20% of health and social services are out of reach to mothers, newborns, young children and adolescents due to the pandemic.

56,000 additional maternal deaths and 1.5 million additional child deaths. Over a six-month period, due to disruptions of health systems and decreased access to food.

103 campaigns involving at least one vaccine have been postponed in 56 countries.

1 billion people in 60 highest risk countries lack basic handwashing facilities with soap and water at home.

1.725 billion learners continue to be affected due to Covid-19 related school closures.

117 million more children in monetary poor households by the end of 2020.

**HIGHLIGHTS**

- UNICEF continues to scale-up and deliver across sectors to address the needs created by the COVID-19 pandemic. To date, UNICEF has reached 2.6 billion people on COVID-19 messaging on prevention and access to services.

- UNICEF has actively responded to the pandemic by sourcing PPE equipment and other COVID supplies. Despite early constraints, UNICEF fulfilled $440 million as warehouse replenishment orders from April-June. Over 54.4 million have received WASH supplies and services, including hygiene items.

- Over 2.8 million healthcare facility staff and community health workers have been trained in infection prevention and control.

- Due to social distancing constraints, UNICEF is working with governments and partners to use various platforms for outreach, monitoring, case management and training across all sectors. Over 40.7 million children and women have received essential healthcare services in UNICEF supported facilities; 22 million caregivers of children have been reached with breastfeeding messages; and 227 million children have been supported with distance-based learning. More than 83,000 staff and partners have been trained on GBV risk mitigation and safe referral strategies for survivors.

- UNICEF is working with governments to modify social protection programmes to address COVID-19-related vulnerabilities. Over 35 million households are benefiting from new or additional social assistance measures provided by governments.

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FUNDING OVERVIEW AND PARTNERSHIPS

In line with the July COVID-19 Global Humanitarian Response Plan (GHRP) update, UNICEF revised the Humanitarian Action for Children appeal requirements. To meet the needs in 155 countries and territories until the end 2020, the UNICEF appeal has been increased to US$1.93 billion. Of this amount, US$923 million is part of the revised GHRP, supporting 67 countries outlined in the joint plan. As of mid-July, UNICEF has received US$860 million in generous contributions from the public and private sectors. The top contributors to the COVID-19 appeal are the Global Partnership for Education, the Government of Japan, the United Kingdom Department for International Development (DFID), the United States Agency for International Development and private sector donors. Flexible funds enable UNICEF and its partners on the ground to act quickly and respond strategically where the needs are greatest. In this regard, UNICEF is grateful to partners such as DFID, Germany, the Central Emergency Relief Fund, the U.S. Fund for UNICEF, the COVID-19 Solidarity Recovery Fund, Denmark, the Japan Committee for UNICEF, Sweden, Australia and the private sector, which have contributed US$116 million in flexible or softly earmarked funding towards the COVID-19 response. In addition, UNICEF was able to utilize approximately US$44 million of regular resources to ensure an effective response on the ground.

As of 21 July, UNICEF has utilized $446 million for the COVID-19 response, of which $214 million was used for supplies and commodities. Almost $134 million was transferred and committed to implementing partners. Around 43% of disbursements were transferred to Civil Society Organizations (CSOs), 53 per cent were transferred to Governments and 4 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 AND HUMANITARIAN NEEDS

Since the new coronavirus was first reported in Wuhan, China, in December, it has spread to 215 countries and territories, with the Americas registering the highest number of confirmed cases and deaths, followed by Europe and South-East Asia. As of 30 July 2020, there have been over 16.9 million confirmed cases of coronavirus disease 2019 (COVID-19), with 662,095 deaths reported, including among children.

The US continues to have the highest number of cases, followed by Brazil and India. Covid cases are accelerating in southern Europe, the Balkans and Africa, as well as in India and most of Latin America. In some countries, where the situation seemed under control due to rapid detection, testing, contact tracing and isolation, the resumption of social life has led to outbreaks of cases (e.g. Israel, Nigeria).

COVID-19 restrictions remain in place in most countries, though there has been a gradual relaxation and reopening of economies and airspace. In countries where there has been a recent surge in cases, Governments have reinstated restrictions. In Nigeria, for instance, the Government reversed a decision to reopen airports for domestic flights, schools and worship centers in some locations due to a spike in infections. Restrictions related to COVID-19 are continuing to have a negative impact on continuity of services, particularly in countries facing complex humanitarian crises. In countries, vaccination campaigns have been put on hold, rapid response missions cancelled, and access to IDP camps restricted, ultimately leading to less people in need being reached. As the number of cases continues to grow, there has been an increase of government politicization of the response and in the stigmatization of people suspected/confirmed to have COVID-19. Despite these challenges, UNICEF and other agencies continue to adapt toward at scale operations to reach millions of children with life-saving interventions. UNICEF Country Offices have continued to maintain a large staff presence in country, and partners remain operational in most countries. COs continue to implement special wellbeing

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2 Data on funds received and utilized for the UNICEF COVID-19 response are provisional and subject to change.
3 Based on WHO Situation Report 192; accessed 30 July.
measures to alleviate the pressure placed on staff. Surge support has been significantly scaled-up during the month. Duty of care measures have improved, and MEDEVAC capacity is largely in place.

The COVID-19 pandemic is exacerbating existing humanitarian emergencies. Somalia is facing a complex crisis driven by the triple threat of the rapid spread of COVID-19, intensifying climate shocks, and serious risks to food security and livelihoods from the ongoing East African desert locust invasion, all compounded by widespread insecurity. In Venezuela, the pandemic is further aggravating a pre-existing economic and health system collapse, limiting the government’s ability to contain the spread. The total number of COVID-19 cases has almost tripled over the last three weeks, with almost 20% of COVID-19 deaths amongst doctors and nurse. Already suffering from five years of war, Yemen is battling an underreported COVID-19 pandemic while also addressing rising cases of cholera, food insecurity, and wasting. At least 97 Yemini healthcare workers have died from COVID-19. Lebanon has reimposed restrictions after a spike in COVID-19 cases. This as Lebanon is facing one of the worst economic collapses since independence, with daily electricity blackouts, collapse of the Lebanese currency and increased in food and fuel prices. Before COVID-19, 24 million Sahelians, half of them children, were estimated to be in need of life-saving assistance and protection in 2020. More than 12 million people were expected to face serious food insecurity, with 8.1 million children estimated to suffer from acute malnutrition and 2.4 million of those expected to suffer from its most severe form in the course of 2020. The recent UNICEF-WFP joint analysis on the impact of both food insecurity and COVID-19 on nutrition now shows that these numbers will increase by more than 20% if nothing is done.

The COVID-19 pandemic is continuing to strain already overburdened social and health service delivery systems. 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, warned that the pandemic could reverse decades of progress in women, children, and adolescent health. Mothers, newborns, young children and adolescents are losing access to 20 per cent of their health and social services because of the pandemic. The IAP report references research by Johns Hopkins University published in The Lancet in May 2020, estimating that the disruptions of health systems along with the decreased access to food 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. UNICEF’s socio-economic impact surveys in 60 of 77 countries reported significant disruption in at least one essential health service.

Especially worrisome are declines in access to life-saving vaccines for children and maternal health services due to closures and movement restrictions. The latest WHO-UNICEF immunization coverage estimates show that, even before COVID-19, vaccine coverage over the past decade had stalled with approximately 20 million children globally not benefiting from the full complement of available vaccines. The pandemic has made this situation worse. As many as 103 campaigns involving at least one vaccine has been postponed in 56 countries. The suspension of over 37 measles immunization campaigns has led to approximately 148 million children at-risk of missing out on vaccinations in 35 countries; among these 16 are experiencing ongoing measles outbreaks. Millions more are losing out on routine services because parents are either unable to access services due to transport disruptions and movement restrictions, or are fearful of going to health centers. Thankfully, routine services have resumed in many countries. Planning is underway for previously suspended campaigns to be implemented in the coming months.

According to the State of Food Security And Nutrition in the World 2020 report, at least 83-132 million more people may go hungry in 2020 – 690 million people were classified as hungry in 2019 – due to factors including disruptions to food supply chains (both production and processes); higher price volatility; and higher food losses due to trade disruptions, which in turn reduce access to high-value foods. According to the most recent estimates of maternal and child malnutrition, 154 million women of reproductive age are underweight, 144 million of children under 5 suffer from stunting, and 47 million children under 5 suffer from wasting. Analysis from UNICEF regional offices on the impact of COVID-19 on nutrition indicate the number of children with wasting could increase by about 15 per cent (7 million children) over the first 12 months of the pandemic, with higher increases in Africa (20-25 per cent). Over 250 million children are missing the benefits of vitamin A supplementation - vital to strengthen children’s immune systems - due to pandemic containment measure. As of late May, 368 million school-age children were missing out on school meals due to closures.

5 The report draws on data from various surveys and studies to estimate the impacts from COVID-19 pandemic on mothers, newborns, young children and adolescents since January 2020. The degree of interruption and trajectory of recovery, based on field data, depend on the strengthen and resilience of the local health systems.
7 https://cdn.wfp.org/2020/school-feeding-map/index.html
Having potable water for hygiene and an adequate and safe sanitation system are the first line of defense for disease prevention. Before the pandemic, three billion people lacked soap and water at home, 900 million children lacked soap and water at their school (of high importance when children return to school), and 40 per cent of health care facilities were not equipped to practice hand hygiene at points of care. The majority of people in the least developed countries are at immediate risk of COVID-19 infection due to a lack of hand-washing facilities. In the 60 highest-risk countries (those classed as high or very high risk in the COVID-19 risk index and home to 1.5 billion people), two out of three people—1 billion people in total—lack basic handwashing facilities with soap and water at home. One out of three people lack basic drinking water services, while two out of three people lack basic sanitation services.

Education continues to be one of the most impacted sectors by the outbreak. Most governments around the world have temporarily closed educational institutions in an effort to contain the spread. As of June 2020, approximately 1 billion learners are affected due to COVID-19 related school closures (a decline from a peak of 1.5 billion learners affected on 4 April). School closures have exacerbated existing social and economic disparities. Even before the crisis 129 million girls and 129 million boys 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.

The COVID-19 pandemic is also causing an acute and long-term crisis of early childhood care and learning. The UNICEF report Childcare in a global crisis: The impact of COVID-19 on work and family life states that at least 40 million children worldwide have missed out on early childhood education in their critical pre-school year as COVID-19 shuttered childcare and early education facilities. UNICEF’s COVID-19 socio-economic impact survey indicates that childcare is among the most disrupted social services across countries. Childcare is essential in providing children with affection, protection, and early education facilities. UNICEF work 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.

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.

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8 https://washdata.org/
9 The INFORM COVID-19 Risk Index identifies countries at risk of health and humanitarian impacts of COVID-19 overwhelming national response capacity and requiring humanitarian assistance.
13 https://opphi.org.uk/global-mpi-2020/
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:

**Inter-Agency Standing Committee - Emergency Director’s Group**

The group is leading coordination in countries affected by humanitarian crises through the cluster system. UNICEF leads on the Nutrition, WASH, Education Clusters and Child Protection Area of Responsibility (AoR). UNICEF is also a key partner in the Health Cluster and Gender Based Violence AoR.

**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 outbreak of the COVID-19 pandemic, UNICEF has responded by sourcing PPE equipment and other COVID supplies from a wide vendor-base. Despite early constraints, UNICEF fulfilled $440 million as warehouse replenishment orders from April-June. Since the start of the outbreak, UNICEF has shipped more than 12.4 million gloves, 22.5 million surgical masks, 5.2 million N95 respirators, 1.5 million gowns, 342,425 goggles, 1.2 million face shields, 2,858 Oxygen
sets and 1.3 million Diagnostics tests in support of 118 countries as they respond to the pandemic. In view of meeting the demand expected for the months of August to September, UNICEF has secured availability from suppliers for key products, such as 95.8 million surgical masks, 10.5 million N95 respirators, 4.5 million coveralls, 11.2 million surgical gowns, 3 million face shields, 8,600 Oxygen Sets, 15.4 million ampoules and tablets of (Dexamethasone) Therapeutic drugs plus 1.8 million Diagnostic tests.

Over the course of the pandemic response, UNICEF has coordinated with authorities and Risk Communication and Community Engagement (RCCE) partners to track and respond to misinformation and ensure that children and their families know how to protect themselves from COVID-19 and seek assistance. To date, UNICEF has reached 2.6 billion people with messaging on COVID-19 prevention and access to services, and 173.3 million have been engaged through RCCE actions, including in the most difficult humanitarian settings. For example, in Yemen, UNICEF adopted RCCE approaches to reach households with information on AWD/cholera. The RCCE approaches included applying physical distancing by using megaphones, WhatsApp groups, and branding of commodities with stickers. UNICEF has worked with partners to integrate GBV messages and information accessing services through RCCE efforts. For example, in Lebanon, UNICEF and partners established WhatsApp groups and gave out data bundles so that girls and women could receive information on COVID-19 and GBV issues.

Working with national authorities, UNICEF is mobilizing networks of community health volunteers, workers and midwives to support community engagement efforts, as well as building the capacities of key influencers to raise awareness and promote healthy practices, including specific outreach to children and people with disabilities. For example, UNICEF Lao PDR and partners have visited 18 target villages to sensitize 100 households with children living with disabilities.

UNICEF is supporting infection prevention and control (IPC) in communities by ensuring access to WASH services for households living in affected and high-risk areas, at vulnerable collective sites, in reopened schools and in public spaces. Over 2.8 million healthcare facility staff and community health workers have been trained in IPC. In Cox’s Bazar, Bangladesh, where over 860,000 Rohingya refugees reside, UNICEF supported hygiene promoters are strengthening handwashing with soap through community engagement and behaviour change methods. In partnership with the private sector, UNICEF Egypt has procured and delivered to the MOHP warehouse an additional 6,000 liters of chlorine (42,000 liters in total), ensuring a sustainable and reliable supply of disinfectants to 2,600 primary health care centers nationwide covering over 1.9 million people. In an effort to scale up universal handwashing in public spaces, UNICEF and WHO launched the global Hand Hygiene for All initiative, which brings together a range of partners to ensure affordable products and services are available, especially in disadvantaged areas, and to enable a culture of hand hygiene.

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, including women and girls.

With COVID-19, one-to-one training poses challenges in maintaining social distancing and UNICEF, in collaboration with partners, has developed digital and online training resources including learning modules to train community health workers. The implementation modules include IPC, mental health and anxiety, and how to care for patients with COVID-19, and are accessible via various digital channels, such as SMS, messaging apps and smartphone apps. The HSS learning program, the UNICEF Rapid Guidance for Strengthening Human Resources for Health in the Context of COVID-19, and Enhancing Public Supply Chain Resilience in the COVID-19 context are proving to be pivotal in informing country programming (UNICEF and partners) in the COVID context. The HSS blended training for staff has equipped more than 365 staff from all sectors and from 86 countries to institutionalize a systems approach to programming, ensuring focus on improving health systems and building capacity to design and implement evidence based, sustainable programs.

Country offices are supporting governments to conduct rapid assessments to better understand the effects of COVID-19 on routine healthcare and immunization services. Indonesia, Egypt and 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. Through these approaches, over 40.7 million children and women have received essential healthcare services in UNICEF supported facilities, and over 2.1 million healthcare providers have been trained in detection, referral and appropriate management of COVID-19 cases.

UNICEF is scaling up efforts to mitigate the negative impact of COVID-19 on child nutrition by protecting breastfeeding, nutrient-rich complementary foods, and micronutrient supplementation using innovative methods including multimedia
and other virtual platforms for nutrition counselling. Using a mix of digital and traditional approaches, over 22 million caregivers of children (0-23 months) have been reached with messages on breastfeeding in the context of COVID-19. Countries continue to disseminate guidelines on breastfeeding to dispel misinformation and plans are underway in several countries to conduct assessment on the attitudes and perceptions towards breastfeeding.

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. Before COVID-19, access to soap and handwashing facilities was limited. UNICEF is working with local markets and entrepreneurs to develop and implement local solutions, particularly in difficult contexts with low resources, limited water, and high population density. In partnership with the company LIXIL, UNICEF has developed an affordable “low-flow”, hands-free handwashing station for water scarce settings. As a result of these innovations and other efforts, over 54.4 million have received critical WASH supplies and services, 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. Argentina and Chile developed a programme called “Silent Chats” that allows women and girls the opportunity to communicate concerns through secure text chat, rather than voice. Libya, Bangladesh, and Nigeria are using remote GBV data management through Primero/GBVIMS+. This includes a mobile application to allow frontline staff to securely track GBV incidents and individual survivors’ progress as they receive case management services. As a result of these efforts, over 11.5 million children and adults have access to safe and accessible channel to report sexual exploitation and abuse; and over 83,500 UNICEF personnel and partners have completed training on GBV risk mitigation and referrals for survivors. UNICEF has advocated with many government to ensure the continuity of the social service workforce to ensure access to GBV services. For example, UNICEF Zimbabwe successfully advocated to the government to ensure social workers were issued permits to continue providing services to existing GBV cases.

Through a variety of digital and remote outreach, over 227 million children have been supported with remote home-based learning. UNICEF in partnership with Microsoft rapidly adapted the learning passport14 to suit the needs of children and young people in many different local contexts. Children and young people in Timor Leste, Jordan and Puntland, Somalia are already accessing their local courses via the platform, and 18 more countries are at various stages in the deployment process. The framework for reopening schools, developed jointly with UNESCO, the World Bank, WFP and UNHCR and the series of webinars to support the framework, has supported many countries in their policy development and planning processes for reopening schools. Almost 200,000 schools are implementing safe school protocols to enable the reopening of schools.

UNICEF and partners have also piloted a range of remote learning options for early learners, as well as tools to support caregivers. UNICEF Jordan helped to set up community-based WhatsApp groups for parents, aided by early childhood development facilitators/community volunteers in Makani Centres (Makani). Although WhatsApp is not designed for parenting or distance learning, the program allowed UNICEF to provide continued guidance to parents on nurturing care. Content shared via WhatsApp was adapted from three parenting support programmes15 for parents of children aged 0 to 6 years, including the Better Parenting Programme (BPP).

A key focus of UNICEF’s response has been on supporting young people’s access to health, particularly mental health, nutrition and WASH services, continued learning (especially to the most disadvantaged and those who are at risk of dropping out) and safety and protection of adolescent girls and boys. The Adolescent Kit for Expression and Innovation: Adapted Resource Package for COVID-19 was developed to promote adolescent psychosocial wellbeing and skill development at home. UNICEF has also partnered with adolescents as change agents for a reimagined future. In Côte d’Ivoire, young people broadcasted sensitization and awareness programs on community radio with an audience of more than 1 million people weekly.

To cushion the impact of the crisis on families and children, over 190 countries16 have introduced and scaled up social protection measures such as cash transfers and child benefits. UNICEF is at the forefront of these 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 80 countries. In addition to

14 The Learning Passport is a collaboration between UNICEF, Microsoft and The University of Cambridge to address the challenges faced by over 30 million children and youth to access continued, quality education due to disruptions caused by crisis and displacement. https://www.learningpassport.org/</p>

15 (a) The ZERO-to-THREE Programme (for parents and children from birth to 3 years old); b) the Parent and Child Programme (including an Early Learning Readiness component for parents and children 4-5 years old); c) Better Parenting Programme for parents with children (0-9) (10-18) years old.

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, based on evidence, innovation and rights-based approach.
East Asia and Pacific Region

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The numbers of new COVID-19 cases have more than doubled in Indonesia and the Philippines over the past month, though most countries in the East Asia and Pacific (EAP) region continue to see a steady decline in the number of new cases. To date, 347,880 positive COVID-19 cases were confirmed in EAP, with 12,085 deaths. Almost all countries have eased their lockdown restrictions and are implementing protocols for their new normal; many countries are also reopening schools. Governments and school authorities are relying on gradual and staggered returns to school for specific grades or specific geographic areas. Public gatherings are still restricted and restrictions on border crossings and flight operations remain in effect. The pandemic continues to have an adverse effect on the continuity of health services. Some countries in EAP have noticed increased cases of gender-based violence in the last three months.

PROGRAMME RESPONSE HIGHLIGHTS

Responding to a regional context with both middle-income and low-income countries, UNICEF’s approach to the public health response in EAP is a combination of providing direct service delivery where needed (such as installing handwashing stations in health facilities, schools and communities and the provision of critical medical, PPE and WASH supplies) and providing critical guidance and technical assistance to strengthen the capacity of health systems and health personnel. To date, UNICEF EAP has provided 268,130 health workers with PPE and 5.2 million people with critical WASH supplies. 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 70.4 million students and provides technical assistance for continued health and child protection services, including community based mental health and psychosocial support to over 51 million children, parents and primary caregivers. UNICEF harnesses its social and traditional media assets to engage with children, adolescents and their caregivers and has thus far provided accurate information and prevention messaging to over 794 million people across the region.

PILLAR IN FOCUS: MID-TERM UPDATE

Vietnam: Through a government led effort involving early action, contact tracing and public messaging, Vietnam recorded zero deaths from the virus. UNICEF and partners supported these efforts by coordinating closely with leading government ministries, agencies and provincial departments. As schools across the country prepared to reopen, UNICEF provided technical support to the government which helped allow all 43,966 schools nationwide to implement safe school protocols which ensured a safe and healthy return of students and teachers to school. During the COVID-19 pandemic, approximately 21.3 million students (10,292,708 girls and 10,939,252 boys), including 80,703 children with disabilities, were supported to access to distance learning through both digital and nondigital means of communication.

Indonesia: From the outset of the COVID-19 pandemic, UNICEF and partners have supported national efforts to address the immediate and longer-term effects of COVID-19 on children. UNICEF’s communications team is embedded within the National Disaster Mitigation Agency (BNPB) and provides direct support to the national task force on all aspects of RCCE, including: daily support for press briefings; support to government Chatbot with 2.5 million users; technical support and content creation for BNPB’s website (www.covid19.go.id); and message development reaching 200 million people weekly through a collaboration with mobile network operators supporting the task force. UNICEF is also strengthening government programmes through technical assistance to the government’s national sanitation programme including advocacy for prioritization of activities and resources to ensure sustainability and reduce the risk of COVID-19 recurrence at subnational level.
Europe and Central Asia

SITUATION OVERVIEW & HUMANITARIAN NEEDS

After a decline in cases in May, most countries reported a surge in infection rates in June/July, coinciding with the relaxation of containment measures, lockdowns, travel restrictions, cross-border movements and bans on public gatherings. Due to a global shortage of PPE, ventilators and critical medical equipment, many countries have struggled to procure adequate lifesaving supplies to protect medical staff and treat patients, with many countries witnessing disproportionate infection rates on health workers. COVID-19 has overburdened health systems, leaving them in some cases unable to cope with new patients, reducing availability of routine services and impacting health and wellbeing of children and families. School closures affected the entire region, reaching a peak of over 50.3 million impacted children in April. The impact of COVID-19 on the economy has been unprecedented, and compared with other regions, ECAR is expected to have the biggest increase in poverty (44%) due to the pandemic, equivalent to an additional 6.1 million children living in poverty. The COVID-19 response has been constrained or exacerbated by existing humanitarian situations in countries like Ukraine, Turkey or impacted by natural disasters (earthquake, floods) in countries like Albania, Croatia, Uzbekistan, Bosnia and Herzegovina, Romania and Serbia.

PROGRAMME RESPONSE HIGHLIGHTS

UNICEF’s response includes provision of protective, life-saving WASH supplies; risk communication and IPC; continuation of education; mental health, psychosocial assistance and GBV prevention; and social protection. As governments ease lockdowns, UNICEF has shifted programming, re-framing risk communication to emphasize everyone’s personal responsibility to keep families and communities safe. As countries re-open classrooms, UNICEF is helping to establish protocols to ensure the safe return of students and teachers. To reach children and families, UNICEF has designed innovative solutions for service delivery, including establishing new social media platforms like Health Buddy to provide parents with real-time information from breastfeeding counsellors, pediatricians and child psychologists. Home visits have been replaced by telephone counselling while advocacy around alternative care arrangements for children in closed institutions, including residential care, has been stepped up to minimize exposure to the virus. UNICEF has provided technical assistance to conduct socio-economic analyses and establish mechanisms to expand and improve family benefits system.

PILLAR IN FOCUS: MID-TERM UPDATE

Ukraine: UNICEF has supported young people to voice their opinions and provide solutions via U-Report surveys that invite the youth perspective on programme design. In health, UNICEF has been providing strong, well-coordinated support for the resumption of routine immunization and catch up rounds. This includes providing guidance on managing patient flow and ensuring adequate supplies of items like hand sanitizer and PPE for re-opened clinics. To date, UNICEF has delivered 7,440 water bottles (5l) to five hospitals in Donetsk (GCA) for 670 medical staff and patients and another 4,250 L of hand sanitizers to 19 hospitals across the country. UNICEF has also collaborated with the Ukrainian Ministry of Education, Microsoft and Cambridge University to enable distance learning through the global “Learning Passport” platform. UNICEF-led assessments, focusing on vulnerable children and families in Ukraine, has provided a more detailed examination of specific vulnerabilities included in broader poverty analyses carried out by the World Bank.
SITUATION OVERVIEW & HUMANITARIAN NEEDS

Since the start of the COVID-19 pandemic, more than 470,000 cases (including 7,100 deaths) have been reported in ESAR. South Africa has the highest caseload regionally, reporting 86 per cent of cases in the region and 85 per cent of deaths. Kenya, Ethiopia and Madagascar also face high burdens. There has been a continued rise in infections in healthcare workers across the region, signaling a sustained need for infection prevention and control. Following the closure of schools across the region at the onset of the crisis, nine countries have now partially or completely reopened, with an additional two countries planning to reopen within the next two months. Of continuing concern is how disruptions in programme continuity and service delivery—including reduced access to communities and availability of supplies—will have on children across the region. Multiple countries have reported stock out of certain vaccines or seen interruptions to vaccination campaigns, have seen marked reductions in SAM admissions or have reported other impacts on programming. Continued lockdowns in some countries threaten to worsen pre-existing poverty and inequality and impact access to girls and women.

PROGRAMME RESPONSE HIGHLIGHTS

In ESAR, UNICEF has worked to maintain critical activities and services for children to limit the spread of the virus and mitigate impacts of the lockdown. To enhance the continuity of nutrition services, UNICEF has put in place several programme adaptations, including simplified protocols for the treatment of acute malnutrition, expansion of family MUAC and alternative distribution mechanisms for vitamin A supplementation. To date, more than 3.1 million caregivers have been reached with messaging on the benefits of breastfeeding and 175,281 children have been admitted for SAM treatment during the COVID-19 response. More than 158 million people have been reached on messaging on COVID-19 prevention and access to services across the region. In partnership with Y+, UNICEF has launched a social media campaign about HIV and COVID-19 to empower young people living with HIV to engage in the COVID-19 response. The campaign provided key information on both HIV and COVID-19 to adolescents and young people across the region. UNICEF has helped countries across the region with both adaptations for distance learning (including more than 14.2 million children supported with distance/home-based learning) as well as plans for re-opening schools in countries that have re-opened or are currently planning to do so and continues to advocate for the re-opening of schools in the region.

PILLAR IN FOCUS: MID-TERM UPDATE

South Africa: South Africa is currently facing the highest caseload in the region and has been under lockdown since the end of March. Since the start of the crisis, UNICEF has reached more than 5.1 million children with remote learning support and continues to support lessons broadcast over radio and television as the phased re-opening of schools progresses. UNICEF has also supported the Department of Basic Education to print and distribute child-friendly standard operating procedures and posters on COVID-19 messaging and how to stay safe at school. With the number of cases still rising, UNICEF continues to distribute critical WASH supplies and in June 2020 ensured essential health care services to 135,475 women and children. More than 7.35 million people have been reached with messaging on COVID-19 prevention and access to services. More than 23,500 children, parents and primary caregivers have been supported with community-based mental health and psychosocial support. UNICEF has partnered with Childline South Africa to provide callers with general counselling on issues such as violence against children and mental health.

Somalia: The country is currently facing a triple threat of COVID-19, flooding that has displaced half a million people and the worst locust outbreak in 25 years. In spite of these challenges, UNICEF has scaled up its COVID-19 response to support the Government and other partners in responding to urgent needs faced by the already-vulnerable population. To date, radio spots on COVID-19 prevention have reached an estimated 10 million people and continue to be aired throughout the country. UNICEF is supporting health facilities to provide essential health services during the pandemic, with 101,374 women and children receiving services and 33 health facilities receiving personal protective equipment to date, including gowns and face shields. In addition, UNICEF supported the delivery of community-based MHSS to 2,328 children and adults in Puntland, Somaliland and Central South zones.
Latin America and the Caribbean

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Since the outbreak of the pandemic, the context in Latin America and the Caribbean has shifted, transitioning from being one of the least affected regions in the world, to being declared by WHO as the epicenter of the pandemic in June. As of 20 July, LAC countries reached more than 3.8 million confirmed cases and over 163,000 deaths. Brazil is now the second most affected country globally and accounts for more than 50% of the reported cases and deaths in the region. Peru, Mexico and Chile are also among the top ten countries with the highest number of COVID-19 cases globally. Many countries are facing challenges to respond to the needs of their populations, trying to combine a gradual reopening of their economies to mitigate further socioeconomic impacts, while the virus continues to spread. Schools remain closed in most countries, routine immunization services are affected in many countries, 15.6 million additional children and their families are at risk of falling into poverty and 11 million people are at risk of food insecurity.

PROGRAMME RESPONSE HIGHLIGHTS

Since the first cases were reported, UNICEF launched risk communication activities while liaising with governments and partners to develop response plans. Via social media and digital channels, along with traditional means, such as local radios and printed materials, UNICEF has delivered key messages on prevention of COVID-19 and access to services in various local languages, reaching over 238 million people across 36 countries and territories. Over 2.9 million people have received essential WASH supplies and services, in some cases complementing ongoing protection or education programmes. At regional level, UNICEF has invested heavily into boosting sectoral coordination, supporting national coordination groups in 24 countries. To improve infection and prevention control, UNICEF procured PPE for over 226,000 priority health workers in 13 countries. While essential nutrition and health services, such as immunization, have been interrupted in many countries, UNICEF has provided key support to ensure continuity of services such as in Bolivia, Brazil, Haiti, Honduras, Nicaragua, Paraguay and Venezuela. In addition, UNICEF supports community-based surveillance systems in several countries. UNICEF has actively supported government-led distance learning strategies - including for young children, and children and adolescents with disabilities - which have benefitted over 22 million students, through direct and indirect support. As countries are starting to reopen, UNICEF is supporting national education authorities in the development and implementation of safe school protocols. Mental health and psychosocial support actions have reached over half a million children, parents and caregivers. While many face-to-face interventions and child friendly spaces services were interrupted, UNICEF implemented alternative strategies using technology and community-based activities – with biosafety measures protecting front-line workers - to ensure continuity of services for all children, including migrant and host communities.

PILLAR IN FOCUS: MID-TERM UPDATE

Brazil: UNICEF is supporting the overall national response, with special focus on the most excluded and vulnerable in large urban capitals and in small vulnerable municipalities and communities. UNICEF has reached over 154 million people with messaging on prevention and access to services, one million people with critical WASH supplies, and over 8,000 migrant children and women with essential healthcare services in UNICEF-supported facilities. UNICEF supported over 625,000 children with distance/home-based learning and more than 393,000 children, parents and primary caregivers with psychosocial support. Capacity building activities include, among others, online training for community health workers on prevention, early diagnosis and referral, and child protection issues.

Nicaragua: Following a request for support from the government, UNICEF deployed a multi-sectoral response strategy focused on risk communication, prevention and response to the secondary impacts of the outbreak. Through UNICEF-supported actions, 6,150 hygiene kits were donated to the Ministry of Education; 2,654 more kits were delivered to children in Special Protection Centers and foster families, and adolescents in conflict with the law. UNICEF is supporting a joint effort with NGOs from the Global Movement for Children to conduct two nationwide household surveys via telephone, targeting parents and caregivers to assess the impact of the crisis.
Middle East and North Africa

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Over 1.1 million cases, and over 29,000 deaths, have been confirmed in the MENA region since the first case of Covid-19 was reported in Iran in early February. While the curve has flattened in most countries, cases are still high in Yemen and Sudan. Many education institutions remain shut down across the region, affecting nearly 110 million children. Health systems remain under stress, leading to a 10-30% drop in PHC coverage in many countries of the region. In some countries, one in five children or 10 million children under the age of five risk missing their polio vaccination and nearly 4.5 million children (under 15) risk missing their measles vaccination. According to global estimations produced by UNICEF and Save the Children, the number of children living in monetary poverty is expected to grow by 7 million. Stress among families has increased gender-based violence, and 54 per cent of women and girls have reported observing an increase in harassment, violence or abuse against women and girls in their household or community.

PROGRAMME RESPONSE HIGHLIGHTS

UNICEF leads the regional RCCE strategy, in coordination with governments and WHO. Messages focused on prevention, risk reduction and addressing fears about utilizing PHC services have been promoted through various channels in various languages and local dialects. Over 191 million people have been reached to date. While UNICEF focused on critical WASH supplies at the crisis onset (7.5 million people reached with supplies), interventions have switched to systems strengthening and capacity building of local health actors (with over 5,000 people trained in IPC). This has expanded to continuity of other services (education, child protection). UNICEF has ensured continuity of access to essential health care and nutrition services to over 4.2 million women and children. UNICEF advocated for the resumption of immunization campaigns in complex environments (Syria, Yemen) and launched a ‘jumpstart package’ for countries showing declines in utilization of services, consisting of bundled interventions that prioritize services, optimize delivery platforms and focus IPC training on PHC, community health workers and volunteers. UNICEF has supported over 3 million children with on and offline learning, through the development and dissemination of e-learning modules and guidance for parents on home-schooling. A regional Back to School strategy was developed focusing on guidelines, teacher preparedness trainings and community awareness campaigns. Across the region UNICEF has supported inter-agency Gender Based Violence assessments to better understand the impact of COVID and inform adequate responses. UNICEF and its partners have supported 12,641 children with alternative care arrangements and 181,553 children, parents and primary caregivers with mental health and psychosocial support. The release or process of release of children detained continues in 13 countries, most recently in Morocco and Iran, with more than 2,800 children released to date. UNICEF supported governments’ efforts to expand and build shock responsive social protection systems, including emergency cash transfers for most vulnerable populations (informal sectors, migrants, IDPs, families with children at risk of dropping out of school). To date 10,308 households received humanitarian cash grant, and 10,960,290 households benefited from new or additional social assistance measures.

PILLAR IN FOCUS: MID-TERM UPDATE

Lebanon: The impact of the outbreak, alongside Lebanon’s worst economic crisis since the civil war, has been severe. The value of the Lebanese lira has dropped significantly, with many people no longer able to afford basic commodities as well as education and health services. Nearly 1.2 million children have missed almost the entire school year and up to 180,000 children are expected to move to public schools placing further strain on the education system and could potentially affect the learning of non-Lebanese students in public schools. UNICEF is supporting the Government in the development of a national social protection recovery strategy and in the delivery of emergency cash assistance to 200,000 vulnerable households as well as the establishment of a longer-term social assistance programme through Lebanon’s first national cash transfer programme, targeting 100,000 vulnerable individuals.

Yemen: Despite significant challenges, UNICEF and partners have maintained access to essential health care to over 1.6 million children and women while training more than 4,600 PHC workers in IPC or case management. With regards to WASH services, 272,865 people have received COVID-19 specific supplies, building off the long-lasting acute watery diarrhoea/cholera epidemic, thus, supporting the establishment of 49 quarantine facilities and 10 isolation centers in 6 governorates. Identification and testing capacities are still limited in Yemen and we can expect for the number of cases to increase in the coming weeks.
South Asia

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The South Asia region continues to experience a significant spike in the rate of new cases. A total of 860,000 new cases were reported over the past month, which represents an increase of 103% compared to the previous period. India recorded the highest percentage increase, with daily rates as high as 40,000 new cases. While the testing capacity has generally improved in some countries, it remains low across the region. Over 8 million people, including 3.4 million children, have been displaced in Bangladesh, India, and Nepal by heavy flooding from monsoon rains, with over 700 people feared dead. The worst affected states include West Bengal and Assam where more than 2.75 million people in Assam have been displaced by three waves of floods since late May. With forecasts of more rain in the coming weeks, the flood situation remains critical with most of the rivers flowing above the danger mark and the embankments in several locations have been breached leading to the current wave of floods. The COVID-19 pandemic context creates further challenges to disaster response and recovery efforts of the Government as measures such as physical distancing need to be observed in order to minimize the risk of infections among the affected people, especially those in flood shelters.

PROGRAMME RESPONSE HIGHLIGHTS

In the report Lives Upended, UNICEF warned that without urgent action, the lives of 600 million children in the region are at risk due to the impact of COVID-19. Apart from promoting risk communication and community engagement, provision of critical WASH and health supplies to avoid loss of life and prevent the spread of the disease, UNICEF is advocating for increased investment in social protection measures and gender-responsive programming to shield poor families from the worst socio-economic impacts, and ensuring continuous delivery of essential health, education, child protection and nutrition services for women and children. With more Covid-19 cases concentrated in urban centers, particularly in high density location, UNICEF is adapting its strategy to focus on high density with low capacity areas to control the spread of the disease.

PILLAR IN FOCUS: MID-TERM UPDATE

Bangladesh: There has been a significant decrease in access to immunization (58%), antenatal care (ANC) attendance (72%) and 90% reduction in SAM admission during the month of April compared to January 2020, due to COVID-19. Due UNICEF’s continued advocacy and implementation of IPC measures, recent monitoring reports show a reversal in initial trends. Immunization activities are gradually gaining momentum, improving 18 per cent from April to May 2020 due in part to new guidelines for continuing service provision and confidence building within communities. In addition, after initially declining by more than 90% in April, SAM admissions have more than doubled while the number of facilities carrying out screening has increased from 31 to 39 per cent from April to May.
SITUATION OVERVIEW & HUMANITARIAN NEEDS

Five months after the confirmation of the first cases of COVID-19 in WCAR, cases of COVID-19 continue to rise. During the reporting period, there has been a 58% increase in confirmed cases and 38% increase in associated deaths. The number of infected frontline health workers continues to increase, with Nigeria, Cameroon, Ghana, Guinea Bissau and Niger reporting the highest absolute numbers of infected HCWs. Since the beginning of July, many countries in the region have accelerated the lifting of confinement and lockdown measures, including opening of international air borders. Most countries are now requiring a proof of testing with 7 days validity and 14 days of self-quarantine upon arrival. Those measures are putting an additional burden on countries with already limited testing capacities for infected people.

PROGRAMME RESPONSE HIGHLIGHTS

As part of the continued response, UNICEF has focused on adapting RCCE approaches and addressing misinformation, stigma and discrimination, namely against health workers and certain groups such as migrants, IDPs and refugees. The WCAR and ESAR regional RCCE groups have produced an interagency guidance note on working with communities in refugee and IDP camps and informal settlements to find local adaptations to COVID-19 prevention and response measures. UNICEF is also working on a global video to fight stigmatization, namely against migrants, displaced persons and refugees, using a social cohesion success story during COVID-19 in DRC. 5.2 million people have been reached with critical WASH services out of 15 million people targeted, while 109,000 healthcare facilities staff and community health workers were trained in infection prevention and control procedures. Given the number of infected health care workers in the WCA region, work in this area remains critical. 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. UNICEF and WFP collaborated to issue an alert on the unprecedented impact of food insecurity and COVID-19 on child malnutrition, warning of more than 15 million expected cases of acute malnutrition in 2020.

PILLAR IN FOCUS: MID-TERM UPDATE

Burkina Faso: Despite an initial decrease in routine vaccination coverage due to limited access to health services and stigmatization of health workers, C4D and health teams were able to successfully conduct a second-round polio campaign, a measles campaign, and re-establish the routine immunization to pre-COVID coverage levels. Results were achieved through a national integrated COVID-19 immunization plan, a strong rumor management system, coordinated capacity-building for media, health workers, mobilisers and vaccinators, a reinforced data collection system, and digital engagement, mass media and community engagement interventions with strong support from traditional and religious leaders. UNICEF Burkina Faso and implementing partners have launched preparatory activities for the distribution of emergency cash transfers to 4,000 vulnerable households in the communes of Barsalogho and Bourzanga. These communities were affected by both COVID-19 and flooding. UNICEF is working with local authorities and mobilizing volunteers for the registration of beneficiaries. The major challenge at this stage remain the access to some targeted communities due to insecurity and poor road conditions.
HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In Mali’s COVID-19 fight, knowledge is power [LINK]
Delivering life-saving vaccines during the COVID-19 pandemic [LINK]
In Georgia, COVID-19 threatens to widen the education gap [LINK]
In the Ecuadorian Amazon, remote doesn’t mean cut off [LINK]
In Bangladesh, virtual courts ease COVID-19 risk [LINK]
UNICEF Volunteers support distance learning for every child in Kyrgyzstan during COVID-19 [LINK]
A new frontline in Ukraine [LINK]
Yemen sees return to alarming levels of food insecurity - UNICEF, WFP, FAO & OCHA [LINK]
40 million children miss out on early education in critical pre-school year due to COVID-19 [LINK]
Joint Call to Action: Reimagining the World We Need [LINK]
West and Central Africa: More than 15 million cases of acute malnutrition expected in 2020 [LINK]
Marley family releases reimagined One Love single worldwide in support of UNICEF [LINK]
WHO and UNICEF warn of a decline in vaccinations during COVID-19 [LINK]
As more go hungry and malnutrition persists, achieving Zero Hunger by 2030 in doubt, UN report warns [LINK]
Marley family to ‘reimagine’ Bob Marley’s One Love in support of UNICEF [LINK]
COVID-19: EU Humanitarian Air Bridge helps deliver over 50 tonnes of UNICEF supplies for vulnerable children and families [LINK]
UNICEF Executive Director Henrietta Fore remarks at the 2020 Executive Board Annual Session [LINK]
“To control COVID-19, we have to make hand hygiene accessible to all” – UNICEF and WHO [LINK]
Despite disruptions, UNICEF delivers critical life-saving supplies to over 100 countries in response to the COVID-19 pandemic [LINK]
Yemeni children face deadly hunger and aid shortages as COVID-19 pandemic spreads – UNICEF [LINK]

NEXT SITREP: INTERIM REPORT – 5 AUGUST

## ANNEX A

### SUMMARY OF PROGRAMME RESULTS

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

<table>
<thead>
<tr>
<th>Results by 23 Jul 2020*</th>
<th>2.6 Billion</th>
<th>Results by 23 Jul 2020*</th>
<th>173.3 Million</th>
<th>Results by 23 Jul 2020*</th>
<th>23 Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>2.6 Billion</td>
<td>Number of people engaged on COVID-19 through Risk Communication and Community Engagement (RCCE) actions</td>
<td>173.3 Million</td>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>23 Million</td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>86%</td>
<td>Target for Dec 2020</td>
<td>80%</td>
<td>Target for Dec 2020</td>
<td>46%</td>
</tr>
<tr>
<td>3.07 Billion</td>
<td>3.07 Billion</td>
<td>216.8 Million</td>
<td>216.8 Million</td>
<td>51.3 Million</td>
<td>51.3 Million</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td>Included in CO response plan</td>
<td>128</td>
<td>Countries set target</td>
<td>77</td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>126</td>
<td>Countries set target</td>
<td>112</td>
<td>Countries reported results</td>
<td>76</td>
</tr>
<tr>
<td>Countries set target</td>
<td>126</td>
<td>Countries reported results</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>125</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Results are for countries that have reported on specific indicators

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

<table>
<thead>
<tr>
<th>Results by 23 Jul 2020*</th>
<th>54.4 Million</th>
<th>Results by 23 Jul 2020*</th>
<th>1.3 Million</th>
<th>Results by 23 Jul 2020*</th>
<th>2.8 Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>54.4 Million</td>
<td>Number of healthcare workers within health facilities and communities provided with personal protective equipment (PPE)</td>
<td>1.3 Million</td>
<td>Number of healthcare facility staff and community health workers trained in infection prevention and control (IPC)</td>
<td>2.8 Million</td>
</tr>
<tr>
<td>Target for Dec 2020</td>
<td>69%</td>
<td>Target for Dec 2020</td>
<td>67%</td>
<td>Target for Dec 2020</td>
<td>83%</td>
</tr>
<tr>
<td>79.1 Million</td>
<td>79.1 Million</td>
<td>1.9 Million</td>
<td>1.9 Million</td>
<td>3.4 Million</td>
<td>3.4 Million</td>
</tr>
<tr>
<td>Total countries reported</td>
<td>128</td>
<td>Included in CO response plan</td>
<td>128</td>
<td>Countries set target</td>
<td>74</td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>121</td>
<td>Countries set target</td>
<td>105</td>
<td>Countries reported results</td>
<td>72</td>
</tr>
<tr>
<td>Countries set target</td>
<td>118</td>
<td>Countries reported results</td>
<td>105</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countries reported results</td>
<td>114</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Results by 23 Jul 2020*

#### 2.1 Million

- Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases
- **81%**
  
  - Total countries reported: 128
  - Included in CO response plan: 64
  - Countries set target: 63
  - Countries reported results: 49

#### 2.3 Million

- Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)
- **36%**
  
  - Total countries reported: 128
  - Included in CO response plan: 58
  - Countries set target: 56
  - Countries reported results: 54

#### 40.7 Million

- Number of children and women receiving essential healthcare services in UNICEF supported facilities
- **39%**
  
  - Total countries reported: 128
  - Included in CO response plan: 83
  - Countries set target: 83
  - Countries reported results: 75

#### 22 Million

- Number of caregivers of children (0-23 months) reached with messages on breastfeeding in the context of COVID-19
- **66%**
  
  - Total countries reported: 128
  - Included in CO response plan: 81
  - Countries set target: 77
  - Countries reported results: 70

*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>Indicator</th>
<th>Result by 23 Jul 2020</th>
<th>Target for Dec 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>227 Million</td>
<td>358.7 Million</td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>64</td>
<td>87</td>
</tr>
<tr>
<td>Countries set target</td>
<td>115</td>
<td>82</td>
</tr>
<tr>
<td>Countries reported results</td>
<td>98</td>
<td>36</td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (COVID-19 prevention and control)</td>
<td>197,490</td>
<td>846,907</td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>87</td>
<td>82</td>
</tr>
<tr>
<td>Countries set target</td>
<td>82</td>
<td>69</td>
</tr>
<tr>
<td>Countries reported results</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>Number of children without parental or family care provided with appropriate alternative care arrangements</td>
<td>346,722</td>
<td>471,001</td>
</tr>
<tr>
<td>Included in CO response plan</td>
<td>84</td>
<td>84</td>
</tr>
<tr>
<td>Countries set target</td>
<td>84</td>
<td>78</td>
</tr>
<tr>
<td>Countries reported results</td>
<td>78</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**
  - <18 years: 48.1 M
  - 18+ years: 153.7 M

- **Female**
  - <18 years: 39.5 M
  - 18+ years: 128.1 M

Number of countries reported disaggregation for this indicator: 20

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

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

- **Male**
  - <18 years: 3.47 M
  - 18+ years: 4.02 M

- **Female**
  - <18 years: 3.54 M
  - 18+ years: 4.95 M

Number of countries reported disaggregation for this indicator: 27

**Access to Continuous Education**

Disaggregation of children supported with distance/home-based learning

- **Male**
  - Preschool: 50.7 M
  - Primary: 48.8 M
  - Secondary: 48.8 M

- **Female**
  - Preschool: 48.8 M
  - Primary: 50.7 M
  - Secondary: 48.8 M

Number of countries reported disaggregation for this indicator: 38
 ANNEX B

FUNDING STATUS in 2020

<table>
<thead>
<tr>
<th>Region</th>
<th>Requirement</th>
<th>Received</th>
<th>Funding Gap</th>
<th>Gap in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Asia and the Pacific</td>
<td>$162.0 M</td>
<td>$113.4 M</td>
<td>$48.6 M</td>
<td>30%</td>
</tr>
<tr>
<td>Eastern and Southern Africa</td>
<td>$349.8 M</td>
<td>$197.0 M</td>
<td>$152.8 M</td>
<td>44%</td>
</tr>
<tr>
<td>Europe and Central Asia</td>
<td>$149.0 M</td>
<td>$42.3 M</td>
<td>$106.8 M</td>
<td>72%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>$177.8 M</td>
<td>$56.8 M</td>
<td>$121.0 M</td>
<td>68%</td>
</tr>
<tr>
<td>Middle East and North Africa</td>
<td>$356.9 M</td>
<td>$115.3 M</td>
<td>$241.5 M</td>
<td>68%</td>
</tr>
<tr>
<td>South Asia</td>
<td>$294.0 M</td>
<td>$108.5 M</td>
<td>$185.4 M</td>
<td>63%</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>$424.0 M</td>
<td>$203.6 M</td>
<td>$220.4 M</td>
<td>52%</td>
</tr>
<tr>
<td>Global coordination and technical support</td>
<td>$16.7 M</td>
<td>$16.4 M</td>
<td>$.3 M</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1.93 B</strong></td>
<td><strong>$853.4 M</strong></td>
<td><strong>$1.08 B</strong></td>
<td><strong>56%</strong></td>
</tr>
</tbody>
</table>

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

FUNDING GAP

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.