. UNICEF has greatly increased its advocacy on child poverty and social protection as part of the socio-economic response to the pandemic, and maintaining this advocacy into the recovery phase will be critical.

64. While public spending on public health and social protection is likely to increase in the immediate COVID-19 response, other essential child services risk de-prioritization. Fiscal space for social spending on children is likely to suffer as a result of the economic downturn, especially in low-income countries. UNICEF is engaging with governments to identify and expand fiscal space, including through re-prioritisation of domestic budgets, leveraging funds from IFIs and development partners, and debt relief. Local governments are also playing a key role in the COVID-19 response, but in most cases needs far outstrip their institutional capacity and financial resources. UNICEF is working to improve coordination between local governments and national service delivery ministries, and supporting the development of local social service response plans to help leverage national government resources towards local and subnational-level interventions.

Part 5: Adapting how UNICEF works

65. The COVID-19 crisis is affecting UNICEF itself, forcing the organization to plan in the face of great uncertainty and placing serious constraints on its resources and on the movement of people and supplies. UNICEF is adjusting the way it works to achieve results for children in light of their rapidly evolving situation, to address the challenges emerging from the crisis and harness the opportunities. It is adapting its systems and management practices to ensure the continuity of its operations and simplify them, while supporting the well-being of staff and giving them the flexibility to work effectively under unprecedented conditions. In light of the unprecedented economic uncertainty, UNICEF is redoubling its efforts to mobilize funding while working to demonstrate the criticality of flexible funding for mounting an efficient, swift and flexible response to the emergency.

66. UNICEF is prioritizing and adapting a number of its key strategies as it adjusts its programming in response to COVID-19. The crisis has highlighted and strengthened the links between humanitarian and development programming; highlighted the need for gender-responsive analysis and programming; and shed a spotlight on local actors, including communities and parents, as key partners. It has accelerated trends already reshaping the role of business, demonstrated the potential of innovation to yield solutions for children and bring them quickly to scale, and increased the demand for data as well as inter-country learning. Meanwhile, disruptions in markets and transportation have prompted UNICEF to be increasingly flexible and creative in its supply and procurement efforts. And
Given the scope of the impacts of the crisis on children, coordinated, focused advocacy is more critical than ever.

Financing and fundraising

67. As UNICEF tackles the COVID-19 crisis as part of the UN system, it is demonstrating the value of multilateralism, directly contributing to the Funding Compact, while emphasizing the criticality of regular resources, especially in sudden-onset and unpredictable situations that demand swift action and flexibility. Within the overall UN framework of humanitarian and COVID-19 socio-economic response, UNICEF is mobilising funding from public and private sector partners for core regular, thematic flexible and earmarked other resources. As a first line of response, UNICEF has allocated $26 million of regular resources for the COVID-19 response. The organization is an active participant in UN humanitarian and development pooled funding mechanisms, including CERF, CBPF, the COVID-19 Solidarity Response Fund and the UN COVID-19 Trust Fund for Social and Economic Response and Recovery; works closely with other UN agencies, including through joint programmes; and partners with IFIs, GPPs and governments to provide policy, technical and implementation support for governments’ social and economic responses to COVID-19.

68. While major government partner countries have been severely impacted by COVID-19, their strong support for multilateralism and commitments to support vulnerable countries have enabled UNICEF to mobilize $539 million since the launch of the HAC, amounting to 33 per cent of the $1.62 billion requirement. In addition to funds received, UNICEF was able to secure $389 million in firm pledges from public and private sector partners. Still, COVID-19 is posing major risks to sustained response and recovery efforts and to achieving 2018-2021 Strategic Plan results. Risks include: (1) decline in UNICEF’s overall income in the short-to-medium term, (2) decline in the real value of funding owing to exchange rate fluctuations and increasing costs of implementation, meaning that fewer children can be reached with the same resources, and (3) decreasing quality of resources, especially a continued decline in regular resources.

69. UNICEF is assessing the impact of COVID-19 on current and future income estimates and is closely monitoring its resource mobilization environment and results. The organization is adopting a conservative financial outlook while closely monitoring developments. Revised income and expenditure projections will be presented to the Executive Board as part of the UNICEF Strategic Plan Updated Financial Estimates 2020-2023 in September 2020.

70. Currency fluctuations, inflation and a doubling or tripling of needs as a result of COVID-19 mean that UNICEF will be able to reach fewer children with the same resources. Anecdotal projections show that the rising strength of the US dollar might mean a decrease in total income of as much as 0.5 per cent of expected income. This will especially impact regular resources contributions. The economic crisis is expected to make some critical programme supplies more expensive, reducing UNICEF’s purchasing power.

71. The stagnation of multilateral ODA for core resources and increased earmarking of funding – with the share of total core funding reduced from 17 per cent in 2014 to 11 per cent in 2019 at the UN system level, despite Member States’ Funding Compact commitment to increase it to 30 per cent – has also affected UNICEF. Regular resources from the public sector as a share of total public sector income declined from 17 per cent in 2014 to 11 per cent in 2019, leaving UNICEF with fewer flexible resources, potentially shifting it from a mandate-based to a project-based organisation. The COVID-19 crisis could further increase earmarking, given political pressure and policy priorities to respond to the crisis at the expense of long-term development outcomes. Honouring the Funding Compact commitments will be

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3 As of 11 June 2020
crucial not only for the effective response to COVID-19, but also for the long-term sustainability of UNICEF and the UN development system.

72. Regular resources funding is already making a difference in the COVID-19 response to reach children in need faster, empower local actors, deploy essential supplies and protect the most vulnerable. COVID-19 has made it ever more critical that partners consider the impact of earmarking and conditionalities on UNICEF’s ability to implement programmes and achieve results.

Building back greener

73. While COVID-19 has given the environment a respite in the form of reduced pollution, the crisis threatens to reduce momentum on urgent climate action and commitments, resulting in slowed progress across all SDGs. A number of adaptations in UNICEF’s core programmatic functions could safeguard and even accelerate progress, building on momentum to sustain reductions in pollution and enhance local resilience in key sectors. As WASH services are strengthened to respond to the public health crisis, they can also be made more resilient to the impacts of climate change, such as natural disasters like flooding and droughts, as well as longer term trends in water availability, pollution and depletion rates. Health systems can be geared to address not just the direct impacts of COVID-19, but proximate risk factors that often stem from environmental hazards and pollution. Health, education and WASH systems can utilize the benefits of renewable energy. Education curricula can incorporate skills relevant to a green economy. Climate change and environmental degradation can form part of how UNICEF understands and assesses child poverty and works on public finance for children, while social protection measures and COVID-19 recovery stimulus plans can be geared to respond to a variety of shocks and longer-term challenges, including climate change and sustainability.

Gender-responsive programming and analysis

74. UNICEF is responding to the exacerbated impacts of COVID-19 for women and girls across every sphere, from health to the economy, security to social protection. The organization has prioritized five core programmatic and advocacy actions to integrate a gender lens in the public health response and mitigation of the pandemic’s socio-economic impacts. Care for caregivers is being provided through family-friendly policies, support to parenting and caregiver programmes, and gender-responsive social protection. Increasing coverage of gender-based violence services entails training for first responders, increased use of digital platforms for reporting, and increased communications on violence prevention.

75. UNICEF is integrating a gender lens into ongoing socio-economic assessments and response plans related to COVID-19. Rapid gender analysis, for example, is providing insight into the impacts of the crisis on girls and women. The organization’s gender analysis and response in the context of COVID-19 are guided by the ‘do no harm’ principle, including in data collection on sensitive issues such as violence prevalence. UNICEF is engaging diverse groups of women and girls, including those with disabilities and from other marginalized groups, in the assessment, design and implementation of studies as well as the interpretation of results. Disaggregated data are collected wherever possible, for intersectional analysis that considers sex, age, disability and other gender-related factors. In coordination with WHO, UNDP and UN Women, UNICEF is developing a “minimum requirements” tool for UNDCO to share with UNCTs as a supplement to the UN socio-economic framework, to integrate gender equality considerations in COVID-19 impact analysis and response plans.
Advocating for Child Rights

76. UNICEF’s Global COVID-19 Advocacy Framework identifies cross-organizational priorities to advocate with decision-makers at the global, regional, national and local levels. It is underpinned by the organization’s six-point Agenda for Action to advance child rights and prioritize the most vulnerable – endorsed by 170 Member States as of 18 May – and focuses on four key outcomes: 1) protecting child rights gains by ensuring that COVID-19 does not undercut policies and investments in life-saving services; 2) helping governments and the international community mitigate the knock-on impacts of COVID-19, in particular through sustainable social protection; 3) ensuring that decisions about COVID-19 are made with the best interest of the child in mind; and 4) building a positive long-term agenda that reimagines a post-COVID-19 world fit for every child.

77. Following its ‘respond – recover – reimagine’ conceptualization, even as the emergency response continues, UNICEF is developing its longer-term advocacy agenda for 2021-25, informed by an extensive, cross-organizational process to identify those areas that will accelerate progress towards the SDGs. The rapid scale-up of integrated advocacy in response to COVID-19 has accelerated ways of working prioritized as a result of the MTR, and demonstrated that further investment in advocacy is needed for UNICEF to deliver on its advocacy mandate.

Leveraging business and markets

78. In the MTR, UNICEF made deepening its engagement with business a priority, as the private sector plays an ever more critical and diversified role in realizing children’s rights and advancing the SDGs. Furthering these trends, the pandemic is reshaping the role of business as a first responder, duty bearer and partner in initiatives to address its impacts. Engagement with multi-stakeholder networks like the World Economic Forum and the International Chamber of Commerce is demonstrating their multiplier effect in mobilizing collective action around COVID-19. To ensure that children and families have access to crucial information and services, UNICEF stepped up its strategic partnerships with key mobile phone operators, and reframed the existing relationship with Microsoft to expand access to distance learning solutions.

79. Meanwhile, the pandemic has created challenges in supply and logistics operations, alongside unprecedented demand for IPC supplies. Constraints in markets, lack of raw materials, price hikes, export bans, travel restrictions and difficulties in procurement of quality products escalated as the crisis worsened. Flexibility and adaptability have been key components to UNICEF’s Supply response. A strategic market approach has supported countries with limited buying power to access essential supplies, while advance payments have helped suppliers. Global sourcing and spot tenders resulted in 358 million items of personal protective equipment (PPE) secured for delivery to countries. UNICEF expanded the supplier base to over 1,000 manufacturers and built on its market influencing strategy to encourage specific markets, such as textile manufacturing, to repurpose production and raw materials for PPE. Participation in the WHO-led interagency COVID-19 Task Force and interagency Supply Chain System streamlined coordination between agencies. UNICEF leads the coordination for an interagency joint PPE tender, ensuring the outreach to market on behalf of UN agencies.

80. Despite transport and logistics challenges, UNICEF was able to continue reaching 115 countries with 1,942 shipments (1,127 by air and 815 by sea) since 1 March 2020, with the support of shipping partners and collaboration with governments, donors, partners and businesses. Prioritization and consolidation of critical supplies maximizes shipments and chartering opportunities. To mitigate the risk to transport operations, UNICEF diversified some of its critical stocks from Copenhagen to supply hubs in Dubai, Panama and Accra. As these logistics constraints impact the supply of vaccines, often leading to high cost charters, UNICEF is working closely with countries to review programmatic impact
and strengthening supply planning and requirements. Strategic components of the response – such as vaccines, diagnostics, therapeutics, health systems and financing – continue to be addressed through multi-stakeholder platforms.

**Scaling-up Innovation**

81. COVID-19 has prompted UNICEF to accelerate some of its innovation initiatives to meet unprecedented challenges. Product innovations – including the Oxygen Therapy Project and System Planning Tool, the SPRINT project to scale proven pneumonia treatments, and a review of isolation units for COVID-19 treatment in the field – have been well placed to address the treatment needs of COVID-19 patients and help strengthen health services and supply chains. UNICEF’s work with point of care technologies to rapidly diagnose HIV and TB using highly versatile molecular testing has made it possible to rapidly scale up COVID-19 diagnosis in many countries. The portfolio management approach and close integration with programming has enabled UNICEF to identify innovation solutions that not only support the response and recovery phases, but also seize opportunities to accelerate results for children in the long term.

82. Work has accelerated on infrastructure for connectivity, digital public goods and learning content, as well as remote programming solutions in other areas. The GIGA initiative is providing connectivity and necessary services, while the Learning Passport global learning platform, a digital public good, is being rapidly expanded to facilitate curricula based on transferrable skills and provide resources for adolescents and educators where schools have closed. UNICEF has leveraged its innovation investments in digital platforms such as U-Report, RapidPro and a variety of digital health solutions, including chatbots used more than 6 million times to report rumours and access critical COVID-19 information, data science-powered models, digital programme monitoring and global socio-economic impact assessments. The development of lean pathways for rapid scale-up has paid off, with 50 countries adopting and adapting new solutions in a short period of time.

**Using data and analytics**

83. The COVID-19 pandemic has redoubled the demand for data at the same time as it has undermined two major sources of reliable and comparable data, the household survey system and administrative data systems. This has accelerated the introduction and increased use of innovative data collection mechanisms that provide swift and “good-enough” data to inform the response to the pandemic. UNICEF has pivoted to use its comprehensive database on the situation of children and women (made public at data.unicef.org) to provide a set of baseline data to inform programme decisions, advocacy, and models that look at the likely impacts of COVID-19 and its containment measures on children and women. At the same time, the organization is tracking pandemic-related services disruptions and the reasons behind them through a quarterly query to country offices. The resulting global data are rapidly displayed in a public dashboard, while a series of publications gauges the likely effects. These products are targeted at both public policy advocacy and at guiding and measuring UNICEF-supported programming.

**Leveraging south-South cooperation**

84. Given the global impact of the COVID-19 pandemic, many countries are seeking to learn from others’ responses to the crisis and share their experiences and successes, increasing demand for South-South and triangular cooperation, and expanding it, as high-income countries also seek technical assistance. In response, UNICEF is stepping up its support for country-to-country learning and South-South...
cooperation for health, focusing on ensuring delivery of essential health services including immunization; social protection for vulnerable groups; and continued learning and a safe return to school. The coordination required for the pandemic response has also spurred learning across regions. Countries from different regions but with similar contexts, country classifications and humanitarian typologies have been able to share ideas, helping UNICEF to standardize responses in similar contexts while still allowing for the flexibility of contextualization.

Country Programming

85. UNICEF is participating in ongoing UNSDCF development at country level, with country offices focused on adapting and re-prioritizing the UNSDCF in line with the roadmap provided within the UN Socio-Economic Recovery Framework. To improve the alignment of UNICEF Country Programmes with the UNSDCF and the Socio-Economic Framework, 22 offices scheduled to present their Country Programme Documents to the Executive Board in September 2020 have requested extensions of current Country Programmes. In line with system-wide guidance, UNICEF is ensuring that response and recovery efforts contribute to strengthening resilience to future shocks, taking climate and environment into account, is conflict-sensitive and contributing to building social cohesion.

Strengthening Monitoring and Reporting

86. The organization’s corporate monitoring and reporting systems have been optimized, with an online data collection platform and dashboard to make data on key COVID-19 indicators readily available to decision-makers. This step towards streamlined, UNICEF-wide data collection reduces the burden on country offices, enables multiple uses of the same datasets, and saves staff time through automation. UNICEF is leveraging its ICT infrastructure to support the COVID-19 response, implement digital innovations for programming in a risk-informed manner, safeguard digital assets and data, provide emergency connectivity solutions and enable staff worldwide to operate virtually. The organization has also simplified its partnership management, in line with IASC recommendations and inter-agency harmonization efforts like the UN Partner Portal. Measures include reprogramming existing partnerships, budget flexibility, lighter documentation and review requirements, and digital signatures.

Ensuring Staff Wellbeing

87. Early on in the pandemic, UNICEF took measures to protect its employees and promote staff well-being while ensuring the continuity of business operations. Fast-track recruitment measures were put in place with the activation of the global L3 emergency. UNICEF instituted mandatory work from home for staff in affected duty stations, issuing guidance and sharing learning and good practices. Work from home policies have not been applicable everywhere, particularly in humanitarian responses where staff are needed on the front lines so that UNICEF remains accountable for its programming and last mile delivery. UNICEF has provided appropriate PPE and worked to ensure that staff feel comfortable and supported in their frontline roles.

88. UNICEF’s response to COVID-19 has sought to accelerate positive changes already taking place in its organizational culture, such as flexible work and values-based, open and compassionate leadership, while helping to pivot the organization towards a more entrepreneurial, ‘can-do’ mindset across programmes, management, and operations. Previously unthinkable workarounds and simplifications are being tried and adopted, and UNICEF continues to embrace new ways of working.
Part 6: Conclusion

89. As the COVID-19 crisis evolves, UNICEF continues to assess the impact of the health crisis and the socioeconomic impacts of measures to mitigate it. The grave consequences for children in the near term not only challenge the organization’s agenda for accelerating progress towards the child-related SDGs, as laid out most recently in the organization’s mid-term review of the Strategic Plan, but threaten to roll back historical progress in advancing children’s rights. Looking further ahead, UNICEF must plan in the face of uncertainty, as longer-term impacts on children depend on how soon and to what extent the pandemic is brought under control, and how countries respond to its socioeconomic impacts.

90. Amidst uncertainty, some things are clear. Countries’ resources will continue to be constrained, so that it will be necessary to work hard to promote and defend investments in social services for children. It is also clear to UNICEF that standing firm in commitments to achieve the SDGs and realize every right for every child is more urgent than ever. As we recover and rebuild, only a sustained focus on realizing the human rights of those at greatest risk of being left behind can set us on a path towards sustainable development, and enable us to build back a world that is resilient to future pandemics and other crises, including those resulting from climate change. UNICEF will stay on the ground to deliver results for children in these unprecedented circumstances, remaining true to its mandate to advance children’s rights across all aspects of the COVID-19 response and recovery, and beyond.

91. UNICEF’s own strategic priorities are also clear: to limit the impacts on children by working to halt the pandemic’s spread; to ensure that all children, especially the most vulnerable, can access essential services; and to reclaim the possibility of accelerated progress. Meanwhile the same factors that create uncertainty for children are affecting UNICEF’s capacity to respond, creating constraints and uncertainty for the organization, especially in terms of its revenue and the mobility of staff and supplies. As it is forced to prepare for a range of outcomes, the organization is adapting its systems to be more flexible and agile, while seizing opportunities for new partnerships and enhancing support to local actors. Above all, UNICEF is working in concert with the UN system in all aspects of the response, recovery and rebuilding, to offer the most vulnerable countries and communities integrated support that meets their needs and strengthens national systems.

92. The spirit of collaboration for results has been key to the COVID-19 response, in the same way that it is critical to accelerating achievement of the SDGs during this Decade of Action. The pandemic response has been a test of UN reform, not only demonstrating its progress but also strengthening development coordination in the process. UNICEF remains fully engaged in UN-wide efforts at the global, regional and country levels, leveraging the tools of UN reform to safeguard and advance children’s rights. Together with UN partners, UNICEF is advocating to boost support to its regular resources, which are indispensable to providing effective and efficient support to countries and communities in this crisis and beyond. Flexible funding has already proven key in addressing the COVID-19 pandemic by reaching children and communities quickly, empowering local actors, protecting the most vulnerable and ensuring that immediate responses support longer-term development.

93. The COVID-19 pandemic is at once a humanitarian crisis and a development challenge, and it is testing the cohesion of societies across the world. As the Secretary-General has noted, we are only as strong as the weakest health system. Our collective success hinges on supporting poor and fragile countries in a way that strengthens national systems and governance, while upholding human rights and countering discrimination, to promote greater resilience to shocks and improved accountability that
builds trust in institutions and among communities. The world’s long-term prospects for sustainable development also depend on a serious reckoning with climate change and environmental degradation, and we owe it to children and young people to course correct and build environmental sustainability into the foundation of the world’s recovery.

94. As it responds to this global crisis and begins developing its new Strategic Plan, UNICEF is seizing the opportunity to reimagine a more equitable, inclusive and greener world. It is remaining resolute in supporting the ambition of the SDGs and of a world that invests adequately in its children. Children and young people are watching closely as we deal with this crisis that threatens their future. If we, in turn, keep the focus on them, they can be a touchstone for the unprecedented solidarity the world needs to overcome COVID-19 and build back better.