UNICEF GLOBAL COVID-19 Situation Report

UNICEF GLOBAL COVID-19
FOCUS: COVID-19 RESPONSE FOR REFUGEES, MIGRANTS AND CONFLICT-AFFECTED SITUATIONS

SITUATION

420 million children and their families Currently live in conflict-affected and fragile settings, including 12 million refugee children and 17 million children internally displaced due to conflict and violence.

55 Vaccine Preventable Disease campaigns Were postponed in 31 GHRP countries (estimates only; as of 1 September 2020).

1 in 2 children in 60 GHRP countries Lacked basic handwashing facilities at home. 3 out of 5 children lacked basic handwashing services at school at the start of the pandemic

13 million refugees, 40 million displaced and 75 million girls and boys in conflict and emergency zones Already had their education disrupted before the pandemic

HIGHLIGHTS

- UNICEF continues to scale-up and deliver across sectors to address the needs created by the COVID-19 pandemic, with special attention to supporting refugee, migrant and conflict-affected situations.
- Over 2.75 billion people have been reached with COVID-19 messaging, including over 1.1 billion in OCHA’s Global Humanitarian Response Plan (GHRP) countries.
- Of the 3 million healthcare facility staff and community health workers have been trained in infection prevention and control globally, 275,000 were in GHRP countries.
- Almost 34 million children and women in GHRP countries have received essential healthcare services in UNICEF supported facilities; over 83 million children have been supported with distance home-based learning in these settings. 29,000 staff and partners in GHRP countries have been trained on GBV risk mitigation and safe referral strategies for survivors.
- UNICEF is working with governments to scale up cash benefits. 7.9 million households in GHRP settings are benefiting from new or additional social assistance measures provided by governments.

UNICEF COVID-19 Response in GHRP Countries

Legend
- Humanitarian Response Plans (HRP)
- Refugee Response Plans (RPR)
- Refugee and Migrant Response Plans (RMRP)
- Multiple Appeals
- Other Appeals
- <5 indicators
- 5-8 indicators
- 10-14 indicators
- 15-18 indicators

* Number of indicators refers to indicators reporting from these countries where COVID-19 responses are implemented.
FUNDING OVERVIEW AND PARTNERSHIPS

As of mid-August, UNICEF has received US$1.03 billion in generous contributions from the public and private sectors. The top contributors to the COVID-19 appeal are the Global Partnership for Education, the United States, the United Kingdom Department for International Development (DFID), the Government of Japan, and private sector donors. In addition, UNICEF utilized approximately US$59 million of regular resources to ensure an effective response on the ground. As of early August, UNICEF had utilized US$949.9 million for the COVID-19 response, of which US$274.5 million was used for supplies and commodities (including PPE) and close to US$180.9 million was transferred and committed to implementing partners. In terms of transfers to implementing partners with funding received against the UNICEF COVID-19 global appeal, 46 per cent of disbursements were transferred to civil society organizations (including 30 per cent for national NGOs, community-based organization and academic institutions, and 16 per cent for international NGOs), 48 per cent were transferred to governments, and 5 per cent to UN agencies and other bi/multi-lateral organizations. In the first half of 2020, UNICEF has transferred more cash to CSO partners than any other recent year, reflecting the importance of partnership between UNICEF and civil society. For information on the funding status of the US$1.93 billion UNICEF appeal, visit: www.unicef.org/coronavirus/donors-and-partners.

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The COVID-19 pandemic continues to cause significant loss of life, disrupting livelihoods and threatening advances in health and global development. As of 15 September 2020, there have been over 29.1 million confirmed cases of coronavirus disease 2019 (COVID-19), with 926,544 deaths reported, including among children.

The global number of COVID-19 cases per day continues to increase, with the US, Brazil, India, Russia, Peru, South Africa, Colombia and Mexico reporting the highest number of COVID-19 cases. The number of confirmed cases as well as deaths due to COVID-19 have climbed in conflict settings such as Afghanistan, Somalia, Syria, Venezuela and Yemen. Even with the upward trend, official figures are likely underreported due to poor capacity of healthcare systems and subsequent weak surveillance and testing capacity. Many countries in armed conflict have seen substantial damage to critical health, water and sanitation infrastructure, limiting the potential to respond to the pandemic.

COVID-19 has overwhelmed some of the world’s most robust healthcare systems. More than 90% of countries have seen ordinary health services disrupted by the COVID-19 pandemic. For countries already in crisis due to natural disasters, conflict and violence, COVID-19 adds even greater stress, and often on top of other disease burdens such as measles, malaria, cholera and malnutrition. Long-running conflicts in regions like the Sahel have led to the closure of health facilities and the flight of health workers. In Burkina Faso, 110 health facilities have been closed due to insecurity while services have been impaired in 186 others, leaving 1.5 million people without adequate health care. In Mali’s central and northern regions, health services have been interrupted by attacks. Due to the combined effects of food insecurity and COVID-19, as well as the locust threat, the number of people in need of emergency food assistance was estimated to climb to 57.6 million people in the Sahel and West Africa countries from July to August 2020. In Somalia, an estimated 5.2 million people are in need of humanitarian assistance, including over 3 million children, due to the combined impact of floods, the locust invasion and the ongoing COVID-19 pandemic. Crop production is expected to be 10 to 15 per cent lower than average, with an anticipated increase in child malnourishment due to food shortages. COVID-19 is straining the economies and emergency systems of Central America and Caribbean countries – home to 70 million children – as they prepare for potentially up to 25 named storms during this Atlantic hurricane season.

---

1 Data on funds received and utilized for the UNICEF COVID-19 response are provisional and subject to change.
season, at the same time as they respond to the pandemic. In Venezuela, the pandemic is aggravating a pre-existing economic and health system collapse, limiting the government’s ability to contain the spread at a time when a growing number of Venezuelans are returning from neighboring countries. In Lebanon, the explosion of 4 August, which left 200 dead, including among them Syrian and Palestinian refugees, has exacerbated an already fragile economic and political situation. More than 2.7 million refugees in Ethiopia, Uganda, Kenya, South Sudan, and Djibouti have had their food rations and cash transfers cut by up to 30% by the World Food Programme because of disruptions and funding gaps caused by the COVID-19 pandemic. Refugees are especially vulnerable to the spread of COVID-19 due to crowded camp conditions with poor access to shelter and services. UNHCR reported the first two cases of COVID-19 in the Azraq camp for Syrian refugees in Jordan, home to more than 100,000 Syrians displaced by Syria’s civil war.

There are continued concerns about the decline in access to life-saving vaccines for children and maternal health services due to suspension of services and movement restrictions since the start of the COVID-19 pandemic. As many as 55 Vaccine Preventable Disease campaigns in 31 GHRP countries had been postponed as of 1 September 2020. Globally, the suspension of over 27 measles immunization campaigns has led to approximately 148 million children at-risk of missing out on measles vaccinations in 35 countries; among these 16 are experiencing ongoing measles outbreaks. Sudan and Yemen have reported cases of the circulating Vaccine Delivered Polio Virus, mainly due to existing inadequate access to services in high-risk and hard-to-reach areas. Many have developed plans to catch-up missed children, and routine services have resumed. For example, Ethiopia, DRC, and Somalia have resumed plans to conduct reinstated measles campaigns. In Yemen, more than one million children were reached through diphtheria and polio campaigns in early July. Much remains to be done, particularly in fragile and conflict affected settings where returning to pre-COVID-19 coverage levels will take longer and require more effort. For example, there has been a decline of 20% in routine coverage of Penta vaccine in 50% of health facilities in Afghanistan despite health centers remaining open. Syria had conducted the National Immunization Week in June 2020 and vaccinated almost 200,000 children with routine vaccine doses under the age of 5 years of age, but only achieved approximately 60% coverage.

The United Nations Secretary-General Independent Accountability Panel (IAP) for Every Woman Every Child 2020 Report, a report by a panel of senior health experts advising the UN Secretary General stated that mothers, newborns, young children and adolescents are losing access to 20 per cent of their health and social services because of the pandemic. A UNICEF report suggest a 30 per cent overall reduction in the coverage of essential – and often life-saving – nutrition services. In some countries, these disruptions have reached 75 per cent to 100 per cent under lockdown measures. For example, in Afghanistan and Haiti, fear of infection and lack of protective equipment for health workers has led to an estimated 40 per cent and 73 per cent decline, respectively, in admissions to treat severe wasting in children. Over 250 million children are missing the benefits of vitamin A supplementation – vital to strengthen children’s immune systems – due to pandemic containment measure. Disruptions of health systems along with increasing malnutrition could contribute to over 56,000 additional maternal deaths over a six month period, and more than a 1.5 million additional child deaths over the same period, across 118 middle and low income countries. Nearly 7 million more children could suffer from acute malnutrition due to the COVID-19 pandemic.

Compounding this is a lack of access to adequate hygiene to prevent infection leaving people at immediate risk of COVID-19 infection due to a lack of hand-washing facilities. In the 60 GHRP countries, three out of five children lacked basic handwashing services at school at the start of the pandemic. One in two children lacked basic handwashing facilities at home.

Most governments around the world have temporarily closed educational institutions in an effort to contain the spread. As of August 30, 2020, approximately 706 million learners are affected due to COVID-19 related school closures (a decline from a peak of 1.5 billion learners affected on 4 April). This does not include the 13 million refugees, 40 million displaced and an overall 75 million girls and boys in conflict and emergency zones who already had their education disrupted. School closures have exacerbated existing social and economic disparities. Even before the crisis, 258 million boys and girls were out of school; girls in countries affected by conflict were twice as likely to be out of school than girls living in non-affected countries. While 119 UNICEF Country Offices have reported being involved in the provision of alternative education during school closures, using digital platforms, television, radio, take-home printed packages, only 83 countries reported that distance education was reaching vulnerable or marginalized groups. The World Bank estimated that learning loss due to the COVID-19 crisis could translate into $10 trillion dollars of lost earnings for the global economy over time.

---

5 https://www.cnn.com/world/live-news/coronavirus-pandemic-07-28-20-intl/h_4e940eb5005ff1b08f08c61c34560404
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31647-0/fulltext
Violence prevention and response services have also been severely disrupted. Of 136 countries that responded to a UNICEF Socio-economic Impact Survey of COVID-19 Response, 104 countries reported a disruption in services related to violence against children. Of 47 GHRP countries that responded to the survey, 42 reported disruption to violence prevention and response services for children. Around two thirds of countries reported that at least one service had been severely affected, including Nigeria and Pakistan. More than half of the countries reported disruptions in case management, referral services and home visits by child welfare and social workers to children and women at risk of abuse. Even before the pandemic, children’s exposure to violence was widespread, with about half of the world’s children experiencing corporal punishment at home; roughly 3 in 4 children aged 2 to 4 years regularly subjected to forms of violent discipline; and 1 in 3 adolescent girls aged 15 to 19 having been victimized by their intimate partner at some point in their lives. Women and girls on the move are often at heightened risk of gender-based violence. They face barriers in accessing police, justice or other gender-based violence services, particularly when they are undocumented.

The COVID-19 pandemic is continuing to have economic and fiscal impacts. According to the IMF’s June 2020 World Economic Outlook Update, global growth is projected to decline by 4.9 percent in 2020, 1.9 percentage points below the April 2020 World Economic Outlook forecast. The projections suggest a cumulative loss of the global economy of over $12 trillion over two years (2020 to 2021), the impact of which will be particularly acute for low-income households, including female-headed households. Global remittances are projected to fall by about 20 per cent to $445 billion in 2020. Oil prices are volatile and low, while global supply storage is nearly exhausted, impacting countries with budgets that depend on oil export revenue such as Iraq, Libya, Nigeria and South Sudan. Containment measures, restriction of movements, closure of markets and mandatory physical distancing have severely restricted domestic activity, impacting low-skilled workers, informal workers, women and migrants most.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF works with National Governments, WHO, International Federation of Red Cross (IFRC), national Centers for Disease Control (CDCs), NGO partners and the private sector at the global, regional and national level to reduce transmission and mitigate the impacts of COVID-19.

UNICEF activated its L3 Scale Up protocol in mid-April, for a period of 6 months, in line with the IASC system-wide activation. The UNICEF Executive Director regularly attends the Inter-Agency Standing Committee Principals meetings and the SG’s Executive Committee meetings – key forums for top level system decision making in the overall COVID-19 response. Under the auspices of the Executive Committee, UNICEF also actively contributes to the SG’s Report mapping the UN’s approach to the medium- and long-term development challenges caused by the outbreak.

In addition, UNICEF works with partners to ensure the needs of children and women are appropriately and intentionally addressed as part of outbreak control, continuity of basic social services for children, women and vulnerable populations and long-term socio-economic impacts.

UNICEF participates as an active member of the following coordination mechanisms:

WHO Incident Management Support Team (IMST)

UNICEF HQ is integrated into the IMST structure at global and regional levels. UNICEF co-leads the Risk Communication and Community Engagement (RCCE) pillar with WHO and IFRC and is part of the IMST strategic partner coordination mechanism. UNICEF is also represented through its technical experts in the WHO experts’ groups developing technical guidance for Case Management, Infection Prevention and Control, continuity of essential health and nutrition services, and data & analytics. Specifically UNICEF contributes to Multidisciplinary Outbreak analytics by leading a Global Social Science Analysis Cell. As a steering committee member UNICEF also coordinates with public health partners through the Global Outbreak Alert and Response Network (GOARN), hosted by WHO.

The UN Crisis Management Team (CMT) and UN Country Teams (UNCTs)

UNICEF is a member of the CMT hosted by the United Nations Operations and Crisis Centre (UNOCC) and chaired by WHO. At country level, UNICEF engages through UN country coordination mechanisms (led by UN Resident Coordinators - RCs) for emergency and longer-term response in all sectors.

COVID-19 ACT-Accelerator Initiative

The ACT-Accelerator is a global effort bringing together global partners to support the development and access to COVID tools to stop the COVID-19 pandemic. This initiative brings together the European Commission, the Bill & Melinda Gates Foundation, WHO, UNICEF, Welcome Trust, CEPI, Gavi, Global Fund, UNITAID, and the World Bank. The ACT Accelerator includes three pillars that are focused on one of the key tools to prevent, treat or diagnose COVID-19. A fourth cross-cutting “connector” focuses on investments in health system strengthening (HSS) to facilitate the introduction and scale-up of these tools. UNICEF is co-leading several of the over 30 working groups Across the pillars.

COVID Supply Chain System (CSCS)

UNICEF is represented at all the three levels of the WHO-led CSCS governance system: 1. High Level Task Force - co-chaired by WHO and WFP - provide strategic directions, 2. Purchasing Consortia and its technical subgroups - PPE led by UNICEF, diagnostics and biomedical equipment, both led by WHO and 3. Control Tower - led by WHO and WFP - allocation and distribution.

A UNICEF supply cell was established in Geneva to support the CSCS and work closely with the different levels of the governance system.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

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

Since the start of the outbreak, UNICEF has shipped more than 57.2 million gloves, 149 million surgical masks, 9.7 million N95 respirators, 3.1 million gowns, 575,217 goggles, 1.6 million face shields, 11,761 Oxygen concentrators and 1.7 million Diagnostics tests in support of 126 countries. The total value of these deliveries is $148.9 million. In view of meeting the demand expected until Q1 2021, UNICEF is ensuring supply availability. Supplies that are ready for dispatch include 235.3 million surgical masks, 12 million N95 respirators, 4.8 million coveralls, 5.8 million surgical gowns, 27.3 million face shields, 1,464 oxygen concentrators, 2.1 million ampoules and tablets of Dexamethasone for therapeutic use and 1.8 million diagnostic tests.

The level of COVID-19 infection among frontline health workers is increasing and considered under-reported in many countries. UNICEF is working through its WASH and Health sectors to accelerate infection prevention and control activities in health care facilities, with focus on conflict-affected and fragile settings. To that effect, over 1 million healthcare workers within health facilities and communities in GHRP countries have been provided with personal protective equipment (PPE), and almost 275,000 healthcare facility staff and community health workers have been trained in infection prevention and control (IPC), including in conflict and crisis countries. UNICEF has provided almost 200,000 N95 respirators, over 150,000 face shields, 5.5 million gloves, and 6.2 million masks to support 20,000 frontline health workers in Yemen to ensure continuity of health and nutrition services. In response to the Beirut explosion, UNICEF worked with partners to provide precautionary tetanus vaccination shots for the injured, and personal protective equipment for first responders. UNICEF also delivered water to port workers and first responders, and trucked water to the three Lebanese Red Cross kiosks providing assistance to victims. Partners distributed water, hygiene supplies including sanitary pads, infection prevention materials and baby kits to families in temporary shelters.

Globally, over 2.75 billion people have been reached with COVID-19 messaging, including 1.1 billion in GHRP countries. Over 120 million people have been engaged through Risk Communication and Community Engagement actions in these countries. In Sudan, seven campaigns on COVID-19, dengue and polio prevention as well as back-to-school, have reached 12 million people and engaged 400,000.
Strategic priority 2: Continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection and other social services; assessing and responding to the immediate socio-economic impacts of the COVID-19 response

Since the beginning of the pandemic, UNICEF and partners have worked to provide critical health, nutrition, education and social services and supplies, including on social protection, with focus on the most vulnerable, especially those living in conflict or crisis settings.

Country offices are supporting governments to conduct rapid assessments to better understand the effects of COVID-19 on routine healthcare and immunization services. Several West and Central African countries have used mobile phones to conduct rapid assessments to monitor services, encourage adherence to social distancing and to support case reporting and rapid interventions. To ensure continuity of access to essential services, UNICEF has provided training and awareness/hygiene promotion sessions to health workers, volunteers and community leaders via a mix of online and face-to-face modalities adapted to the epidemic constraints. For example, in the MENA region, UNICEF helped 5.5 million women and children (around 2 million of which in Yemen) access health services, and trained around 7,500 individuals in detecting, referring and managing COVID-19 cases. Through these approaches, over 33.6 million children and women in GHRP countries have received essential healthcare services in UNICEF supported facilities, and over 400,000 healthcare providers have been trained in detection, referral and appropriate management of COVID-19 cases in these settings.

UNICEF has worked to ensure action is being taken to protect the nutritional status of the most vulnerable children, women and families in conflict and humanitarian setting. In Afghanistan, 70 nutrition counsellors have been trained on COVID-19 responses and participatory community engagement approaches to promote infant and young child feeding and other nutrition services. In Bangladesh, a door-to-door Vitamin-A supplementation campaign covered all 34 camps reaching 152,774 children with Vitamin A. Over 100,000 mothers/caregivers received infant and young child feeding (IYCF) messaging. UNICEF has adapted nutrition guidance to local context to ensure minimal disruption of essential services for children and women, including in Sudan and Yemen, which face some of the worst food and nutrition crises in the world.

UNICEF is working to ensure adequate WASH services and essential supplies like soap, hand sanitizer and water treatment chemicals are available, including in humanitarian settings. In Iraq, 70 public handwashing facilities were provided and installed at health care facilities, local markets and other public places in high-risk. In Somalia, nearly 1 million vulnerable people have received critical hygiene items including access to safe water and over 500,000 women and children have been provided with basic health and nutritional services in flood-impacted communities and camps for the internally displaced. In addition, more than 500,000 households have been visited by social mobilizers to raise awareness on COVID-19 prevention measures. UNICEF Bangladesh installed of 4,163 hand washing stations in communal locations in the Cox’s Bazaar refugee camp, and supported the government to improve WASH facilities in host communities, which have benefitted 290,466 people. In the Ukraine, over 900 vulnerable families with children with disabilities and families with children who had returned from the residential care institutions in Donetsk and Luhansk regions have benefited from provision of hygiene items. Globally, 63.5 million people (including 48.5 million in GHRP countries) have been reached with critical WASH supplies (including hygiene items).

With COVID-19 prevention and control measures, GBV services have been adapted and modified to reach survivors, and women and girls at risk using remote modalities, with focus on conflict-affected and fragile settings. Efforts include provision of GBV response services, information dissemination about available GBV services; training of frontline workers across all sectors on how to handle disclosure of GBV incidents, and technical support to safe GBV programming (including GBV risk mitigation). As a result of these efforts, over 7 million children and adults in GHRP countries have access to safe and accessible channel to report sexual exploitation and abuse; and almost 28,000 UNICEF personnel and partners have completed training on GBV risk mitigation and referrals for survivors in these settings. UNICEF is also providing access to community based mental health and psychosocial support. In Equateur, DRC – a province that is experiencing both COVID-19 and managing the country’s 11th Ebola outbreak since 1976 -- UNICEF adapted its approach to respond to the psychological and social impact on those directly affected by COVID-19 or Ebola, including frontline healthcare workers, and prevent and respond to the indirect impacts of both the government’s responses and the socio-economic fallout thereof on the region’s most vulnerable populations. Through this two-pronged approach, UNICEF is also strengthening the region’s social service workforce by reinforcing the links between formal and informal child protection systems.

UNICEF continued to support governments on the safe reopening of schools, including in countries undergoing armed conflict. UNICEF has used innovative approaches such as radio education and online learning to reach children in humanitarian settings. UNICEF is supporting targeted campaigns to bring children who have been out of school or never attended school due to crisis and conflict into the school system, and where this is impossible due to conflict, to continue to support children and youth to
access remote learning. As a result of these efforts, over 83 million children in GHRP countries have been supported with distance and home-based learning, and over 35,000 schools are implementing safe schools protocols.

UNICEF is at the forefront of social protection efforts, supporting governments to expand the coverage of programmes, provide top-ups, and simplify the administrative procedures to ensure that families in need are reached and supported through critical measures in over 100 countries. In Mali, UNICEF supported the development of the National Social Protection Response’s Plan to COVID-19 with a cash transfer component to 500,000 vulnerable households (funded by state budget). In August, the Yemen Humanitarian Fund (YHF) launched a reserve allocation to provide immediate life-line funding for the COVID-19 response and Rapid Response Mechanism (RRM). As part of this initiative, UNICEF will pay hazard allowance to more than 4,000 health workers in 37 health facilities designated as COVID-19 treatment centers for severe and critical cases across Yemen and will mobilize 10,000 community volunteers and influencers to raise awareness among millions of Yemenis of measures that limit COVID-19 transmission. This builds on UNICEF’s experience with Emergency Cash Transfer programme in Yemen in the last 4 years. As a result of these and other efforts, 7.9 million households in GHRP settings are benefiting from new or additional social assistance measures provided by governments. In addition to the immediate response, UNICEF is working in over 110 countries and territories to build and strengthen systems to be more child-sensitive, shock-responsive and inclusive.
SITUATION OVERVIEW & HUMANITARIAN NEEDS

While most countries in East Asia and the Pacific have continued to transition out of the initial COVID-19 emergency response phase, the Philippines and Indonesia are experiencing an escalation of cases. New outbreaks of community transition in China, Papua New Guinea and Viet Nam led the respective governments to resume public health measures to prevent transmission. Restrictions on border crossings and flight operations remain in effect across the region. Low income families appear to be especially affected by the COVID-19 crisis. Not only are they more likely to become unemployed or face cuts to their working hours, they are more likely to face challenges in accessing certain social services, including health care and home-based learning. Internally displaced persons have been shown to be exceptionally vulnerable. Living in basic and cramped conditions, the COVID-19 pandemic has added another layer of complexity to the vulnerable situation of those living in IDP camps.

PROGRAMME RESPONSE HIGHLIGHTS

To mitigate the direct and indirect socio-economic impacts of the COVID-19 crisis, UNICEF supported governments in the region to facilitate distance/home based learning for over 70.6 million students and is providing technical assistance for continued health and child protection services, including community based mental health and psychosocial support to over 51.4 million children, parents and primary caregivers. UNICEF’s blueprint for action in East Asia and Pacific centers on three ‘Rs’: Recover, Rebound and Reimagine. ‘Recover’ is about restoring the provision of essential services – and scaling up successful interventions – to support children, particularly those whose underlying conditions make them even more vulnerable to infection from the virus and the socio-economic consequences of the pandemic. ‘Rebound’ focuses on nurturing children’s resilience amid the suspension or disruption of basic services, with the focus on protecting the most vulnerable. Finally, ‘Reimagining’ is about agile and inventive thinking outside-the-box, while tapping into an experimental mind-set to tackle obstacles on the road to creating a more equitable, inclusive and resilient society, one able to better cope with tomorrow’s disasters.

PILLAR IN FOCUS: COVID-19 RESPONSE IN CONFLICT OR CRISIS SETTINGS

Myanmar: Since 2019, fighting between Myanmar Armed Forces and the Arakan Army have displaced over 86,000 people, in addition to the 128,000 people displaced since 2012 and the 470,000 stateless people in need of humanitarian support. In Kachin and northern Shan States, over 107,000 people remain displaced and are living in camps established in 2011. While the government is reopening schools across the country in phases, with high schools opening as of 21 July, middle schools, primary schools, non-formal education centers and temporary learning centers for children in IDP camps remain closed as a result of COVID-19 restrictions. UNICEF and partners continue to provide critical humanitarian support with appropriate infection prevention methods. To date, UNICEF supported the construction of 6,686 handwashing stations reaching an estimated 1,156,900 people across 196 townships, and distributed 8,051 hygiene kits and 53,296 bars of soaps to IDP camps and quarantine centers. UNICEF, the Ministry of Health and Sports and partners are providing micronutrient powder supplementation procured by UNICEF to 5,800 6-59 months children in IDP camps. In addition, UNICEF has translated COVID-19 risk communication materials into 64 ethnic languages and created low/no literacy COVID-19 infographics reaching thousands of people in vulnerable areas. To support the education of IDPs and other vulnerable populations across Myanmar, UNICEF and partners continue to work with the government to ensure all children have access to safe learning environments.
SITUATION OVERVIEW & HUMANITARIAN NEEDS

While there has been a decline in average daily cases in Turkey and stabilization of cases in Georgia, some countries continue to see an upward trend in cases, with Armenia, Moldova, Belarus, Kazakhstan and Kyrgyzstan the most affected relative to population size. The upward trend can be attributed to continued relaxation of containment measures, alongside country specific factors like insufficient PPE, stretched health systems and low COVID-19 testing capacity. To curb the trend, many countries re-imposed some restrictions or enforced mask wearing and social distancing. An economic slowdown due to prolonged containment has profoundly impacted livelihoods, with some protests seen around state responses, policies and economic downturns. Families relying on non-standard employment, outside formal social protection systems are suffering disproportionately, and marginalized, poorest households struggle to meet most basic needs. ECAR countries could see an up to 44 per cent increase in the number of children living in poor households, which will further exacerbate existing vulnerabilities. Humanitarian situations in countries like Turkey, which hosts the world’s largest refugee and migrant population, or in eastern Ukraine, where the armed conflict has entered the seventh year, are additionally challenged by the pandemic.

PROGRAMME RESPONSE HIGHLIGHTS

Despite an operational environment constrained by the pandemic, UNICEF continues to respond to lifesaving and protection needs of the most vulnerable children and their families in crisis-hit countries. In Turkey, despite nationwide school closures due to COVID-19, cash transfers continue to support refugee families. In Ukraine, UNICEF continues to deliver critical supplies to sit for their final exams. UNICEF and partners have maintained support to the affected population in eastern Ukraine. In the conflict affected regions of Donetsk and Luhansk, some 47,400 liters of drinking water were delivered to nine hospitals to cover the monthly drinking water needs of 1,814 health care staff and patients. An additional delivery of 6,600 liters of drinking water was organized for 18 kindergartens in Donetsk. At least, 20 oxygen concentrators, with pulse oximeters, were delivered to hospitals in eastern Ukraine. Over 900 vulnerable families with children with disabilities and families with children who had returned from the residential care institutions in Donetsk and Luhansk regions have benefited from provision of hygiene items. UNICEF negotiated an in-kind donation and distribution of 80 tons of disinfectant, hygiene products and washing detergent for use at school end-of-term exams in 24 regions of Ukraine, including Donetsk and Luhansk.

PILLAR IN FOCUS: COVID-19 RESPONSE IN CONFLICT OR CRISIS SETTINGS

Ukraine: Despite a relative de-escalation over the past few weeks, the humanitarian situation in eastern Ukraine remains tense. Civilian and social infrastructure continue to be impacted by constant violations of the ceasefire. After months of closure, checkpoints re-opened in July, sporadically allowing people to cross between government (GCA) and non-government controlled areas (NGCAs), though only under certain conditions. Due to these restrictions, some 80% of graduating high school students from NGCAs were unable to enter GCASs to sit for their final exams. UNICEF and partners have maintained support to the affected population in eastern Ukraine. In the conflict affected regions of Donetsk and Luhansk, some 47,400 liters of drinking water were delivered to nine hospitals to cover the monthly drinking water needs of 1,814 health care staff and patients. An additional delivery of 6,600 liters of drinking water was organized for 18 kindergartens in Donetsk. At least, 20 oxygen concentrators, with pulse oximeters, were delivered to hospitals in eastern Ukraine. Over 900 vulnerable families with children with disabilities and families with children who had returned from the residential care institutions in Donetsk and Luhansk regions have benefited from provision of hygiene items. UNICEF negotiated an in-kind donation and distribution of 80 tons of disinfectant, hygiene products and washing detergent for use at school end-of-term exams in 24 regions of Ukraine, including Donetsk and Luhansk.
SITUATION OVERVIEW & HUMANITARIAN NEEDS

In the Eastern and Southern Africa region, South Africa continues to face the highest caseload in the subregion, followed by Ethiopia, Kenya, Madagascar and Zambia. Infections of health workers continues to rise. Impacts on regular service delivery and humanitarian programme continuity for children and families continues to be a concern, with children in countries facing crisis or conflict settings (including Ethiopia, Mozambique, Somalia and South Sudan) especially vulnerable. Humanitarian responses have been made more challenging by volatile security environments, with some regions (including in Ethiopia and Mozambique) seeing increased incidences of violence and insecurity. Limits on movement to prevent spread of COVID-19 has adversely impacted humanitarian programming. At the same time, the COVID-19 pandemic has increased the number of people and children requiring humanitarian assistance, due in part to worsening food security situations, continued closure of schools, protection concerns, and other factors.

PROGRAMME RESPONSE HIGHLIGHTS

UNICEF has adapted programmes to reach the most vulnerable children and families during the COVID-19 pandemic, including those in crisis and conflict situations. With cases continuing to rise across the region, ensuring access to safe water, basic sanitation and hygiene services to internally-displaced people (IDPs), those in Protection of Civilian (POC) sites and host communities has been a priority. With social distancing measures still in place in many regions, UNICEF with partners has trained Community Nutrition Volunteers (CNVs) in multiple countries to adopt the Family-MUAC approach to allow mothers and caregivers to continuously monitor the nutrition status of their children and identify acutely malnourished children in vulnerable communities. In addition, although face-to-face activities continue to be limited, UNICEF is supporting child protection activities across the region, including facilitating family tracing and reunification as well as referral for mental health and psychosocial support services for migrant and IDP children who have been affected by the pandemic. While UNICEF and partners support countries in promoting distance learning, including radio distancing learning programmes, UNICEF continues to advocate for the re-opening of schools across the region and has supported Ministries of Education on plans for the safe re-opening of schools, including in South Sudan, Ethiopia and Mozambique.

PILLAR IN FOCUS: COVID-19 RESPONSE IN CONFLICT OR CRISIS SETTINGS

Ethiopia: Reports of insecurity and violence in some locations and clashes between the Ethiopian Defense Forces (EDF) and unidentified armed groups have impeded humanitarian operations and may continue to limit access to people in need while also contributing to new displacements and additional support requirements. In spite of this, UNICEF has continued to respond to the needs of children and families. UNICEF has procured teaching and learning materials (including school bags, school-in-a-box kits, recreation kits and Early Childhood Development kits) for distribution to schools to benefit 195,100 children in conflict and COVID-19 affected regions (50 per cent girls). In addition, UNICEF has continued to support child protection case management services for vulnerable children, including unaccompanied and separated children (UASC) in emergency-affected woredas, with 3,179 UASC (1,300 girls and 1,879 boys) receiving case management services to date.

South Sudan: Clashes and armed skirmishes continue in some regions, leading to uncertainty and increased tension in the country. UNICEF’s WASH response in the country has continued to provide critical life-saving interventions in POC sites and for IDPs, with 262,310 people provided with access to safe drinking water through water trucking, construction of new waterpoints and rehabilitation of non-functional ones. To date, more than 2 million people have been reached with hygiene promotion and COVID-19 prevention and control messages on a weekly basis in IDP camps, POC sites, refugee settlements, host communities and other public places. While face-to-face child protection activities remain limited due to social distancing rules, UNICEF and partners have managed to reach 15,910 children with psychosocial support activities. Over 100,000 people have been reached with COVID-19 related child protection messages.
Latin America and the Caribbean

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The Latin America and the Caribbean region continues to be the epicenter of the COVID-19 pandemic. Brazil, Peru, Mexico, Colombia and Chile are among the ten countries with the highest numbers of confirmed cases globally. In countries that were facing humanitarian needs before the pandemic, there are concerns that the crisis will further overwhelm national and local systems. In Haiti, COVID-19 has put greater pressure on the livelihoods of vulnerable families and further exacerbated existing humanitarian needs. Up to 4 million children are missing out on their education and an estimated 167,000 children are suffering from food insecurity and acute malnutrition. In Venezuela, where the number of cases tripled between June and July, the demand for preventive maternal health care and nutrition services has decreased. To further complicate the situation, growing numbers of Venezuelans are returning from neighboring countries – over 95,000 since March and only through the Colombian border. COVID-19 is deteriorating the situation of thousands of migrant and asylum-seeking children, especially in the large-scale Venezuelan migration crisis, as well as the prolonged migration crisis in Mexico and Central America. Due to COVID-19, in some cases, children and young people have been placed in cramped shelters at risk of contracting the virus.

PROGRAMME RESPONSE HIGHLIGHTS

UNICEF is focusing efforts on COVID-19 prevention and ensuring continuity of services for migrants and refugees, including immunization, WASH, education and protection services, as well as implementing cash transfer programmes to protect the livelihoods of migrant families with children. For example, in Brazil, UNICEF-supported health teams to conduct weekly monitoring to prevent the spread of COVID-19 in migrant shelters. In Colombia, 11 child friendly spaces have shifted to distance-based modalities, and helplines have supported and monitored over 3,500 migrant families. Through digital platforms, UNICEF Peru has provided psychosocial support for migrant children in shelters and provided remote monitoring and accompaniment to migrant families settled in urban areas. In Trinidad and Tobago, UNICEF partnered with PAHO to provide remote bilingual mental health and psychosocial support to both host and migrant populations. In El Salvador and Honduras, UNICEF is working with state agencies to reunite families and provide PPE to authorities, ensuring safe community reintegration. In Panama, UNICEF and partners have prioritized ensuring availability of safe water and WASH services in border communities and migrant reception centers, allowing the provision of 5.6 million liters of water monthly and distributing over 6,800 individual hygiene kits.

PILLAR IN FOCUS: COVID-19 RESPONSE IN CONFLICT OR CRISIS SETTINGS

Venezuela: In addition to scaling up infection prevention and control activities and strengthening RCCE, UNICEF is ensuring continuity of health, WASH, nutrition and child protection services. UNICEF continues to improve access to safe water, key for COVID-19 prevention. Through this work, UNICEF has improved the quality and quantity of water access for over 1.4 million people through the rehabilitation of water supply systems and by providing water-trucking in targeted communities. Since the beginning of the response, UNICEF has distributed over 1,500 tons of supplies, including PPE items for over 47,000 health workers.

Haiti: UNICEF has been at the forefront of RCCE interventions, including through a massive communication campaign reaching 7.8 million people. At least 2.9 million persons have been sensitized through a nationwide handwashing campaign prioritizing public spaces, and 3,720 handwashing stations have been installed in public spaces and institutions. Over 240,000 people have received water and hygiene kits. WASH projects are ongoing in ten care facilities handling COVID-19 cases. Furthermore, UNICEF has supported the Ministry of Health by providing 4,000 100L oxygen cylinders, 20 oxygen concentrators and 13 tents.

---

Middle East and North Africa

SITUATION OVERVIEW & HUMANITARIAN NEEDS

New cases and deaths have mostly plateaued in the region, with new cases mostly coming from Iraq, Iran, Libya and Syria. Despite a decrease in new cases and deaths, the high case fatality ratio in Sudan and Yemen suggests that new cases are under-diagnosed. Several countries have witnessed a significant reduction in intake of health and social services. Sudan and Yemen have reported cases of the circulating Vaccine Delivered Polio Virus (cVDPV), mainly due to existing inadequate access to services in high-risk and hard-to-reach areas. Most schools remain closed, although some reopened for end-of-school year exams (Algeria, Kuwait, Syria, Yemen). Most countries have set start dates for the 2020/2021 academic year (via face-to-face and remote learning). The region is projected to have -5.7% economic growth in 2020, with conflict countries expected to contract by up to 13%. Lebanon, already facing multiple challenges exacerbated by new cases with the Beirut port explosion, is expected to see a jump in headcount poverty rate from 28% in 2019 to 55% in 2020 (ESCWA, August 2020). A recent assessment of COVID-19 impacts on poverty in Iraq also highlights that job loss and rising prices will cause an additional 4.5 million people to live below the poverty line, doubling the rate of child poverty (UNICEF Iraq, World Bank, Oxford Poverty and Human Development Initiative, Iraq Ministry of Planning, August 2020).

PROGRAMME RESPONSE HIGHLIGHTS

UNICEF adopted a twin-track RCCE approach to sequence COVID-19 prevention and demand revitalization of services, particularly health and education. To date, approximately 270 million people have been reached and 37 million engaged on both themes. In Sudan, seven campaigns on COVID-19, dengue and polio prevention as well as back-to-school, have reached 12 million people and engaged 400,000. Education teams have supported national examinations with school disinfection, awareness raising and PPE distribution. In Iraq, the first online learning platform was launched. In preparation for the potential re-opening of schools, UNICEF also launched the Teachers Training Preparedness Package, a self-paced teacher training. In Libya, Iraq, Jordan and Palestine, teacher trainings on safe school protocol and online learning were conducted. UNICEF has supported access to health services to 5.5 million women and children (around 2 million of which in Yemen) and trained around 7,500 individuals in detecting, referring and managing COVID-19 cases. Over 2 million caregivers have also been reached with messages on breastfeeding and around 190,000 children received SAM treatment. UNICEF reached over 12 million people with critical WASH supplies (around 9 million of which in Syria, Yemen, Libya, Sudan, Iraq) and distributed PPE to over 100,000 healthcare workers. Around 10,000 people have been trained in IPC. Around 13,000 individuals have been served (over 10,000 in Sudan), while community based MHPSS reached approximately 314,000 children, parents and primary caregivers (around 165,000 in Syria, Yemen, Libya, Sudan, Iraq). Over 10,000 households have also received a humanitarian cash grant throughout the region and around 12 million households have benefited from new or additional social assistance measures (around 1.2 million in Iraq and Sudan).

PILLAR IN FOCUS: COVID-19 RESPONSE IN CONFLICT OR CRISIS SETTINGS

Syria: The country has experienced a five-fold increase of new cases over the past 3 weeks. The COVID-19 epidemic comes atop widespread humanitarian needs driven by hostilities, protracted displacement and access challenges. Joining forces with WFP food distribution programme, UNICEF delivered IPC supplies and soap to health centers and 3.5 million people. Since the start of the response, UNICEF also reached to over 20,000 households in Aleppo, Latakia and Rural Damascus with Emergency Cash Transfer assistance. To ensure continuity of access to essential services, UNICEF has provided training and awareness/hygiene promotion sessions to health workers, volunteers and community leaders via a mix of online and face-to-face modalities adapted to the epidemic constraints. UNICEF’s continued presence in the field contributed to the immunization of more than 900,000 children against polio. Essential services in IDP camps also continued despite access challenges. In East Ghouta for example, under 80,000 IDPs and host communities continued to be provided with water trucking. While schools remain closed in Syria and digital learning opportunities limited, UNICEF and partners have provided education opportunities through printed materials and Whatsapp/SMS.
SITUATION OVERVIEW & HUMANITARIAN NEEDS

There has been a 124% increase in COVID-19 cases over the past month in the South Asia region. India accounts for 94% of the reported cases in the region, with more than a half of cases coming from high density urban settings. Bhutan, the Maldives, and Nepal have now reported intra community transmission in addition to previous COVID spread that was mainly traced back to cross border returns. The Maldives now has the highest rate of cases per million population (1.2%) in South Asia. Overall testing remains low and it is very likely that level of infections is much higher than is recorded. The high infection rates amongst health care providers remains a concern.

PROGRAMME RESPONSE HIGHLIGHTS

South Asia continues to face high risks of virus transmission in densely populated areas, with particular concerns in refugee/IDP camps and urban slum settings where adhering to physical distance and hygiene practices is a challenge. In response to this, UNICEF ROSA developed a guidance note on how to adapt programmes in high-density low-resource settings. UNICEF Afghanistan refurbished.installed 130 communal handwashing stations benefiting 4,540 people in informal settlements in Kabul. India and Sri Lanka have provided technical support to the host government in developing SOPs for camp management during monsoon season to prevent the spread of COVID-19. Continuity of learning has been challenging across the region. Schools including alternative/temporary learning centers continue to be closed in Afghanistan, Bangladesh, Nepal, and Pakistan while India, the Maldives and Sri Lanka have taken a phased approach in reopening schools based on epidemiological data. UNICEF continues to advocate for the safe reopening of schools while continuing to support home-based distance learning. UNICEF Pakistan supported the Education Department to develop SOPs for safe school reopening and launched a sensitization and training programme for 60,000 teachers and non-teaching staff in Balochistan. In the Maldives, UNICEF is supporting 2,690 teachers to obtain certificates for an online learning platform called G-Suite to improve online distance learning.

PILLAR IN FOCUS: COVID-19 RESPONSE IN CONFLICT OR CRISIS SETTINGS

Bangladesh: In response to the gradual increase of COVID-19 cases in the Rohingya camp where about 900,000 Rohingya refugees reside in highly dense areas, UNICEF Bangladesh intensified behavioral change interventions, primarily focused on the use of masks as well as improvement of hygiene practices. Key messages have been disseminated through radio and religious leaders both in the Rohingya camps and the surrounding host community. A recent assessment showed that 77 percent of refugees reported washing their hands before preparing and eating food, which is an increase of 16 percent from the baseline. UNICEF Bangladesh has installed of 4,163 hand washing stations in communal locations in the camps and supported the government to improve WASH facilities in host communities, which have benefitted 290,466 people. To strengthen the existing weak health system, UNICEF supported the construction of a Severe Acute Respiratory Infection Isolation and Treatment Centre (SARI-ITC) with 200 beds in Cox’s Bazar. On continuity of learning, UNICEF and the Inter-Agency Education sector have been advocating the reopening of temporary learning centers in the camps.
SITUATION OVERVIEW & HUMANITARIAN NEEDS

There has been a 31% increase in confirmed cases and 25% increase in associated deaths since 23 July 2020 in the region. The number of countries in WCAR with community transmission has increased, with 22 countries reporting community transmission and only two countries reporting clusters of cases. The infection of health care workers (HCWs) continues to be a concern as 20% of all infected HCWs in the WHO AFRO region are from WCAR. Niger, Liberia, Guinea Bissau, Sierra Leone and Burkina Faso have the highest proportion of infected HCWs among confirmed cases. Countries in conflict or crisis in WCAR have been hard hit by COVID-19 due to the added burden that the pandemic places on already fragile systems and vulnerable populations. These countries include Burkina Faso, Cameroon, CAR, Chad, DRC, Mali (where a coup d’etat took place earlier this month, on 18 August), Niger and Nigeria. Several countries in the West and Central Africa Region (WCAR) are struggling with multiple shocks from conflict to instability to large scale displacements. This comes on top of other disease burdens such as measles, malaria, cholera, polio (vDPV) and malnutrition. Due to the combined effects of food insecurity and COVID-19, as well as the locust threat, the number of people in need of emergency food assistance could climb to 57.6 million people in the Sahel and West Africa countries from July to August 2020 (Source: WFP). With regards to child malnutrition, the region could see more than 15 million expected cases of acute malnutrition in 2020. Many of the affected countries are also affected by conflict/crisis.

PROGRAMME RESPONSE HIGHLIGHTS

In the WCA region, three countries are at advanced planning stages to conduct a National Nutrition Survey using SMART method (Burkina Faso, Mauritania and Niger) to have an accurate overview of the nutritional situation for 2021. Mali was expected to be among this group, but the recent political events have put planning there on hold. Chad and Cameroon are in the early stages of planning. In Burkina Faso, a Rapid Nutrition SMART was already carried out in July 2020 in communes that host large number of IDPs (Barsalogho, Djibo, Arbinda, Kaya, Mati Diolo, Titao and the IDP site of Barsalogho), with initial results expected at the end of August. The Education Can’t Wait (ECW) Fund has begun discussions with Mali, Niger and Burkina Faso for the preparation of a Multi-Year-Resilience-Programme, and expects to approve funds in last quarter of 2020. This fund will allow the three countries to build a strategy that links the humanitarian and development response. Country offices are also engaged with the private sector to support key education initiatives. UNICEF teams in Mali, Mauritania, and Niger have developed a joint proposal with WFP to support the COVID-19 response with social protection activities. Through government-led programmes, UNICEF is helping to reach an additional 130,000 households with cash transfers and complementary services in nutrition and child protection, while providing technical support to strengthen national social protection systems.

PILLAR IN FOCUS: COVID-19 RESPONSE IN CONFLICT OR CRISIS SETTINGS

Burkina Faso: With over one million internally displaced people in Burkina Faso, the COVID-19 pandemic adds another burden on vulnerable populations affected by conflict. A recent study supported by UNICEF showed that 93 % of IDPs in Kaya do not have enough access to WASH facilities to implement the safe hygiene practices required to protect themselves from COVID-19 (compared to 67 % for non-displaced population). UNICEF has increased WASH humanitarian service delivery, reaching 70,000 people with access to water and sanitation services.

Chad: Specific training on COVID-19 prevention measures and community engagement for refugee communities has been organized in two camps in the province of Ouaddai (Moura/Kouchaguine et Gaga), targeting refugees coming from South Sudan. The posters and visuals were translated into the languages spoken in the refugee camps, and the messages pre-tested and adapted to the local context. Traditional and religious leaders, youth associations, community relays and health workers sensitized a total of 6,062 men and 1,596 women.
Human Interest Stories and External Media

Ericsson and UNICEF launch global partnership to map school internet connectivity [LINK]
UNICEF delivers critical supplies to support children and families affected by Beirut explosions [LINK]
Rohingya children bearing brunt of COVID disruptions in Bangladesh refugee camps as education facilities remain closed [LINK]
UNICEF airlifts more supplies to respond to COVID-19 in Yemen [LINK]
COVID-19 causes disruptions to child protection services in more than 100 countries, UNICEF survey finds [LINK]
UNICEF appeals for $46.7 million dollars to reach 100,000 children affected by Beirut explosions over the next three months [LINK]
2 in 5 schools around the world lacked basic handwashing facilities prior to COVID-19 pandemic — UNICEF, WHO [LINK]
Polio vaccination campaigns resume in Afghanistan and Pakistan after COVID-19 disruptions leave 50 million children unimmunized [LINK]
Geneva Palais briefing note on situation for children affected by Beirut explosions and UNICEF response [LINK]
Children in Central America and the Caribbean facing dual threat of stronger hurricane season and COVID-19 [LINK]
UNICEF and faith groups release new guidance on how to support communities in times of COVID-19 [LINK]
UNICEF: An additional 6.7 million children under 5 could suffer from wasting this year due to COVID-19 [LINK]
Millions of children affected by devastating flooding in South Asia, with many more at risk as COVID-19 brings further challenges [LINK]
UNICEF and partners respond to the triple threat of floods, locusts and COVID-19 in Somalia [LINK]
6 ways parents can support their kids through the coronavirus disease (COVID-19) outbreak [LINK]
How teenagers can protect their mental health during coronavirus (COVID-19) [LINK]
How to protect your family’s mental health in the face of coronavirus disease (COVID-19) [LINK]
‘What will a return to school during the COVID-19 pandemic look like?’ [LINK]
How parents can support their child through COVID-19 losses [LINK]
On the frontline for every child [LINK]
Back to School? [LINK]
Easy, affordable and healthy eating tips during the coronavirus disease (COVID-19) outbreak [LINK]
Lessons from the COVID-19 pandemic for tackling the climate crisis [LINK]
Heading back to school in the pandemic [LINK]
Coping with COVID-19 [LINK]

Next SitRep: September 2020

## ANNEX A

### SUMMARY OF PROGRAMME RESULTS

#### Risk Communication and Community Engagement (RCCE)

<table>
<thead>
<tr>
<th>Result by 26 Aug 2020*</th>
<th>2.75 B</th>
<th>205.1 M</th>
<th>27.7 M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>94% 2.93 B</td>
<td>86% 238.8 M</td>
<td>53% 51.8 M</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td>128</td>
<td>128</td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>127</td>
<td>116</td>
<td>78</td>
</tr>
<tr>
<td>Countries set target</td>
<td>127</td>
<td>115</td>
<td>77</td>
</tr>
<tr>
<td>Countries reported results</td>
<td>125</td>
<td>114</td>
<td>75</td>
</tr>
</tbody>
</table>

#### WASH / Infection Prevention Control (IPC)

<table>
<thead>
<tr>
<th>Result by 26 Aug 2020*</th>
<th>63.5 M</th>
<th>1.7 M</th>
<th>3.0 M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>80% 79.8 M</td>
<td>89% 1.9 M</td>
<td>86% 3.5 M</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td>128</td>
<td>128</td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>121</td>
<td>106</td>
<td>76</td>
</tr>
<tr>
<td>Countries set target</td>
<td>119</td>
<td>106</td>
<td>75</td>
</tr>
<tr>
<td>Countries reported results</td>
<td>117</td>
<td>92</td>
<td>69</td>
</tr>
</tbody>
</table>

*Results are for countries that have reported on specific indicators.
## Continuity of Health

### Result by 26 Aug 2020*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Total</th>
<th>Included in CO response plan</th>
<th>Countries set target</th>
<th>Countries reported results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.4 M</strong> Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>128</td>
<td>65</td>
<td>65</td>
<td>53</td>
</tr>
<tr>
<td><strong>93%</strong> Target for Dec 2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>49.4 M</strong> Number of children and women receiving essential healthcare services in UNICEF supported facilities</td>
<td>128</td>
<td>83</td>
<td>82</td>
<td>73</td>
</tr>
<tr>
<td><strong>48%</strong> Target for Dec 2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>29.2 M</strong> Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19</td>
<td>128</td>
<td>82</td>
<td>81</td>
<td>71</td>
</tr>
<tr>
<td><strong>84%</strong> Target for Dec 2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Results are for countries that have reported on specific indicators

---

* Results are for countries that have reported on specific indicators.
Access to Continuous Education, Child Protection, Social Protection and GBV Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Result by 26 Aug 2020*</th>
<th>Target for Dec 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>229.6 M</td>
<td>357.0 M</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>116</td>
<td></td>
</tr>
<tr>
<td>Countries set target</td>
<td>115</td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (COVID-19 prevention and control)</td>
<td>242.5 K</td>
<td>850.5 K</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>Countries set target</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>462.6 K</td>
<td>473.2 K</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Countries set target</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Number of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>65.7 M</td>
<td>70.1 M</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>Countries set target</td>
<td>117</td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>112</td>
<td></td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Number of UNICEF personnel &amp; partners that have completed training on GBV risk mitigation &amp; referrals for survivors, including for PSEA</td>
<td>139.0 K</td>
<td>157.5 K</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Countries set target</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td>Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19</td>
<td>147.9 K</td>
<td>1.7 M</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Countries set target</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Number of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support</td>
<td>44.0 M</td>
<td>62.2 M</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Countries set target</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>71%</td>
<td></td>
</tr>
</tbody>
</table>

* Results are for countries that have reported on specific indicators
Risk Communication and Community Engagement (RCCE)

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

- Male: 171.8 M
  - <18 years: 64.2 M
  - 18+ years: 107.6 M
- Female: 150.1 M
  - <18 years: 58.3 M
  - 18+ years: 91.8 M

Number of countries reported disaggregation for this indicator: 26

WASH / Infection Prevention Control (IPC)

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

- Male: 5.8 M
  - <18 years: 4.3 M
  - 18+ years: 1.5 M
- Female: 6.7 M
  - <18 years: 4.6 M
  - 18+ years: 2.1 M

Number of countries reported disaggregation for this indicator: 40

Access to Continuous Education

Disaggregation of children supported with distance/home-based learning

- Male: 57.8 M
  - Preschool: 54.2 M
  - Primary: 36.9 M
  - Secondary: 20.5 M
- Female: 54.9 M

Number of countries reported disaggregation for this indicator: 40
## ANNEX B

### FUNDING STATUS*

<table>
<thead>
<tr>
<th>Regional offices/Headquarters</th>
<th>2020 Requirement</th>
<th>Funding Received</th>
<th>Funding Gap</th>
<th>Gap in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia and the Pacific</td>
<td>$161,994,261</td>
<td>$133,480,141</td>
<td>$28,514,120</td>
<td>19%</td>
</tr>
<tr>
<td>Eastern and Southern Africa</td>
<td>$349,825,128</td>
<td>$226,407,207</td>
<td>$123,417,921</td>
<td>36%</td>
</tr>
<tr>
<td>Europe and Central Asia</td>
<td>$149,043,677</td>
<td>$48,567,258</td>
<td>$100,476,419</td>
<td>70%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>$177,815,562</td>
<td>$72,979,488</td>
<td>$104,836,074</td>
<td>61%</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>$356,892,602</td>
<td>$165,923,903</td>
<td>$190,968,699</td>
<td>58%</td>
</tr>
<tr>
<td>South Asia</td>
<td>$293,954,881</td>
<td>$120,600,278</td>
<td>$173,354,603</td>
<td>62%</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>$423,956,733</td>
<td>$242,968,741</td>
<td>$180,987,992</td>
<td>42%</td>
</tr>
<tr>
<td>Global coordination and technical support</td>
<td>$16,700,000</td>
<td>$16,152,847</td>
<td>$547,153</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1,930,182,844</strong></td>
<td><strong>$1,027,079,863</strong></td>
<td><strong>$903,102,981</strong></td>
<td><strong>49%</strong></td>
</tr>
</tbody>
</table>

*Funding status (USD) is based on funding received and allocated by region within the global HAC appeal.

### FUNDING GAP

![Gap Percentage Map](image)

- **0%**
- **1% - 25%**
- **26% - 50%**
- **50% - 75%**
- **76% - 100%**
- No funding data available